

**Rental Application – Member Information**  
**TO BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER**

**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

Head of Household Name \_\_\_\_\_

Member Name \_\_\_\_\_

- ☐ Check here if you are not contending eligible immigration status  
☐ Check here if you don't have a SSN and you were 62 or older as of January 31, 2010 and part of a HUD Housing program.  
☐ This person is considered disabled by a medical professional

**Race\*** (Choose all that apply)

- ☐ American Indian   ☐ Alaska Native   ☐ Asian   ☐ African American   ☐ Native Hawaiian   ☐ Pacific Islander   ☐ White   ☐ Other  
☐ Choose not to disclose

**Ethnicity\***   ☐ Hispanic or Latino   ☐ Not Hispanic or Latino   ☐ Choose not to disclose

**Marital Status\***   ☐ Single (Never Married)   ☐ Married   ☐ Separated   ☐ Divorced   ☐ Widowed   **This is for LITCH Purposes ONLY**

*\*This optional information is gathered for statistical purposes only. It has no role in determining eligibility*

☐ Check here if member address is the same as Head of Household

**Physical Street Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ ☐ N/A  
**City** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ ☐ N/A  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ ☐ N/A

**Email Address:** \_\_\_\_\_

Is your physical address the same as your mailing address?   ☐ Yes   ☐ No   If No, please provide your mailing address below.

\_\_\_\_\_

List all states you have ever resided in (regardless of duration) \_\_\_\_\_

Are you temporarily displaced due to a disaster?   ☐ Yes   ☐ No

Are you homeless or lacking a fixed nighttime residence?   ☐ Yes   ☐ No

Do you require an accessible unit due to a disability?   ☐ Yes   ☐ No

Are you a U.S. military veteran?   ☐ Yes   ☐ No

**BACKGROUND AND CRIMINAL HISTORY**

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If yes, identify the year the incident occurred.

Sexual misconduct?   ☐ Yes   ☐ No   Year \_\_\_\_\_

Illegal possession, manufacture, sale and/or distribution of a controlled substance?   ☐ Yes   ☐ No   Year \_\_\_\_\_

Physical crime against a person or persons and/or another person's property?   ☐ Yes   ☐ No   Year \_\_\_\_\_

Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?   ☐ Yes   ☐ No

Are you currently engaged in illegal drug use?   ☐ Yes   ☐ No

Have you been convicted of manufacturing methamphetamine?   ☐ Yes   ☐ No

Are you subject to a state sex offender lifetime registration requirement?   ☐ Yes   ☐ No   If Yes, which state? \_\_\_\_\_



## Rental Application – Member Information

### RENTAL HISTORY

Complete a Rental History for every household member that is 18 years of age and older

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.

☐ Check here if member address is the same as Head of Household

Current Address Do you rent or own this property? Rent or Own Payment Per Month \_\_\_\_\_

Apartment Complex Name \_\_\_\_\_ ☐ N/A

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Move in Date \_\_\_\_\_

Do you live in subsidized housing? ☐ Yes ☐ No

If Yes, are you currently receiving assistance? ☐ Yes ☐ No

#### Previous Addresses

☐ Check here if member address is the same as Head of Household

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

Did you rent or own this property? ☐ Rent ☐ Own Payment Per Month \_\_\_\_\_

☐ Check here if member address is the same as Head of Household

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

Did you rent or own this property? ☐ Rent ☐ Own Payment Per Month \_\_\_\_\_

☐ Check here if member address is the same as Head of Household

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

Did you rent or own this property? ☐ Rent ☐ Own Payment Per Month \_\_\_\_\_

☐ Check here if member address is the same as Head of Household

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

Did you Rent or Own this property? ☐ Rent ☐ Own Payment Per Month \_\_\_\_\_



## Rental Application – Member Information

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### INCOME

Income source(s) for this member (indicate gross income before any deductions/garnishments occur).

Employment Income ☐ Yes ☐ No If Yes, ☐ Full Time ☐ Part Time Start Date \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Full Street Address \_\_\_\_\_

Additional Employment Income, Other Sources ☐ Yes ☐ No

If Yes, ☐ Full Time ☐ Part Time Start Date \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Full Street Address \_\_\_\_\_

Unemployment ☐ Yes ☐ No

If Yes, Issuing Government Agency \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Social Security ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Dual Entitlement ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Claim Number \_\_\_\_\_

Federal SSI (Disability) ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

SSP (State Portion of SSI) ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Long/Short Term Disability (Not SSI) ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Agency \_\_\_\_\_

Retirement/Annuity (Regular Monthly payments) ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Agency \_\_\_\_\_

VA Benefit ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Pension ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Child Support ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Case Number \_\_\_\_\_

Alimony ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

TANF (Not Foodstamps) ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Gifts (Not for major life events) ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Rental Income ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Business Income ☐ Yes ☐ No Net Monthly Amount \_\_\_\_\_

Other ☐ Yes ☐ No Monthly Amount \_\_\_\_\_

Is anyone helping you with paying bills on a regular basis? ☐ Yes ☐ No Monthly Amount \_\_\_\_\_



**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204

Oakland Court

TN43RD00028

402 Keeble Circle  
Murfreesboro, TN 37130

Name of Property

Project No.

Address of Property

Murfreesboro Housing Authority

Section 8

Name of Owner/Managing Agent

Type of Assistance or Program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>One or More</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

\_\_\_\_\_ Choose not to disclose

\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



# Citizenship Declaration

Property Name: Oakland Court Contract Number: TN43RD00028

**Instructions: Complete this Declaration for each member of the household listed on the Family Summary Sheet**

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

Unit #: \_\_\_\_\_ Head of Household Name: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male / Female / No Answer Social Security #: \_\_\_\_\_  
(Circle One) (If Applicable)

Nationality: \_\_\_\_\_  
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

**INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:**

## DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am  
(print or type first name, middle initial, last name)  
\_\_\_\_\_  
(print or type first name, middle initial, last name)

## SECTION 1

☐ **1. A CITIZEN OR NATIONAL** of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** \_\_\_\_\_  
Signature Date

## SECTION 2

☐ **2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance.

If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** \_\_\_\_\_  
Signature Date

# Citizenship Declaration

Property Name: Murfreesboro Housing Authority Contract Number: \_\_\_\_\_

## SECTION 3

Alien Registration #: \_\_\_\_\_ Admission #: \_\_\_\_\_  
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: \_\_\_\_\_  
(To be entered by owner if and when received)

- ☐ **3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS** as evidenced by one of the documents listed below.
- If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** \_\_\_\_\_  
Signature Date

**NOTE:** If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form

**AND**

- b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*
- (2) 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"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be 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 a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

**If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension section below.**

### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

☐ **Check box if adult is signing for child** \_\_\_\_\_  
Signature Date



# **Applicant's/Tenant's Consent to the Release of Information**

## **Verification by Owners of Information**

### **Supplied by Individuals Who Apply for Housing Assistance**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

#### **Instructions to Owners**

1. Give the documents listed below to the applicants/tenants to sign.  
Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

#### **Instructions to Applicants and Tenants**

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

#### **Authority for Requiring Applicant's/Tenant's Consent to the Release of Information**

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

#### **Purpose of Requiring Consent to the Release of Information**

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

#### **Uses of Information to be Obtained**

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

#### **Who Must Sign the Consent Form**

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

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Name of Applicant or Tenant (Print)

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Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

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Name of Project Owner or his/her representative

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Title

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Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.



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: (Check all that apply)</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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.

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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.