



215 N. Lincoln Ave., York, NE 68467
 Phone: 402-362-5900 Fax: 402-362-1557
 TDD: 402-362-5900
www.yorkhousingauthority.org

INSTRUCTIONS & QUALIFICATIONS FOR NEW APPLICANTS

Keep the “Instruction & Qualification” forms and the “Applying for HUD Housing Assistance” forms for your own information. They explain how the housing programs work.

Please complete the rest of the application as fully as possible and return them to our office. You will be given an appointment when your name reaches the top of our waiting list.

When you come for your appointment you will need to bring:

- Social Security Cards for all family members
- Birth Certificates for all family members
- Photo ID for all adults
- Proof of income (social security, wages, etc)
- Your latest bank statement
- Most Recent Tax Return

If you do not have these items please make arrangements to have them by the time of your appointment. This will help the application process go faster. These items are required before your assistance can begin.

PUBLIC HOUSING (North Building)

Income limits may not exceed:

Family of one\$37,750.00
 Family of two\$43,150.00

SECTION 8 NEW CONSTRUCTION (South Building)

1. At least 62 years old
2. Disabled
3. Handicap

Income limits may not exceed:

Family of one\$37,750.00
 Family of two\$43,150.00

HOUSING CHOICE VOUCHER (Rental assistance)

Income limits may not exceed:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$23,600	\$27,000	\$30,350	\$33,700	\$36,400	\$39,100

STEPS FOR HOUSING CHOICE VOUCHER ASSISTANCE

1. Fill out and return the application to the YHA office.
2. Upon receiving the application, name is placed on the Wait List. At any point, if any data on the application changes, please notify the YHA office.
3. As applicant is closer to the top of the Wait List, applicant will receive a phone call or letter of date and time of initial interview. All applicants who fail to keep a scheduled interview without good cause will be removed from the Wait List.
4. After the initial interview and all verifications are returned, eligibility is documented and approved (or not approved).
5. When the family is approved, an appointment will be scheduled to explain how the program works. In order to receive a voucher the family is required to attend the briefing. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be denied admission.
6. Return the “Request for Lease Approval” with an **unsigned** lease. An inspection of the prospected rental unit will be set up.
7. Unit selected passes inspection.
8. Leases, HAPS and other documents are signed.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

December 2005



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Phone: 402-362-5900 **Fax:** 402-362-1557

TDD: 402-362-5900

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APPLICATION

for

☐ **PUBLIC HOUSING**

for

☐ **SECTION 8 NEW CONSTRUCTION**

for

☐ **HOUSING CHOICE VOUCHER**

How did you find us?

☐ Word of mouth

☐ Website

☐ Facebook

☐ Other, explain: _____



1. White
2. African American
3. American Indian/
Alaska Native
4. Asian
5. Native Hawaiian/
Other Pacific Islander

-6-

II. Household Composition

1. Do you have custody of your minor children? Yes ☐ No ☐ Not 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 #: _____

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

Student:	School:	Full Time	Part Time
Student: _____	School: _____	☐	☐
Student: _____	School: _____	☐	☐
Student: _____	School: _____	☐	☐
Student: _____	School: _____	☐	☐
Student: _____	School: _____	☐	☐
Student: _____	School: _____	☐	☐
Student: _____	School: _____	☐	☐

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: _____

Office Use Only

_____ Verification



APPLICATION

III. Employment:

Enter earned income that any household member (18 years or older) will have **within the next year**.

List most current first.

		Office Income Calculation (Office Use Only)
Person Working: _____ Income Amount: _____ Income Per: __Hour __Week __Month __Year Hours Per Week: _____ How long have you worked here/received this income? Start Date: _____ End Date: _____	Employer: _____ Position: _____ Address: _____ City, State, Zip: _____ Telephone: _____	_____ Verification
Person Working: _____ Income Amount: _____ Income Per: __Hour __Week __Month __Year Hours Per Week: _____ How long have you worked here/received this income? Start Date: _____ End Date: _____	Employer: _____ Position: _____ Address: _____ City, State, Zip: _____ Telephone: _____	_____ Verification
Person Working: _____ Income Amount: _____ Income Per: __Hour __Week __Month __Year Hours Per Week: _____ How long have you worked here/received this income? Start Date: _____ End Date: _____	Employer: _____ Position: _____ Address: _____ City, State, Zip: _____ Telephone: _____	_____ Verification
Person Working: _____ Income Amount: _____ Income Per: __Hour __Week __Month __Year Hours Per Week: _____ How long have you worked here/received this income? Start Date: _____ End Date: _____	Employer: _____ Position: _____ Address: _____ City, State, Zip: _____ Telephone: _____	_____ Verification
Person Working: _____ Income Amount: _____ Income Per: __Hour __Week __Month __Year Hours Per Week: _____ How long have you worked here/received this income? Start Date: _____ End Date: _____	Employer: _____ Position: _____ Address: _____ City, State, Zip: _____ Telephone: _____	_____ 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	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	No
If yes, please explain: _____				☐	☐
2. Did any household member file a federal income tax return last year?				Yes	No
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	No
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	No
If yes, please explain: _____				☐	☐

V. Assets

List all assets currently held by all household members and the cash value of each. Assets include Checking and Savings Accounts, CDs, Stocks, Bonds, Mutual Funds, Retirement Accounts, Real Estate and any other property held as an investment.

Do you or anyone in your household have:

Yes	No	Type	Bank/Source	Owner of Account	Account #	Current balance/value	Calculation/Annual Total (Office Use Only)	
		Checking Account					_____ Verification	
		Savings Account					_____ Verification	
		Certificates of Deposit					_____ Verification	
		Any Stocks Bonds, or Mutual Funds					_____ Verification	
		Retirement (401K, IRA)					_____ Verification	
		Life Insurance			Policy Type ☐ Term ☐ Whole		_____ Verification	
					Policy Type ☐ Term ☐ Whole			
		Cash					_____ Verification	
		Savings Bonds					_____ Verification	
		List any items not described above.					_____ Verification	
							Subtotal:	

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 ☐	No ☐
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 ☐	No ☐

VI. 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		
☐ Alabama	_____	☐ New Jersey	_____
☐ Alaska	_____	☐ New Mexico	_____
☐ Arizona	_____	☐ New York	_____
☐ Arkansas	_____	☐ North Carolina	_____
☐ California	_____	☐ North Dakota	_____
☐ Colorado	_____	☐ Ohio	_____
☐ Connecticut	_____	☐ Oklahoma	_____
☐ Delaware	_____	☐ Oregon	_____
☐ District of Columbia	_____	☐ Pennsylvania	_____
☐ Florida	_____	☐ Rhode Island	_____
☐ Georgia	_____	☐ South Carolina	_____
☐ Hawaii	_____	☐ South Dakota	_____
☐ Idaho	_____	☐ Tennessee	_____
☐ Illinois	_____	☐ Texas	_____
☐ Indiana	_____	☐ Utah	_____
☐ Iowa	_____	☐ Vermont	_____
☐ Kansas	_____	☐ Virginia	_____
☐ Kentucky	_____	☐ Washington	_____
☐ Louisiana	_____	☐ West Virginia	_____
☐ Maine	_____	☐ Wisconsin	_____
☐ Maryland	_____	☐ Wyoming	_____
☐ Massachusetts	_____		
☐ Michigan	_____		
☐ Minnesota	_____		
☐ Mississippi	_____		
☐ Missouri	_____		
☐ Montana	_____		
☐ Nebraska	_____		
☐ Nevada	_____		
☐ New Hampshire	_____		

U.S. Territory	Who Resided There
☐ American Samoa	_____
☐ Federated States of Micronesia	_____
☐ Guam	_____
☐ Midway Islands	_____
☐ Northern Mariana Islands	_____
☐ Puerto Rico	_____
☐ Republic of Palau	_____
☐ Republic of the Marshall Islands	_____
☐ U.S. Virgin Islands	_____

IX. 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 ☐
2. Have you or any household member been convicted of methamphetamine production?	Yes ☐	No ☐
3. Are you currently on probation or parole?	Yes ☐	No ☐
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	☐	☐
Manufacture	☐	☐
Possession	☐	☐
Use of illegal controlled substances	☐	☐
Alcohol related activity including:	Yes ☐	No ☐
Driving under the influence of alcohol	☐	☐
Other: _____	☐	☐
Murder/Manslaughter	☐	☐
Battery	☐	☐
Assault	☐	☐
Sexual Assault	Yes ☐	No ☐
Sex offender: Is anyone required to register on any state sex offender registry?	☐	☐
Child abuse/molestation	☐	☐
Burglary	☐	☐
Larceny	☐	☐
Robbery	☐	☐
Vandalism	☐	☐
Arson	☐	☐
Disturbing the peace/disorderly conduct	☐	☐
Other: _____	☐	☐

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 ☐
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 ☐
g. If yes, please name the facility: _____		Yes ☐ No ☐
h. Have you provided a certificate of completion?		☐

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 ☐
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 ☐
g. If yes, please name the facility: _____		Yes ☐ No ☐
h. Have you provided a certificate of completion?		☐

Office Use Only

_____ Verification

X. 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 York 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 ☐ No ☐	Model/Year: _____ License Plate Number: _____
Do you have a second vehicle?		Yes ☐ No ☐	Model/Year: _____ License Plate Number: _____
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: _____

XI. 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.

Current Residence		Who lives here?	
Street Address:	Dates: Month/Day/Year From:	Landlord:	
City/State/Zip:	To:	Address: City/State/Zip: Phone #:	
Why do you want to move?		Rent Amount \$	
Did you ☐ Rent ☐ Own ☐ Other (explain) _____			

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

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

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



APPLICATION

XII. Rights and Responsibilities

I/We certify that all information given to the York 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. (800) 228-1837. 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 York 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 York, 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.

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 York for inspection and copying.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Co-Applicant

Print Name

Date

Signature of Other Adults/Co-Applicant

Print Name

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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)