

Name: First MI Last
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

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

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

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

DO NOT LEAVE ANY QUESTION UNANSWERED!

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

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

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ 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 R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

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

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

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

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

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

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

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

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



COMMON RENTAL APPLICATION

This is an important document. If you require language interpretation, please call the management agent for this development directly.

Este es un documento importante. Si usted requiere interpretación de idioma, por favor llame directamente al agente de gestión para la propiedad.

这是一份重要文件，如果您需要翻译，请直接致电该物业的代理。

Este é um documento importante. Se precisar de interpretação de linguagem, favor chamar diretamente o agente de administração da propriedade.

Este é um documento importante. Caso você precise de interpretação de idiomas, por favor, ligue diretamente para o agente responsável por gerenciar a propriedade.

"Это важный документ. Если Вам необходима интерпретация языка, обратитесь, пожалуйста, непосредственно к административному агенту по поводу данного объекта."

Se yo dokiman enpòtan. Si ou bezwen sèvis entèpretasyon, tanpri rele ajan jesyon an, pou pwopriyete an, dirèkteman.

Questo è un documento importante. Se si ha bisogno di un interprete per la lingua, chiamare l'agente responsabile, per la proprietà, direttamente.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng gọi trực tiếp cho đại lý bất động sản.

ខ្មែរ: ឯកសារនេះប្រសិនបើអ្នកក្រីក្រឬរងរបួស, សូមទូរស័ព្ទ ០៩៥៥៥៥៥៥៥៥
ក៏ប្រគល់ឯកសារបំបាត់ការប្រើប្រាស់ផ្ទះនេះដែរ។

Management will provide help in reviewing and explaining this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats and additional assistance can be provided.

Instructions for completing the application:

1. Complete all sections of this Application by either typing or handwriting your information (in ink). Please do not leave any section blank and if the section does not apply to you, put "N/A". If you are submitting a handwritten application and you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout"). Incomplete applications will not be accepted. Please make sure that you sign and date the last page.
2. The Application must be completed in its entirety. All household members 18 years of age and older who are applying for housing must sign and date the Application. All information must be complete and correct. False, incomplete or misleading information will cause your household's application to be denied.

3. Once your Application is complete and on file with the property, it is your responsibility to contact the property directly in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your Application). It is your responsibility to respond to any waiting list application updates sent to you by the Management Agent.

Filling out an Application does not guarantee eligibility or qualification for an apartment. After the Management Agent receives your completed Application, they will make a preliminary determination of eligibility based on program and property criteria. If your household appears to be eligible for housing, and the waiting list for that property is not closed, your household will be placed on a waiting list, but this does not mean that your household 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.

If your household does not appear eligible, you will receive a letter denying your 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. If the waiting list is closed at the property you are applying for, or your application is incomplete, your application will be returned to you with an explanation letter.

The Application process will be completed in accordance with the Management Agent's standard procedures, which are summarized in each property's site-specific copy of the Tenant Selection Plan. Upon request to the Management Agent, you have the right to receive both the Tenant Selection Plan and the Tenant Selection Plan Resource Guide, which summarize eligibility and screening requirements for occupancy in the development.

If you do not receive any information from the management agent within 30 calendar days of submitting your application, please contact the properties you applied for directly.

287 ESSEX STREET LLC
287 Essex Street
Holyoke, MA 01040
Telephone: (413) 534-3259

BERKSHIRETOWN LLC
176 Columbus Avenue
Pittsfield, MA 01201
Telephone: (413) 443-9125

ELMWOOD TOWERS
485 South Street
Holyoke, MA 01040
Telephone: (413) 533-6004

HOLYOKE TOWERS
582 Pleasant Street
Holyoke, MA 01040
Telephone: 413-532-5122

JOSEPH'S HOUSE LLC
279 Daniels Street
Fitchburg, MA 01420
Telephone: 978-343-8563

LINDEN TOWERS LLC
310 Stafford Street
Springfield, MA 01104
Telephone: (413) 737-5588

MCKINLEY CHICOPEE LLC
38 Asinof Avenue
Chicopee, MA 01013
Telephone: 413-594-2152

MICHAEL'S HOUSE LLC
71 State Street
Northampton, MA 01060
Telephone: 413-586-8896

ORCHARD VIEW
ELDERLY HOUSING
108 Everett Street
Easthampton, MA 01027
Telephone (413) 527-1103

PHA LLC
41 Chestnut Street
Holyoke, MA 01040
Telephone: 413-536-2384

PULASKI HEIGHTS INC.
76 Maple Street
Holyoke, MA 01040
Telephone (413) 534-7636



APPLICATION



Please mark an [X] next to each Property you would like to apply for.

All properties are senior preferred (62 years and older), several properties have a small number of apartments set aside for under 62 disabled. Elmwood Towers is 55 years and older. Michael's House and Joseph's House have family apartments in addition to senior and disabled.

<input type="checkbox"/> Prospect Heights (Holyoke) Section 8 Apartments	<input type="checkbox"/> McKinley Chicopee LLC (Chicopee) Section 8 Apartments	<input type="checkbox"/> Joseph's House (Fitchburg) Section 8 Apartments
<input type="checkbox"/> Holyoke Towers (Holyoke) Section 8 and Market Apartments	<input type="checkbox"/> Linden Towers (Springfield) Section 8 Apartments	<input type="checkbox"/> Orchard View (Easthampton) Section 8 Apartments
<input type="checkbox"/> Sycamore House (Holyoke) Section 8 Apartments	<input type="checkbox"/> Michael's House (Northampton) Section 8 Apartments	<input type="checkbox"/> Pulaski Heights Inc. (Holyoke) Section 8 & Section 236 Apartments
<input type="checkbox"/> Elmwood Towers (Holyoke) Market Apartments	<input type="checkbox"/> Berkshiretown LLC (Pittsfield) Section 8 Apartments	

Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the properties Management Office.

1. Household Information (List each household member who will be residing in the apartment.)

First Name	MI	Last Name	Social Security Number	Date of Birth (mm/dd/yyyy)	Relationship to Head of Household (Co-Head, Spouse, Dependent, Other, Live-In Aid, Foster, None of the Above)	Sex Response Optional	Fulltime or Part-Time Student (Yes or No)
					Head of Household		Yes No
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No

Only answer the following 2 questions if a household member does not have a social security number.

Is the household member without the social security number an ineligible, non-citizen? ☐ Yes ☐ No

Was the household member, without the social security number, 62 years of age as of January 31, 2010? ☐ Yes ☐ No

If yes, was the household member living in assisted (subsidized housing) before January 31, 2010? ☐ Yes ☐ No

2. Contact Information

Present Address:			Email Address:		
City:	State:	Zip Code:	Best Telephone Number to Contact You		
Mailing Address (if different than address above):					
City:	State:	Zip Code:			

3. Apartment Size

Size of Apartment Needed:	<input type="checkbox"/> Efficiency	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> 3 Bedrooms (Family Apartments Available at Michael's House and Joseph's House ONLY)
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4. Reasonable Accommodations

Does the household need a: Mobility Adapted Unit? ☐ Yes ☐ No Hearing Adapted Unit? ☐ Yes ☐ No
Visually Adapted Unit? ☐ Yes ☐ No

Does any member of the household have any accessibility or reasonable accommodation requests? ☐ Yes ☐ No

Does any member of the household require an alternate means of communication? ☐ Yes ☐ No

If yes, please explain:

5. Ethnicity, race and disability status of household members

(Optional information - your answers will not affect your application)

Name	ETHNICITY (Hispanic / Non-Hispanic / Decline to Report)	RACE (White / Black / Asian / American Indian / Native Hawaiian / Other / Decline to Report)	Disabled (Yes or No)

6. References

Applicants must provide the contact information for all addresses at which they have resided over the last five (5) years, include shelters and family. Please attach additional sheets if more space is needed.

Name & Address of Present Landlord: _____

Landlord's Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____

Rental Address: _____

Rent: \$ _____ per month Move In Date: _____ Does your rent include utilities? ☐ Yes ☐ No

What are your reasons for moving?

Name & Address of Previous Landlord: _____

Landlord's Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____

Rental Address: _____

Dates lived at previous address, from _____ to _____ Rent: \$ _____ per month

What was your reason for moving?

Name & Address of Previous Landlord: _____

Landlord's Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____

Rental Address: _____

Dates lived at previous address, from _____ to _____ Rent: \$ _____ per month

What was your reason for moving?

Does the household have a Federal or State mobile housing voucher? ☐ Yes ☐ No

The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine 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.

7. Priorities and Preferences

Please respond to these questions if you wish to be considered for priorities or special deductions/considerations. **Be aware that priorities are not available at all properties and some properties may have additional preferences that are not included on this list. Refer to the properties Tenant Selection Plan for more information. The selection of priorities/preferences could impact where you are placed on the waitlist. You may contact the development directly to inquire about any additional preferences that may apply.

- | | |
|--|---|
| <input type="checkbox"/> Homeless due to Displacement by Natural Forces | <input type="checkbox"/> Homeless due to Displacement by Sanitary Code Violations |
| <input type="checkbox"/> Homeless due to Displacement by Urban Renewal | <input type="checkbox"/> Involuntary Displacement by Domestic Violence |
| <input type="checkbox"/> HUD VAWA Certification (Violence Against Women Act) | |

8. Income Information

Name of Household Member	Total Income and Frequency of Pay (Weekly, bi-weekly, monthly, annually)	List ALL income sources for all household members. Sources include but are not limited to: wages, welfare, social security, SSI, pension, disability compensation, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, military pay, scholarships, grants,...
1.	\$ / per _____	
2.	\$ / per _____	
3.	\$ / per _____	
4.	\$ / per _____	
5.	\$ / per _____	
6.	\$ / per _____	

Are you receiving dual entitlement benefits from Social Security? ☐ Yes ☐ No

If so, what is the Benefit Claim Number? _____

Does any household member receive periodic payments from a retirement account or pension? ☐ Yes ☐ No

If so what type of account are the payments received from (i.e.: pension, IRA, Annuity,...)? _____

9. Asset Information

List all assets held by all household members. Assets include but are not limited to: checking accounts, savings accounts, certificate of deposits (CDs), money markets, IRA, annuities, stocks, bonds, real estate, whole life insurance, personal property held as an investment (coin collection, stamp collection,..) Use an additional sheet if needed.

Name of Household Member	Asset Type	Bank/Institution Account Held At	Balance / Cash Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

10. Additional Information

1. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?
☐ Yes ☐ No If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

2. List all states where all household members have lived: _____

NOTE : Failure to respond fully to the above questions may result in rejection or denial of this application.

General Information

1. How did you hear about this housing development? _____

2. Do you have a pet? ☐ Yes ☐ No If yes, how many pets? _____ What type of pet? _____ Size? _____

3. Are you or any member of your household a U.S. Veteran? (Definition of veteran from 38 U.S.C. 101(2): The term “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.) ☐ Yes ☐ No

Applicant Certification (All adult applicants, 18 or older, must sign the Application.)

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform each property checked off on page 1, **in writing**, whenever there is a change in address, telephone number, income situation or household composition (if I need to add or remove a person from my application). I understand it is my responsibility to respond to any waiting list updates sent by the Management Agent.

I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

Inquiries may be made to verify the statements herein. I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and landlord history. No determination of actual suitability for housing will be made until my application comes to the top of the waiting list and screening is completed by the Agent and suitability for housing is determined.

I hereby release, remise and forever discharge, 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 application, and I 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.

Signed under the pains and penalties of perjury.

_____ Head of Household/Applicant	_____ Date	_____ Co-Head/Spouse	_____ Date
_____ Other Adult Applicant	_____ Date	_____ Other Adult Applicant	_____ Date

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. HUD 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).

RIGHT TO REASONABLE ACCOMMODATION: The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary 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; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY: The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION: Appleton Corporation, acting as management agent for the Property, does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

NO SMOKING POLICY: The property you are applying to is a smoke-free community. Smoking is prohibited in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, elevators, within all apartments, and within 25 feet of building(s) including entry ways, windows, porches, balconies and patios. Smoking will only be allowed in the designated smoking area (signage posted). This policy applies to all residents, guests, visitors, service personnel and employees. Please note: under Federal law the use and possession of marijuana is illegal. As the property you are applying for/residing in receives Federal funding, the possession or use of marijuana is strictly forbidden anywhere in or on the premises.

****If you do not receive confirmation of receipt from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.***

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.

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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.