



OFFICE USE ONLY: Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

## Heritage Apartments

108 W. National Ave, Brillion, WI 54110

Phone: 920.756.3041 • Fax: 920.756.3869

Email: [Director@BrillionHousingAuthority.com](mailto:Director@BrillionHousingAuthority.com)

Website: [www.BrillionHousingAuthorityWI.com](http://www.BrillionHousingAuthorityWI.com)

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

## Application for Occupancy

Applications may be mailed to or dropped off at the Housing Authority Office located at 214 S. Parkway Dr., Brillion WI 54110. Office hours are Monday-Thursday 8:00 AM- 3:00 PM.

It is requested that the Brillion Housing Authority consider this as an application for occupancy for admission to a unit in a project under their jurisdiction and that when more details than set forth herein are required for the purpose of determining eligibility, applicant will be so advised.

We are pleased to consider your family as future residents of our rental community. This information you provide below will assist us in determining your eligibility. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law. **Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. THANK YOU!**

## Head of Household

Applicant's Full Name:

First

Middle

Last

Total Number of Household Members: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

I/We certify that this unit will serve as my/our primary residence. Initial \_\_\_\_\_

## Personal Data & Family Composition

Full Names of Household Members (Including maiden/previous names)	Social Security Number	Relation to Head	Student Y/N	Date of Birth	Age	Disabled Y/N	Sex	Race	Hispanic/Non
1.		Head of Household							
2.									
3.									
4.									
5.									

## Race and Ethnic Information for HUD Statistical Purposes Only

Race Codes: (W) White (B) Black/African (I) Indian-American or Alaskan (H) Hawaiian/Pacific Islander (A) Asian

Ethnicity: (H) Hispanic (NH) Non-Hispanic – List all that apply.

Sex Codes: (F) Female (M) Male (NB) Non-Binary (O) Other

**\*\*If you are pregnant, please include your unborn child on the application as well as the estimated date of birth.**

## Housing/Rental History

List all places resided over the past 5 years for all household members. Attach another sheet if necessary. If applicable, specify name of person who resided at address. Include all addresses even if not a rental unit.

Are you a current resident in the City of Brillion? ☐ Yes ☐ No

Present living arrangements: ☐ Own Fair Market Value listed on Property Tax Bill: \$ \_\_\_\_\_

☐ Rent Present monthly rental amount: \$ \_\_\_\_\_

Present landlord's name/address: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax/ Email: \_\_\_\_\_

Applicants previous address: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_

Landlords Name/Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax/Email: \_\_\_\_\_

Applicants previous address: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_

Landlords Name/Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax/Email: \_\_\_\_\_

Applicants previous address: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_

Landlords Name/Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax/Email: \_\_\_\_\_

Applicants previous address: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_

Landlords Name/Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax/Email: \_\_\_\_\_

Have you ever been evicted or being evicted currently? ☐ Yes ☐ No

Are you without or about to be without housing? ☐ Yes ☐ No

Do you own any real estate: ☐ Yes ☐ No

If yes, current value: \_\_\_\_\_

Have you disposed of any property or assets in the last two years: ☐ Yes ☐ No

If yes, dates of explain: \_\_\_\_\_

Are you now, or have you ever, lived in a government subsidized unit (ex: Public Housing, Section 8, Section 18, Section 236, Rural Development, LIHTC or 221(d)(3) subsidized projects)? ☐ Yes ☐ No

If yes, dates of occupancy: \_\_\_\_\_

Are you or any household members disabled? ☐ Yes ☐ No Wheelchair accessible needed? ☐ Yes ☐ No

Has your residency/tenancy or government assistance in subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with recertification procedures? ☐ Yes ☐ No

Are you current on your utility bills? ☐ Yes ☐ No

Do you or any members in the household smoke? ☐ Yes ☐ No **Note\* ALL BHA Properties are Smoke Free**

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime of any kind or have anything pending? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you have any pets? ☐ Yes ☐ No

If yes, What kind? \_\_\_\_\_

**A pet deposit is required. Please inquire on the Pet Policy with the BHA office.**

The Brillion Housing Authority has information on VAWA; The Violence Against Women Act. Would you like information on this Act? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

### **Income Information**

Put the amount you receive monthly before any deductions (gross amount) from each source that applies. Be prepared to show proof of any income you receive (ex: check stubs, award letter, monthly statement).

**\*Flat Rent-** Unlike income-based rents, flat rents do not fluctuate with changes in family income. Flat rents are based on the market rent charged for comparable units in the private, unassisted rental market. You will be given the option of flat rent at lease signing.

Income	Gross Monthly Income Earned	Income	Gross Monthly Income Earned
Employment		Unemployment	
Social Security		Child Support	
Supplemental Security Income (SSI) Federal		Alimony	
Supplemental Security Income (SSI) State		Worker's Compensation	
Pension/ VA		Rental Property	
Retirement Plans		W2/TANF	
Self-Employment		Other	
Other		Other	

Assets	Bank/Financial Institution Name	Amount/ Principal Value
Checking		
Saving		
Annuities		
CD's		
IRA's/Stocks		
Savings Bonds		
Money Market		
Life Insurance		
Other		
Other		

## **Non- Reimbursed Recurring Medical Expenses (elderly and/or disabled applicants only)**

*Be prepared to show proof of any medical expenses you are paying.*

Type	Estimated Monthly/Annual Cost	
Medicare Premium		
Supplemental Health Insurance Premium		Insurance Company:
Medicare Drug Insurance Premium		Insurance Company:
Prescription Drug Cost		Pharmacy:
Payments on hospital/ doctor balance		To:
Co-Payments on glasses/hearing aid		Within past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		

## **Childcare Expenses**

Do you have childcare expenses? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_  
Name Address Phone Number

Cost per week: \_\_\_\_\_ or Cost per month: \_\_\_\_\_

## **Character Reference**

*Please list two character references not related to you:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ How long have you known this person? \_\_\_\_\_

## **Application Information**

**This application is for Parkview Apartments only.**

**If you would like an application or any information on other programs please stop by or call the office for an application or information on other programs.**

This is a preliminary application and is not binding. Your signature(s) authorize its staff of authorized representative to contact and agencies, police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete your application for housing administrated/managed by the Brillion Housing Authority and to contact your prior landlords for information regarding your prior tenancies, to check credit references and to obtain, credit, employment, and court records. Background checks are made and can be reason for rejection. If approved, you will be contacted as to the move-in date or placed on our waitlist. All information requested for eligibility of the program in which you have applied for must be in the office prior to move-in at which time you will be required to sign a lease agreement and pay a security deposit. All applicants must notify us if you have a change of address or income after the application has been taken.

### **Submittal of false statement or information is punishable under Federal Law**

I under that all information in this application is true to the best of my knowledge and I understand that false statements and/or information are punishable by law and lead to cancellation of this application or termination of tenancy after occupancy.

We have policies that support or assist victim of domestic violence or stalking that will protect victims, as well as members of their family from losing their HUD assisted housing as a consequence of domestic violence or stalking.

Signature (s) of all applicants 18 or older:

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Drug Free Housing**

The tenant, any member of the tenant's household or guests or other persons under the tenant's control shall NOT engage in any criminal activity on or near the premises. "Drug-related activity" means illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell distribute, or use of a controlled substance as defined in Section 120 of the Controlled Substance Act (21U.S.C. 802).

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Preference Factors:**

Eligible applicants will be selected on a first-come, first-serve basis according to chronological order and based on unit bedroom size. Elderly, disabled, and victim of domestic violence applicants will receive priority over all other applicants.

### **Special Unit Requirements:**

This questionnaire is to determine whether an applicant needs special features in his/her housing unit.

Are you able to maintain the unit and provide for your own personal needs? ☐ Yes ☐ No

Will you or any member of your family require any of the following:

☐ A barrier free apartment ☐ First floor apartment ☐ Other modifications to unit: \_\_\_\_\_

Can you and all family members use the stairs unassisted? ☐ Yes ☐ No

Will you be bringing in any medical equipment? (Oxygen, medical use bed, etc...)

Will you require a live-in caregiver? ☐ Yes ☐ No

If yes, live-in aid information: \_\_\_\_\_

*Name*

*D.O.B.*

*Social Security Number*

*Phone Number*

**If yes, documentation will be required from a health care professional.**

*\*Tenants have the right to request reasonable accommodations. Please speak to the Executive Director with such requests.*

### **Emergency Contact**

Relative or Friend to notify if we are unable to reach you for information or to inform you of a vacancy:

*Name*

*Address*

*Phone*

*Email*

## Identification

The Brillion Housing Authority is required to present a copy of the below documents for each person you list on your application for housing. Applicant cannot be placed on our waiting list until all documents are provided.

- ☐ Driver's License or State Provided ID  
☐ Social Security Card

## Vehicle Information

Type of Vehicle: \_\_\_\_\_ (Car, truck, etc....) License Plate #: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ (Car, truck, etc....) License Plate #: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

**\*\* Please note only full occupied 2-bedroom apartments will be allowed 2 parking spaces.**

## How did you find out about us?

- ☐ Website ☐ Aging and Disability Resource Center ☐ Facebook ☐ Google ☐ Friend/ Relative  
☐ Current Resident: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

## Authorization for Release of Information

I consent to allow the Brillion Housing Authority to request and obtain information necessary for verifying my eligibility and level of benefits under HUD's assisted housing programs. I agree that a photocopy of this authorization may be used for the purpose of requesting and obtaining information.

Groups or individuals that may be asked to release information include but are not limited to:

Previous Landlords	Schools and Colleges	Child Support Agencies
Courts and Post Offices	Law Enforcement Agencies	Enterprise Income Verification
Past and Present Employers	Human Services Agencies	Social Security Administration
Child Care Providers	Banks or other Financial Inst.	Utility Companies

**All individuals over the age of 18 who will reside in the project must sign this consent:**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **Community Service and Self-Sufficiency Requirement**

In order to be eligible for occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement. The eight hours of activity must be performed each month. An individual may not skip a month and then double up the following month unless special circumstances warrant it.

Community Service is the voluntary work or duties in the public benefit that serve to improve quality of life and or enhance resident self-sufficiency or increase the self-responsibility of the resident within the community in which the resident resides. A self-sufficiency program is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for the participants.

*You may be exempt from this program. See below:*

*I am exempt from the Community Service Requirements based on the following:*

- A. I am 62 or older. \_\_\_\_\_
- B. I am blind or disabled as defined under 216(l)(1) or 1614 of the Social Security Act (42 U.S.C. 416(l)(1) and certify that because of this disability I am unable to comply with the requirements. \_\_\_\_\_
- C. I am the primary care giver for someone who is blind or disabled as set forth in Paragraph B above. \_\_\_\_\_
- D. I am engaged in work activity for at least 25 hours per week as defined in section 407(d) of the Social Security Act, specified below.
  - 1. Unsubsidized employment; \_\_\_\_\_
  - 2. Subsidized private-sector employment; \_\_\_\_\_
  - 3. Subsidized public-sector employment; \_\_\_\_\_
  - 4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available; \_\_\_\_\_
  - 5. On-the-job-training; \_\_\_\_\_
  - 6. Job-search and job-readiness assistance; \_\_\_\_\_
  - 7. Community service programs; \_\_\_\_\_
  - 8. Vocational educational training (not to exceed 12 months with respect to any individual); \_\_\_\_\_
  - 9. Job-skills training directly related to employment; \_\_\_\_\_
  - 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency; \_\_\_\_\_
  - 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; \_\_\_\_\_
  - 12. The provision of childcare services to an individual who is participating in a community service program. \_\_\_\_\_
- E. I am exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program. \_\_\_\_\_
- F. I am receiving assistance, benefits, or services under a state program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and am in compliance with that program. \_\_\_\_\_

I have received and read the Community Service and Self-Sufficiency Requirement. I understand that as a resident of public housing, I am required by law to contribute eight hours per month of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply is grounds for lease nonrenewal. My signature below certifies I have received the notice of this requirement at the time of initial program application.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **Request for Occupancy- Applicant-Criminal and Sex Offender Background Information**

Federal Law requires the Brillion Housing Authority to obtain drug and criminal background and sex offender registration information on all adult household members who are applying for public housing. To enable us to do this, all household members age 18 and older must answer the questions below. If you need additional forms, please inform the Housing Authority. All adult members must also consent to a background check.

**The Housing Authority of the City of Brillion will deny the application of any person who does not provide complete and accurate information on this form or does not consent to a background check.**

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past three years? ☐ Yes ☐ No
2. Do you currently use drugs or alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  
☐ Yes ☐ No
4. Have you been convicted of any drug related crime within the past five years? ☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? ☐ Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years? ☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you have lived or have held licenses to drive (include Driver's License numbers).  
\_\_\_\_\_
10. Have you ever used or been known by any other name? ☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_

I understand the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. I authorize the Brillion Housing Authority to verify the above information and I consent to the release of the necessary information to determine my eligibility.

**I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Brillion Housing Authority.**

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

Applicant Name (Please Print): \_\_\_\_\_



## **Request for Occupancy- Co-Applicant-Criminal and Sex Offender Background Information**

Federal Law requires the Brillion Housing Authority to obtain drug and criminal background and sex offender registration information on all adult household members who are applying for public housing. To enable us to do this, all household members age 18 and older must answer the questions below. If you need additional forms, please inform the Housing Authority. All adult members must also consent to a background check.

**The Housing Authority of the City of Brillion will deny the application of any person who does not provide complete and accurate information on this form or does not consent to a background check.**

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past three years? ☐ Yes ☐ No
2. Do you currently use drugs or alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No
4. Have you been convicted of any drug related crime within the past five years? ☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? ☐ Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years? ☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you have lived or have held licenses to drive (include Driver's License numbers).  
\_\_\_\_\_
10. Have you ever used or been known by any other name? ☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_

I understand the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. I authorize the Brillion Housing Authority to verify the above information and I consent to the release of the necessary information to determine my eligibility.

**I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Brillion Housing Authority.**

Co- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name (Please Print): \_\_\_\_\_

## DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury\*\*, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

**Box #1** ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

**Box #2** ☐ I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or

**Box #3** ☐ I have eligible immigration status, and have reached the age of 62. Attach proof of age; or

**Box #4** ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)

☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)

☐ Permanent residence under §249 of INA; or

☐ Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or

☐ Parole status under §212(d)(5) of the INA; or

☐ Threat to life or freedom under §243(h) or the INA; or

☐ Amnesty under §245A of the INA

**Box #5** ☐ I do not have eligible immigration status; or

**Box #6** ☐ I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for a NON-CONTENDING FAMILY MEMBER FORM.

\_\_\_\_\_  
(Signature of Family Member)  
*Responsible Adult to sign for minor*

\_\_\_\_\_  
(Date)

☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

**ACCEPTABLE INS DOCUMENTS:** The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with **INS**:

- 1) Form I-51, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). For I-51 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to Section 207";
  - b) "Section 208" or "Asylum";
  - c) "Section 243(h)" or "Deportation stayed by Attorney General";
  - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from an asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).
- 5) Form I-688B, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210;
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

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: _____
<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: _____		
<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.

Form HUD-92006 (05/09)