

## APPLICATION FOR HOUSING HUD Section 8 Property

Welcome and thank you for applying at Libby Plaza II Apartments. Please take a few minutes to read over our requirements for filling out and returning our application package. Should you have any questions or concerns, please give us a call at (*phone & TDD numbers*). All interested individuals or households have the right to complete and submit an application.

### Filling out the Application:

The application package includes an **application**, an **Income/Asset Questionnaire** and an **authorization for us to obtain employment information** which must be completed. Each adult must complete a separate application, Income/Asset Questionnaire and authorization form. Also attached is information regarding the policies of our apartment community regarding eligibility requirements and our procedures for selecting tenants?

When completing the Application and Income/Asset Questionnaire, please sit down and allow yourself a few minutes to read it over first, and then fill it out in its entirety. This should take you about 20 – 30 minutes. You will need to fill it out to the best of your knowledge. The Income/Asset Questionnaire will assist you in determining what is considered to be income, assets, and adjustments to income. Please do not leave any blank spaces. If a question does not apply to you, do not write N/A, write out the words "Not Applicable". If you make a mistake here or there, you will need to cross it out and initial at the change (Do not use white-out). Be sure to sign and date the application. If you need assistance in completing the application, we will be happy to help you. If you have a disability and require a reasonable accommodation related to the completion and return of this application, please feel free to request one.

Once you have completed and signed our Rental Application and Income/Asset Questionnaire, you will need to either bring them back to our office, or mail them back to us. We will then look it over and will either offer you a unit, place you on our waiting list, or find you ineligible. Regardless of the disposition of your application, we will advise you in writing within ten (10) days of receiving your completed applications(s).

### The Waiting List:

The waiting list is maintained in a chronological order (based on date and time a completed application is received) for each unit size and household income level. Priority for any particular sized unit will be given to Extremely Low Income (30% of median income) households for the first 40% of units rented per year, and then in chronological order after that.) In all cases, if a unit with design features for accommodating a disability becomes available, it will first be offered to a tenant family requiring those features; if none are available, it will then be offered to the first chronologically placed applicant family that requires the features and qualifies for the unit size, regardless of income level.

If you are placed on the waiting list, it will be important that you update us with any changes in your household. Such changes are as follows: change of address, phone number, household size or members, income, and an indication of if you wish to remain on our waiting list or not. You will also need to **contact us every six months** to inform us that you wish to remain on our waiting list. If you fail to contact us every six months, we will assume you are no longer interested in living at Libby Plaza II Apartments and we will remove your name from our waiting list. You will be notified in writing to your last known address of our intent to remove your name from our waiting list.

Once offered a unit twice, and refused, you will be removed from the waiting list as outline in the Libby Plaza II Apartments Resident Selection Criteria and Property Policies, which will be made available upon request.

### When an Apartment will be Coming Available:

Once an apartment of the appropriate size for your household is coming available, or will be soon, and your name is near the top of our waiting list, we will contact you to come in and fill out the paperwork for a pre-tenant screening (past tenant history, credit, criminal background and public records). We also screen Juveniles 12 years of age and older for Criminal background. The cost for this screening is \$37.00 & \$6.00 per Juvenile paid by the Apartments. You will also need to bring in picture ID for all adult household members, proof of Social Security number, and Proof of citizenship or Authorized legal alien documentation for all persons intending to reside in the apartment. Next, we will fax your updated application and authorization for release of information to ORCA Communications.



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Only U.S. citizens or eligible non-citizens may receive assistance under Section 8.

Once you have passed our initial screening requirements and an apartment is available, you will be notified by mail and/or phone. At that time, you will be required to complete additional questionnaires with child care and medical/disabled assistance expenses. Authorization forms need to be signed so the information provided can be independently verified. The information received will be used to determine your final eligibility and the amount of rent you will pay.

**A final decision regarding your eligibility cannot be made until all of the above information has been verified, received, and reviewed.** Once fully qualified, a date for moving into your new apartment home will be set.

**The Move-In:**

Once your rent is determined and a date set for moving in, you will sign a Lease and related documents. We will conduct a Move-In Inspection of your apartment with you. The keys to your new home will be given to you upon payment of the Security Deposit and of the first month's rent. If your move-in date is after the 1<sup>st</sup> day of the month, we will prorate your rent for that month only. (Your Security Deposit will not be used as "last month's rent").

If you have any questions regarding completing the application, or about the disposition of your application once you have returned it, please do not hesitate to call us. We look forward to serving you.

This property is financed by USDA, Rural Housing Service & HUD Section 8 and is subject to nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, Title VIII of the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act and the Age Discrimination Act of 1975. No person shall be refused tenancy or discriminated against on the basis of race, color, religion, sex, familial status, national origin, age or disability. All complaints are to be directed to the U.S. Department of Agriculture's Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue SW, Washington DC 20250-9410. Complaints of Fair Housing violations may also be sent directly to the Office of Fair Housing and Equal Opportunity, United States Department of Housing and Urban Development, Washington,, DC 20410.

The owner/management of this property does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age nor handicapped status in the admission or access to, or treatment of/or in employment in its federally assisted programs and activities. Warren Westad, 545 Rainier Blvd. N., Suite #9, Issaquah, WA 98027, (425) 391-3937 or Montana State T.R.S. 711 has been designated to coordinate compliance with nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Applicants acknowledge that they must be capable of meeting terms of the lease (with or without support services) to qualify and the ability to maintain this capacity will be a requirement to remain a resident. In addition, applicant must possess the capacity to enter into a legal contract. Please initial you acknowledge of this statement.

**PUBLIC LAW 91-508, FAIR CREDIT REPORTING ACT:** This is to inform you that as a part of this apartment's procedure for processing applications for rent, a consumer report by the independent rental and credit agency will be made to verify your credit, employment and rental history. If your application is not accepted due to information contained in this report, you will receive a decline letter explaining how to contact the credit agency and how to ask for an appeal. If the credit report is paid by you, it is a non-refundable fee and by your payment of the fee, you accept such terms.

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Apartment Name

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Address

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City, State, Zip

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Phone/Fax

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Email



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**For Office Use Only**

Date: \_\_\_\_\_ Time: App#: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

Elig Letter sent: \_\_\_\_\_

**APPLICATION FOR HOUSING  
HUD Section 8 Property**

PLEASE PRINT

Please Answer EVERY QUESTION

**A. GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_

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

Applicant Unit: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

# Bedrooms requested 1 2 3 4

H/C Adapted Unit Requested YES NO

Current Utility Costs \$ \_\_\_\_\_

Current Rental Amt \$ \_\_\_\_\_

List All persons of the Household. **List Head of Household First. If Married list your spouse also.**

Name	Sex	Relationship	Date of Birth	Social Security #	U.S. Citizen	Student
_____	M F	Tenant	_____	_____	YES NO	YES NO
_____	M F	Co-Tenant	_____	_____	YES NO	YES NO
_____	M F	_____	_____	_____	YES NO	YES NO
_____	M F	_____	_____	_____	YES NO	YES NO
_____	M F	_____	_____	_____	YES NO	YES NO
_____	M F	_____	_____	_____	YES NO	YES NO
_____	M F	_____	_____	_____	YES NO	YES NO

**B. PROGRAM INFORMATION**

1. All applicants who qualify to apply for housing in this property will be screened on the same standards. We reserve the right to reject any application that does not meet our requirements. The submission of any false information on the application will be cause for rejection of the application, or if discovered later, eviction from the property. We will accept only applicants who qualify or have good records in all the following areas:

- A. Must meet government requirements for income and tenant population type.
- B. Must meet property's occupancy guidelines.
- C. Must have good landlord history in following Lease Rules and Regulations. (Not denied due to lack of history)
- D. Must have a good history in maintaining a safe and sanitary living environment.
- E. Must have reasonable credit. (cannot be denied due to lack of history)
- F. Must have good personal references from people who are NOT relatives.
- G. Must be legally responsible to enter into a legal contract.
- H. Must submit a complete application with no omissions.
- I. Must be capable, with or without assistance, to carry out the terms of the lease and rules and regulations.
- J. Must not be engaging in any illegal activities.

2.  Yes  No Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, or handicapped as defined by HUD?  
If so, you will be eligible for a \$400 "Elderly household" deduction. Please realize that your eligibility must be verified.

3.  Yes  No Would you or anyone in your household benefit from a handicapped accessible unit?

4.  Yes  No Are you currently living in Subsidized Housing? \_\_\_\_\_



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5.  **Yes**  **No** Have you ever resided in a Property financed and/or subsidized by the Government? If Yes, Name & Address \_\_\_\_\_
6.  **Yes**  **No** Have you ever been evicted from Public Housing or any other housing Program? If yes, where? \_\_\_\_\_ When? \_\_\_\_\_ Describe reasons \_\_\_\_\_
7.  **Yes**  **No** Have you ever been convicted of a felony? \_\_\_\_\_
8.  **Yes**  **No** Are you currently using illegal drugs or have you been arrested for use, possession or sale of drugs in the past five (5) years? Give Details: \_\_\_\_\_
9.  **Yes**  **No** Any member of your household, currently or will become a part time or full time student?
10.  **Yes**  **No** Will you take an apartment when one is available?
11. How did you hear about this housing? \_\_\_\_\_
12. Briefly describe your reasons for applying: \_\_\_\_\_

**C. REFERENCE INFORMATION**

Current Landlord:	_____	Landlord's Phone #:	_____
Landlord's Address:	_____	Landlord's Fax #:	_____
	_____		
Previous Landlord:	_____	Landlord's Phone #:	_____
Landlord's Address:	_____	Landlord's Fax #:	_____
	_____		

**CREDIT REFERENCES**

Name:	_____	Address:	_____	Phone:	_____
Name:	_____	Address:	_____	Phone:	_____
Name:	_____	Address:	_____	Phone:	_____

**PERSONAL NON-RELATED REFERENCES**

Name:	_____	Address:	_____	Phone:	_____
Name:	_____	Address:	_____	Phone:	_____
Name:	_____	Address:	_____	Phone:	_____

**F. EMERGENCY CONTACT (who may we contact in the event of an emergency?)**

Name:	_____	Address:	_____	Phone:	_____
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**G. OTHER REQUIRED INFORMATION**

**VEHICLES:** 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:	_____	Year/ Make:	_____	Color:	_____
Type of Vehicle:	_____	Year/ Make:	_____	Color:	_____



**PETS:**

**Yes**    **No**   Do you own any pets or do you plan on owning any pet's while a tenant at this apartment property? If yes, describe

**H. INCOME SOURCES:**

Do YOU or ANYONE in your household receive OR expect to receive income from:

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	1. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>			
		Source	Household Member	Amount	
		_____	_____	\$	_____
		_____	_____	\$	_____
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	2. Self-employment?			
		Source	Household Member	Amount	
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	3. Regular pay as a member of the Armed Forces?			
		Source	Household Member	Amount	
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	4. Unemployment benefits or Workman's Compensation?			
		Source	Household Member	Amount	
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	5. Public Assistance, General Relief or Aid to Families with Dependent Children (DSHS,)?			
		Source	Household Member	Amount	
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	6. Do you receive or are you eligible to receive child support? (Even if you don't receive any.)			
		Source	Household Member	Amount	
		_____	_____	\$	_____
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	7. Social Security, SSI or any other payments from the Social Security Administration?			
		Source	Household Member	Amount	
		_____	_____	\$	_____
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	8. Veteran's benefits, pensions, retirement benefits or annuities?			
		Source	Household Member	Amount	
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	9. Severance payments?			
		Source	Household Member	Amount	
		_____	_____	\$	_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	10. Disability, Labor & Industry			
		Source	Household Member	Amount	
		_____	_____	\$	_____



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**Yes**    **No**   12. Regular gifts or payments from anyone outside of the household? *(This includes anyone supplementing your income or paying any of your bills)*

Source	Household Member	Amount
_____	_____	\$ _____
_____	_____	\$ _____

  

**Yes**    **No**   13. Payments from rental property, land contracts or other forms of real estate?

Source	Household Member	Amount
_____	_____	\$ _____

  

**Yes**    **No**   14. Any other income sources or types not listed?

Source	Household Member	Amount
_____	_____	\$ _____
_____	_____	\$ _____

**I. ASSET INFORMATION:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**Yes**    **No**   1. Any accounts at a financial institution? (Including but not limited to: checking, Savings, CD's, Money Market Account, Treasury Bills)

Source	Household member	Account #	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

  

**Yes**    **No**   3. Stocks, bonds, or securities?

Source	Household member	Account #	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

  

**Yes**    **No**   4. Trust funds?

Source	Household member	Account #	Amount
_____	_____	_____	\$ _____

  

**Yes**    **No**   5. Pensions IRAs, KEOGH or other retirement accounts?

Source	Household member	Account #	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

  

**Yes**    **No**   6. Cash on hand over \$500.00?

Household Member	Amount:
_____	\$ _____

  

**Yes**    **No**   7. Real estate, rental property, land contracts/ contract for deeds or other real estate holding? *(This includes personal residence, vacant land, farms, vacation homes or commercial property.)*

Type	Household member	Value
_____	_____	\$ _____



**Yes**    **No**   8. Personal property as an investment? *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)*

Type	Household member	Value
		\$ _____
		\$ _____

**Yes**    **No**   9. Have you or any household member disposed of or given away any assets for LESS than fair market value within the past 2 years?

Household Member \_\_\_\_\_

Amount \_\_\_\_\_

Explanation? \_\_\_\_\_

**Yes**    **No**   10. Do you anticipate any changes in any household income in the next 12 months?

\_\_\_\_\_

\_\_\_\_\_

**Yes**    **No**   11. Do you have any other assets not listed above (excluding personal property)?

		\$ _____
		\$ _____
		\$ _____

**J. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES**

Medical Costs: Complete this part ONLY if head or spouse is 62 or Older, Disabled or Handicapped.

**MEDICAL:**

Expense	Name of Expense	Address	Monthly cost
Medicare Premiums:			\$ _____
Medical Insurance Coverage:	_____	_____	\$ _____
Anticipated out of pocket medical:	_____		\$ _____
Medical related Travel Costs:	_____	_____	\$ _____
Any other medical expenses:	_____	_____	\$ _____
Current Physician:	_____	_____	\$ _____

	Payable To:	Balance Owed	Monthly Payments
Medical bills you are making monthly payments on:		\$ _____	\$ _____

**CHILDCARE COSTS: Complete ONLY for children 12 & under:**

Child Name	Age	Name/Address of Child Care Provider	Yearly cost of Care
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____



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**HANDICAP ASSISTANCE EXPENSES:** Attendant care and/or apparatus that enables Handicapped applicants or others in the household to work. Complete ONLY if Handicap Expenses allow someone in the household to work.

Name Expenditures	Payable To:	Weekly Payments
Expense: _____	_____	\$ _____

**K. SIGNATURE PAGE**

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location and that this dwelling will be used as our primary residence. I/We further certify that this will be my/our permanent residence and that I/we will not maintain a separate residence. I/We understand that I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on HUD Section 8 Income limits and by Ad-West Realty Services Inc. 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 may be punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We also understand that this form is only an application for residence and that the submission of this application does not reserve an apartment or in any way guarantee residence in this complex.

TENANT \_\_\_\_\_

CO-TENANT \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

AUTHORIZATION

I/We do hereby authorize Ad-West Realty Services Inc. and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations, companies to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by Ad-West Realty Services Inc.. I/We further authorize Ad-West Realty Services Inc. to verify all information listed on this application.

TENANT \_\_\_\_\_

CO-TENANT \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_





FAMILY HOUSEHOLD COMPOSITION:

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the & HUD Section 8 that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

Please Circle one from each category:

**Race:**

1.  
American Indian or  
Alaskan Native

2.  
Asian

3.  
Black or African American

4.  
Native Hawaiian or  
Other Pacific Islander

5.  
White

**Ethnicity:**

A.  
Hispanic or Latino

B.  
Not Hispanic or Latino

**Gender:**

Male

Female



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Following is the Ad-West Realty Services Inc. Resident Acceptance Policy. Each applicant's screening report shall be reviewed for three types of adverse information; **NEGATIVES, TERMINALS and REQUIREMENTS** . If **THREE** or more **NEGATIVE** items are found in a report, with no extenuating circumstances (example: temporary loss of job, medical reasons, family emergencies, etc.), the applicant will be denied.

**NEGATIVES: The following items shall be considered negative items:**

- \_\_\_\_\_ Any two credit accounts that have been rated R2 (30-59 days late) in the last seven years.
- \_\_\_\_\_ Any credit account that has been rated R5 (120+ days late) in the last seven years.
- \_\_\_\_\_ Any two credit accounts which are rated as having gone to collection in the last seven years.
- \_\_\_\_\_ Any credit account charge off, discharged Chapter 13 Bankruptcy, vehicle repossession, lien or any unpaid civil judgment in the last seven years.
- \_\_\_\_\_ Any rental reference that includes more than 1 late rent payment or shows more than 1 NSF check.
- \_\_\_\_\_ Any instance of unauthorized pets or persons occupying a unit rented to the applicant.
- \_\_\_\_\_ Any instance of improper or lack of Intent to Vacate notice and/or a lease broken by the applicant.
- \_\_\_\_\_ Any employment situation which is temporary in nature.

**TERMINALS: The following items shall be considered terminal and sufficient to decline application:**

- \_\_\_\_\_ Any OPEN bankruptcy.
- \_\_\_\_\_ Any unpaid apartment collection, negative rental OR incomplete reference.
- \_\_\_\_\_ Any eviction or Unlawful Detainer action and/or any current 3-Day or 10-Day Notice.
- \_\_\_\_\_ Any income level or combined income level in the case of co-applicants, which does not meet the income requirements.
- \_\_\_\_\_ Any conviction for the selling of drugs or possession of drugs with intent to sell, or any conviction for contributing to the delinquency of a minor.
- \_\_\_\_\_ Any conviction for possession of a controlled substance or drug paraphernalia.
- \_\_\_\_\_ Any registered or unregistered sex offender.
- \_\_\_\_\_ Any history of disruptive, malicious, violent behavior and/or more than 2 convictions of Domestic Violence.
- \_\_\_\_\_ Any false or misleading information provided by the applicant on the written application or omission of a material fact.
- \_\_\_\_\_ A total of \$400 or more in unpaid collections in the last 7 years.
- \_\_\_\_\_ Any criminal conviction which involves theft, burglary, robbery, serious offense, or a crime of violence as defined in RCW9.41.010

**REQUIREMENTS: 12 months of verifiable RENTAL HISTORY is required. Two (2) verifiable CHARACTER REFERENCES are required if there is no rental history.**



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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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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)



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