

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE,  
please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG  
FORMAT, please email, mail, or fax the form below to  
HousingWorks. Include this page so we know who the  
application is from! We will update our system, so the changed  
status of your waitlists will reach 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 Stamp – for Office Use Only*



# AFFORDABLE RENTAL HOUSING OPPORTUNITY

## Reopening 1BR Apartment Wait List

### NORTON GLEN APARTMENTS

#### 4 Norton Glen Terrace, Norton, MA

1.508.285.3260 TTY/TDD MA RELAY DIAL 711  
[nortonglen@wingatecompanies.com](mailto:nortonglen@wingatecompanies.com)

Now accepting applications at Norton Glen Apartments for low income households. Eligible applicants will be placed on an existing waiting list by random order via a lottery, not by the order in which the completed application is received. There are no units available at this time.

#### Applications available from 12/01/2023 thru 12/31/2023

You may pick up an application, call or email;

- Norton Glen Apartments, 4 Norton Glen Terrace, Norton, MA 02766 (Mon-Fri, 8:30am – 4:30pm)  
Office: 1.508.285.3260 or email [nortonglen@wingatecompanies.com](mailto:nortonglen@wingatecompanies.com) to request an application to be mailed to you.
- Norton Public Library, 68 East Main Street, Norton, MA 02766 (Mon-Fri, 9:30am – Varies)

**Deadline: Postmark /Deliver by 12/31/2023.** Mail completed application to: Norton Glen Apartments, 4 Norton Glen Terrace, Norton, MA 02766

**REMOTE LOTTERY: 1/10/2024 at 10:30am on Zoom.** All eligible applicants will receive a confirmation letter that will include the zoom lottery login details. Attendance of the zoom lottery is not required. All applicants must be determined eligible in accordance with the Department of HUD regulations and must meet the family size requirements for a designated bedroom size as well as maximum income of all family members. The waiting list will remain open after the lottery period and applications will be processed in order of receipt from that point forward.

#### Income Limits

# of Household Members	Maximum Income 60% AMI (Can't exceed)
1	\$49,740
2	\$56,820

AMI – Area Median Income as of 5/15/2023. Income & asset restrictions apply.  
 Rents, Income limits & utility allowances based on HUD guidelines.

For more info, language assistance, or reasonable accommodations for persons with disabilities, please call or email.

- **The Maximum number of household members for a One Bedroom Apartment is 2 people**





Norton Glen Apartments

4 Norton Glen Terrace  
Norton, MA 02766

T 508.285.3260 • F 508.285.3000  
www.WingateApartmentHomes.com

Dear Applicant:

Thank you for contacting Norton Glen Apartments to inquire about submitting an application for housing. Enclosed you will find the following information;

- Application for Housing
- HUD-92006 "Optional Contact" form
- US Department of Commerce Language Identification Flashcard
- HUD-1141 "Is Fraud Worth It?" brochure

**Incomplete and/or missing forms WILL NOT BE ACCEPTED.**

Norton Glen Apartments is a HUD Project Based Section 8/LIHTC Community with income and full-time student status restrictions. Please contact the office if you need further clarification. Once we receive a completed application, signed by all household members **18 years of age and older**, you then be will be notified regarding your initial eligibility status. If there is no waiting list for the type of unit you are applying for, we will contact you regarding an initial meeting.

At the meeting, we will need to independently verify all of your income and assets, as well as any qualified deductions (medical **\*if 65 or older**, disability or child care expenses) prior to determining eligibility. There are other qualifying criteria described in our Tenant Selection Plan, which we will review with you during the interview.

Please be advised that we update our waiting lists on a yearly basis. Anyone who does not return the annual waiting list interest form when mailed, within the specified time frame, will be removed from the waiting list. It is important to note that if you should move or change your phone number, it is your responsibility to notify the Management Office of such changes in writing to and mailed to Norton Glen Apartments, 4 Norton Glen Terrace Norton, MA 02766.

If you are a person with disabilities and require a reasonable accommodation, please contact the Management Office to process the request for a reasonable accommodation.

Again, thank you for contacting Norton Glen Apartments, and please contact us with any questions.

**Thank you,  
Lori Simons  
Wingate Companies  
Assistant Property Manager**

Wingate Management Company, LLC. 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 listed below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of Housing & Urban Development's regulations implementing Sec. 504 (24 CFR Part 8 dated June 2, 1988) Contact: Site Manager



# WELCOME TO NORTON GLEN

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## Instructions for: NORTON GLEN

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***Enclosed please find the Housing Application you requested. Please note the following:***



A separate application must be completed for each apartment complex you are interested in. (Copies Are Acceptable)

One Release to Obtain Information Form must be completed by each household member 18 years or older. (Please copy the form as needed.)



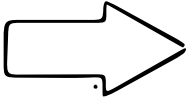
**Applications must be completed in full.** Incomplete applications will be returned to the applicant.



If you should move or change your phone number, notification of such change must be in writing and mailed to:

**Project: NORTON GLEN APARTMENTS  
4 NORTON GLEN TERRACE  
NORTON, MA 02766**

**Notification must include the following:**



- A – Applicant(s) Name(s) and Social Security Number
- B – Apartment Complex(s) of Application
- C – Approximate Month/Year the Original Application was Submitted
- D – Old Address and Phone Number
- E – New Address and Phone Number



We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.



Applicants will be notified of their status once they are close to the top of the list.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

# NORTON GLEN APARTMENTS – APPLICATION FOR HOUSING

HUD Project Based Section 8 / Low Income Housing Tax Credit

## EQUAL HOUSING OPPORTUNITY

Property Name: Norton Glen Apartments  
Address: 4 Norton Glen Terrace Norton, MA 02766  
Office Phone: 508-285-3260 / TTY #771 / (English – 1.800.720.3480) / (Spanish 1.866.930.9252)

**Disclosure of Social Security Numbers** – All applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31<sup>st</sup>, 2010 and whose initial determination of eligibility was begun before January 31<sup>st</sup>, 2010. This paragraph explains the requirements and responsibilities of applicants or tenants to supply owners with this information, the responsibility of owners to obtain this information, and the consequences for failure to provide the information.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address:

Street

Apt.#

City

State

ZIP

Primary Phone:

Email:

No. of BR's in  
current unit: \_\_\_\_\_

Do you RENT or OWN (check one)

Amount of current monthly Rental or Mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_



How did you hear about Norton Glen Apartments? via the HousingWorks.net website





**SELECT APARTMENT SIZE YOU'RE REQUESTING:**

1BR  
[ ]

2BR  
[ ]

~~3BR  
[ ]~~  
Waitlist Closed

**DO YOU OR A HOUSEHOLD MEMBER REQUIRE AN ADAPTED UNIT FOR:**

**Mobility:** [ ] Yes [ ] No    **Hearing:** [ ] Yes [ ] No    **Vision:** [ ] Yes [ ] No

**Does a member of the household have a mobility impairment?** [ ] Yes [ ] No

*A person with disabilities as defined by federal regulation is... "Any adult having a physical, mental or emotional impairment that is expected to be of long, continued and indefinite durations, and substantially impedes his or her ability to live independently and is of a nature that such ability could be improved by more suitable housing conditions."*

**Do you or a member of your household qualify as a person with disabilities under the definition above?** [ ] Yes [ ] No

**IF YES**, do you need a reasonable accommodation (defined below) in order to participate in the application process or to make effective use of the housing program? For example, grab bars, wheelchair accessibility, hearing or visual assistance. [ ] Yes [ ] No

**If yes, please describe the reasonable accommodation needs** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*A reasonable accommodation is defined as a change, exception or adjustment to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability to: a.) participate fully in a program, b.) take advantage of a service, c.) live in a dwelling or d.) perform a job.*



	Name (FIRST & LAST NAME)	Relationship to Head	(Optional) GENDER	Birth Date (MM/DD/YY)	Social Security #	Are you a FULL-TIME STUDENT?
1.		HEAD				[ ] YES [ ] NO
2.						[ ] YES [ ] NO
3.						[ ] YES [ ] NO
4.						[ ] YES [ ] NO

**Check All That Apply**

**Citizenship Status:** \_\_\_\_\_ U.S Citizen \_\_\_\_\_ Eligible Non-Citizen \_\_\_\_\_ Ineligible Citizen

**Ethnic Categories:** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not-Hispanic or Latino

**Race:** \_\_\_\_\_ American Indian or Alaska Native, \_\_\_\_\_ Asian, \_\_\_\_\_ Black or African American, \_\_\_\_\_ White  
 \_\_\_\_\_, Native Hawaiian or Pacific Islander, \_\_\_\_\_ Other, \_\_\_\_\_ Prefer Not to answer

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

***If yes, explain:***

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

***If yes, explain:***

Is there someone not listed above who would normally be living with the household? ☐ 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 education 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## . INCOME

List ALL sources of income for ALL Members as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	GPA (General Public Assistance)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships	\$
	exceeding of the amount of tuition may have to	
	be included in total income)	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy		#	Cash Value \$	
(WHOLE or UNIVERSAL POLICIES ONLY)		#	Cash Value \$	
Do not list Death Policies		#		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



Real Estate Property: <i>Do you own any property?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>		
Location of property (Address)		
Appraised Market Value	(+)	\$
Mortgage or outstanding loans balance due	(-)	\$
Amount of annual insurance premium	(-)	\$
Amount of most recent tax bill	(-)	\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>		
Do they have access to the asset(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/dispensed of any property in the last 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>		
Market value when sold/dispensed		\$
Amount sold/dispensed for		\$
Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>		
Date of disposition:		
Amount disposed		\$
Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>		
<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>		
Are you or any member of your family subject to a state lifetime sex offender Registration program in any state?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>LIST ALL STATES WHERE APPLICANT AND MEMBERS OF APPLICANT'S HOUSEHOLD HAVE RESIDED:</b>		
Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		



**F: REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	

Credit Reference #1:

Address:

Phone #:

Credit Reference #2:

Address:

Phone #:

**EMERGENCY CONTACT**

In case of emergency notify:

Relationship:

Address:

Phone #:

**G. VEHICLE & PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Do you own any pets?

Yes

No

If yes, describe:

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate established rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

If you are a person with disabilities and require a reasonable accommodation, please contact the Management Office to process the request for a reasonable accommodation.

(Signature Head of Household)

(Date)

(Signature Co-Head of Household)

(Date)

(Signature Adult Household Member)

(Date)



***Authorization for Release of Information and for the  
Procurement of a Background Report – Criminal Offender Record Information Report***

I consent to have a consumer report made as to my credit history, rental history, social security information, criminal record, court records, and other pertinent information for admission purposes. I hereby authorize Wingate Companies, LLC. to obtain a background report containing the foregoing information from a) LexisNexis Resident Screening, P.O. Box 812289, Boca Raton, Florida 33481, b) the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit for the Criminal Offender Record Information report, c) State of Rhode Island Bureau of Criminal Identification (BCI), Office of Attorney General, 150 South Main St., Providence, RI 02903, d) Pennsylvania State Police, Records & Identification Division, P.O. Box 62041, Harrisburg, PA 17106-2041, and/or e) First Advantage Safe Rent, 7300 Westmore Rd., Ste. 3, Rockville, MD 20850-5223

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to LexisNexis Resident Screening, the Criminal History Systems Board, PATCH Report or BCI Report, and/or to First Advantage Safe Rent within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to the requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, PATCH Report, BCI Report, and/or Criminal Offender Record Information (CORI) report, I hereby forever release, discharge, exonerate, hold harmless and indemnify LexisNexis Resident Screening, the Criminal History Systems Board, State of RI Bureau of Criminal Identification (BCI), Pennsylvania Access to Criminal History (PATCH) and/or First Advantage Safe Rent, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from LexisNexis Resident Screening, the Criminal History Systems Board, PATCH, BCI, and/or First Advantage Safe Rent, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of LexisNexis Resident Screening, the Criminal History Systems Board, PATCH, BCI, and/or First Advantage Safe Rent, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.



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) <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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<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.

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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.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

_____ Applicant's Signature	_____ Soc. Sec. No.	_____ Date	
_____ Printed Name	_____ Birth Date		
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Applicant's Signature	_____ Soc. Sec. No.	_____ Date	
_____ Printed Name	_____ Birth Date		
_____ Street Address	_____ City	_____ State	_____ Zip

\* Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or 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, against the officer or employee of HUD 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



U.S. Department of Commerce

*Language Identification  
Flashcard*

**DIRECTIONS**

CHECK OFF the language(s) which you or your household speaks on the attached forms.

- |                          |                                                                                          |                        |
|--------------------------|------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.                                    | 1. Arabic              |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞ս, և չո՞ւմ կատարե՞ք այս քանակություն, եթե խոսո՞ւմ կա՞մ կարդո՞ւմ ե՞ք հայերեն: | 2. Armenian            |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।                                   | 3. Bengali             |
| <input type="checkbox"/> | ល្អប្រសើរណាស់ប្រសិនបើ ប្រើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។                                     | 4. Cambodian           |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.             | 5. Chamorro            |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。                                                                       | 6. Simplified Chinese  |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。                                                                       | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.                          | 8. Croatian            |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.                                   | 9. Czech               |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken.                              | 10. Dutch              |
| <input type="checkbox"/> | Mark this box if you read or speak English.                                              | 11. English            |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.                             | 12. Farsi              |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérte vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish