



800 East 21<sup>st</sup> Street

Falls City, NE 68355

**Phone:** 402-245-4204 **Fax:** 402-245-6126

[www.fallscityhousing.org](http://www.fallscityhousing.org)

# APPLICATION

for

Falls City Housing Authority  
Owned or Managed Properties

Revision 05/2018





Please check which property(s) you would like to apply to. If you are uncertain about which property might be right for you, please discuss it with our management office at 402.245.4204, consult the FCHA brochure or the FCHA website at [fallscityhousing.org](http://fallscityhousing.org).

**East View Apartments** | 800 East 21<sup>st</sup> Street, Falls City, NE 68355

- Affordable one/two bedroom apartments and two/three bedroom townhouses. Utilities and trash service included in rent. Some units are ADA accessible. Applicants must meet income guidelines. Rent is based on income. Security deposit varies from \$150 to \$300 depending upon applicant demographics. Small pet allowed with additional \$300 deposit. Applicants must have enough income to pay the minimum rent. Amenities include heating and air conditioning, multiple laundry centers (some units have laundry hook-ups), garages available, off-street parking, pharmacy delivery, meal services (2/day, 7 days/week), home health agency onsite, daily living services and personal care, on-site mail pick-up/delivery, tenant activities, community room, recreation room and outdoor plaza. All maintenance provided by FCHA.

**Pioneer Plaza Apartments** | 1820 Barada Street, Falls City, NE 68355

- Spacious one bedroom apartments just south of Pioneer Park. Utilities and trash included in rent. Some units ADA accessible. Applicants must meet income guidelines and be at least 62 years old or 18 years old and disabled. Rent is income based. Security deposit equals one months rent. Applicants must have enough income to pay the minimum rent. Amenities include central heating and air conditioning, laundry center, community room, elevator, meals on wheels, off-street parking, pharmacy delivery and on-site mail pick-up/delivery. All maintenance provided by FCHA.





**II. Household Composition**

1. Do you have custody of your minor children?      Yes       No       Non Applicable

Explain the custody arrangements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If the parent of the minor is not living in the household, list information as follows:**

Absent Parent Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Absent Parent Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_ Verification

2. Is anyone in your household attending any school or education program?      Yes       No

		Full Time	Part Time
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. Will anyone be leaving your household or family within the next 12 months?      Yes       No

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

4. Will you be adding anyone to your household in the next 12 months?      Yes       No

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



**III. Employment:**

Enter earned income that any household member will have **within the next year** or **had in the last year**.  
List most current first.

**Office Income Calculation**  
(Office Use Only)

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
Income Per: \_\_ Hour \_\_ Week \_\_ Month \_\_ Year Address: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
How long have you worked here/received this income? Telephone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
Income Per: \_\_ Hour \_\_ Week \_\_ Month \_\_ Year Address: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
How long have you worked here/received this income? Telephone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
Income Per: \_\_ Hour \_\_ Week \_\_ Month \_\_ Year Address: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
How long have you worked here/received this income? Telephone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
Income Per: \_\_ Hour \_\_ Week \_\_ Month \_\_ Year Address: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
How long have you worked here/received this income? Telephone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
Income Per: \_\_ Hour \_\_ Week \_\_ Month \_\_ Year Address: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
How long have you worked here/received this income? Telephone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Subtotal:



**IV. Income**

Do you or anyone in your household receive any of the following income?

Type	Who Receives Income	Amount	How Often Paid or Received	Address of Source/Company	Calculation/Annual Total (Office Use Only)
Child Support/Alimony Court Order Number			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Disability, Death Benefits or Life Insurance Dividends			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Educational grants or scholarships (for example: Pell)			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Net Income from a Business, Rental property or Self Employment			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Other cash payments or contributions			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Pensions, Retirement Funds and Annuities			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Public Assistance (ADC, AABD, TANF)			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Social Security			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Supplemental Social Security (SSI)			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Unemployment Compensation			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Veterans Benefits			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Workers Compensation			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
1. Does any household member receive regular contributions (donations or gifts) from any organization or persons not living in your household?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					
2. Did any household member file a federal income tax return last year?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain: _____					
3. Does any member of the household receive money from someone outside the household to pay bills or living expenses?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					
4. Has anyone in the household applied for any of the following within the last twelve months? Employment, AFDC, unemployment compensation, social security, SSI, pension or disability benefits?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					





**Assets Cont'd:**

Own equity in Real Estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you sold or given away any assets within the last two years for less than Fair Market Value? Type of Asset: _____ Cash Value: \$ _____ Date Sold or Given Away: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**VI. Expenses**

Do you or anyone in your household have any of the following expenses. Dependent care expenses are to be reported for any applicant. Medical Expenses only need reported if applicant is at least 62 years old or the applicant is disabled and at least 18 years old.

Type	Who Is the Expense For?	Amount	How Often Paid?	Address of Source/Company	Calculation/Annual Total (Office Use Only)
Daycare/Child Care Services			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Prescription Drug Plan			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Prescriptions			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Vision Expenses			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Doctor/Hospital Expenses			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Dental Expenses			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Any other regular payments for medical expenses?			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
Other (Please List)			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: ____		





**VII. Residence: Where have the household members resided?**

Please check the box indicating all states and/or territories where any household member has resided. In addition, list the household member's name on the line associated with the state or territory resided in.

State	Who Resided There		
<input type="checkbox"/> Alabama	_____	<input type="checkbox"/> New Jersey	_____
<input type="checkbox"/> Alaska	_____	<input type="checkbox"/> New Mexico	_____
<input type="checkbox"/> Arizona	_____	<input type="checkbox"/> New York	_____
<input type="checkbox"/> Arkansas	_____	<input type="checkbox"/> North Carolina	_____
<input type="checkbox"/> California	_____	<input type="checkbox"/> North Dakota	_____
<input type="checkbox"/> Colorado	_____	<input type="checkbox"/> Ohio	_____
<input type="checkbox"/> Connecticut	_____	<input type="checkbox"/> Oklahoma	_____
<input type="checkbox"/> Delaware	_____	<input type="checkbox"/> Oregon	_____
<input type="checkbox"/> District of Columbia	_____	<input type="checkbox"/> Pennsylvania	_____
<input type="checkbox"/> Florida	_____	<input type="checkbox"/> Rhode Island	_____
<input type="checkbox"/> Georgia	_____	<input type="checkbox"/> South Carolina	_____
<input type="checkbox"/> Hawaii	_____	<input type="checkbox"/> South Dakota	_____
<input type="checkbox"/> Idaho	_____	<input type="checkbox"/> Tennessee	_____
<input type="checkbox"/> Illinois	_____	<input type="checkbox"/> Texas	_____
<input type="checkbox"/> Indiana	_____	<input type="checkbox"/> Utah	_____
<input type="checkbox"/> Iowa	_____	<input type="checkbox"/> Vermont	_____
<input type="checkbox"/> Kansas	_____	<input type="checkbox"/> Virginia	_____
<input type="checkbox"/> Kentucky	_____	<input type="checkbox"/> Washington	_____
<input type="checkbox"/> Louisiana	_____	<input type="checkbox"/> West Virginia	_____
<input type="checkbox"/> Maine	_____	<input type="checkbox"/> Wisconsin	_____
<input type="checkbox"/> Maryland	_____	<input type="checkbox"/> Wyoming	_____
<input type="checkbox"/> Massachusetts	_____		
<input type="checkbox"/> Michigan	_____		
<input type="checkbox"/> Minnesota	_____		
<input type="checkbox"/> Mississippi	_____		
<input type="checkbox"/> Missouri	_____		
<input type="checkbox"/> Montana	_____		
<input type="checkbox"/> Nebraska	_____		
<input type="checkbox"/> Nevada	_____		
<input type="checkbox"/> New Hampshire	_____		

  

U.S. Territory	Who Resided There
<input type="checkbox"/> American Samoa	_____
<input type="checkbox"/> Federated States of Micronesia	_____
<input type="checkbox"/> Guam	_____
<input type="checkbox"/> Midway Islands	_____
<input type="checkbox"/> Northern Mariana Islands	_____
<input type="checkbox"/> Puerto Rico	_____
<input type="checkbox"/> Republic of Palau	_____
<input type="checkbox"/> Republic of the Marshall Islands	_____
<input type="checkbox"/> U.S. Virgin Islands	_____



**VIII. Criminal and Drug-Related Activity: Answer for ALL Household Members**

1. Are you or any other household member a current user or been arrested, ticketed, charged or convicted of possession, using, dealing or manufacturing a controlled substance?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you or any household member been convicted of methamphetamine production?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you currently on probation or parole?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has any household member been arrested, charged, ticketed or convicted of any of the following? Please include both misdemeanors and felonies.			
Drug related activity including:	Yes	No	
Sale	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault
Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	Sex offender: Is anyone required to register on any state sex offender registry?
Possession	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse/molestation
Use of illegal controlled substances	<input type="checkbox"/>	<input type="checkbox"/>	Burglary
Alcohol related activity including:	Yes	No	Larceny
Driving under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Robbery
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Vandalism
Murder/Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Arson
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Disturbing the peace/disorderly conduct
Assault	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

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\_\_\_\_\_ Verification

If yes was answered to the questions above, complete the following. If you have more than two incidents provide the remaining information on a separate piece of paper.

a. Who was charged or convicted?	b. What crime was the charge or conviction for?		
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____			
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
g. If yes, please name the facility: _____		Yes	No
h. Have you provided a certificate of completion?		<input type="checkbox"/>	<input type="checkbox"/>

a. Who was charged or convicted?	b. What crime was the charge or conviction for?		
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____			
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
g. If yes, please name the facility: _____		Yes	No
h. Have you provided a certificate of completion?		<input type="checkbox"/>	<input type="checkbox"/>



**IX. Additional Information**

Yes  No  Have you or has anyone in your household ever received rental assistance or paid rent based on income?  
 What name was used by the person receiving assistance? \_\_\_\_\_  
 Address: City \_\_\_\_\_ State \_\_\_\_\_  
 When: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Name of Housing Agency \_\_\_\_\_

Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to re-certify? If yes, please explain.  
 \_\_\_\_\_

Have you or has anyone in your household applied or rented with the Falls City Housing Authority? When: Month \_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 What name was used on the application? \_\_\_\_\_  
 What name was used and/or who was the Head of Household? \_\_\_\_\_  
 When: \_\_\_\_\_ Address \_\_\_\_\_

Have you or has anyone in your household ever been evicted?  
 When: \_\_\_\_\_ Why \_\_\_\_\_ Address \_\_\_\_\_  
 Name of Landlord \_\_\_\_\_

Do you declare a disability for the purposes of eligibility? Some programs have preferences for persons with disabilities. You are under no obligation to declare this. If yes, provide name and address of doctor who can verify your disability \_\_\_\_\_  
 \_\_\_\_\_

Would you or any members of your household benefit from a handicapped-accessible unit? Explain:  
 \_\_\_\_\_

Do you have a pet?  
 How many: \_\_\_\_\_ Type/breed and weight: \_\_\_\_\_

Do you or anyone in your household have a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Model/Year: _____ License Plate Number: _____
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Do you have a second vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Model/Year: _____ License Plate Number: _____
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**Do you or anyone applying for or receiving help have a guardian, conservator, or individual acting under power of attorney?**  Yes  No

Name of person with Guardian, Conservator or Power of Attorney: \_\_\_\_\_  
 Name of Guardian, Conservator, or Power of Attorney: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street City State Zip Code (Include area code)

**List any additional information or notes. Describe any additional information not previously covered such as special needs, required bedroom size, etc.**

\_\_\_\_\_

Has someone assisted you in completing this form?  Yes  No  
 Name of person completing form: \_\_\_\_\_



**X Rental History** (Attach additional pages if needed)

List all places each household member has lived in the past five (5) years, beginning with your current address.

<i>Current Residence</i>		Who lives here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why do you want to move?		Rent Amount \$	
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			

<i>Previous Residence</i>		Who lived here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why did you want to move?		Rent Amount \$	
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			

<i>Previous Residence</i>		Who lived here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why did you want to move?		Rent Amount \$	
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			

<i>Previous Residence</i>		Who lived here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why did you want to move?		Rent Amount \$	
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			



**XI. Rights and Responsibilities**

I/We certify that all information given to the Falls City Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements I/we give to the Housing Authority may be punishable under Federal Law. I/We also understand that false statements or information will be grounds for denial of your application, termination of housing assistance and/or termination of tenancy.

I/We understand that this is an application for assistance and signing this application does not bind the Housing Authority to offer rental assistance nor does it bind me/us to accept any assistance offered. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We have received, read and understand the HUD fact sheet "Applying for HUD Housing Assistance."

I/We authorize you to verify the above information through a consumer reporting agency. (This agency is Tenant Data Services Inc. (402) 934-0088. The function of this agency is to track and maintain records such as your resident conduct and personal credit history. Tenant Data Services Inc. also will obtain a credit report on all applicants for Falls City Housing Authority owned/managed properties.)

**Authorization to Release Information**

Your signature on this form and the signature of each member of your household who is 18 years of age or older authorizes the Housing Authority of the City of Falls City, NE, to use this authorization and the information obtained with it, to administer and enforce rules and policies.

Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, educational institutions, Veterans Affairs, Social Service Agencies, utility companies, unemployment benefits, pensions/annuities, child care providers, neighbors and the U.S. Post Office.

**Tenant/applicant does not have to sign this the consent if it is not clear who will provide the information and who will receive the information.**

**I/We hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this statement.**

**By signing this form, I authorize the above persons, firms or corporations to make available any documents or record to the Housing Authority of the City of Falls City for inspection and copying.**

Title 18, Sec. 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action or damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number of contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S. C. 408(a) (6), (7) and (8).

Signature of Head of Household	Social Security #	Date
Signature of Spouse/Co-Applicant	Social Security #	Date
Signature of Other Adults/Co-Applicant	Social Security #	Date

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.