

**APPLICATION FOR ASSISTED HOUSING | Rental Property: Executive Estates**

**APPLICATION FOR ASSISTED HOUSING**

**Rental Property: Executive Estates**

- Process with \_\_\_\_\_  
 Addition of Adult Family Member(s) # \_\_\_\_\_

**PART I**

**OFFICE USE ONLY:**

Complete Application Rec'd

Date: \_\_\_\_\_ Time: \_\_\_\_\_  ENTERED  APPROVED

Rec'd By: \_\_\_\_\_ LACK OF INFORMATION

Income Limit: \_\_\_\_\_ ELI VLI LI  DENIED  APPEALED

Bedroom Size: \_\_\_\_\_ # in Household \_\_\_\_\_ Requested RA \_\_\_\_\_

Final Action: _____
Date: _____ Time: _____

<b>Head of Household</b>	<b>Last Name &amp; Sr., Jr. etc.:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Social Security Number:</b>
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>	<b>Age:</b>	<b>Driver's License No. &amp; State:</b>	<b>Other Surnames/Maiden Names:</b>
<b>Marital Status:</b> <input type="checkbox"/> Unmarried Partner/Living-Together <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<b>Language: (Primary)</b>		<b>Ethnicity of Head of Household:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race: Check all that apply</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander	<b>Family Status: Check all that apply</b> <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job training/School (No Income) <input type="checkbox"/> Veteran	<b>Citizenship:</b> <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification	<b>Alien Registration Number:</b>	

<b>Co-Tenant / Spouse</b>	<b>Last Name &amp; Sr., Jr. etc.:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Social Security Number:</b>
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>	<b>Age:</b>	<b>Driver's License No. &amp; State:</b>	<b>Other Surnames/Maiden Names:</b>
<b>Marital Status:</b> <input type="checkbox"/> Unmarried Partner/Living-Together <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<b>Language: (Primary)</b>		<b>Ethnicity of Head of Household:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race: Check all that apply</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander	<b>Family Status: Check all that apply</b> <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job training/School (No Income) <input type="checkbox"/> Veteran	<b>Citizenship:</b> <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification	<b>Alien Registration Number:</b>	

**Personal References:** Provide 2 persons. Not related any household member or used to verify living situation. Someone known for a year.

Reference Name:	Mailing address, City, State, Zip Code	Daytime Telephone or Fax No. Or Email address
Reference Name:	Mailing address, City, State, Zip Code	Daytime Telephone or Fax No. Or Email address
<b>APPLICANTS CONTACT INFORMATION:</b> Provide: mailing address	City, State, Zip Code:	Home Telephone:
Message Telephone:	Messages C/O:	Emergency Contact & Phone:

Yes  No **Guardianship** Are you under the care of a payee, a conservator or guardian? A copy of a court order is required with the application.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Payee / Conservator / Guardian



List all household members not on page 1, who will live with you. Household members include those who are temporarily absent due to military duty, attending school, or in foster care. If there are more than three (3) Additional household members, request or make a copy of this page. **Please use the codes below for relationship.**

**Relationship Codes:**

C=Cousin      D=Daughter      F=Father      G=Grandchild      K=Niece/Nephew      L=Brother  
M=Mother      N=Foster Child      O=Non-Relation/Other      P=Grandparent      R=Sister      S=Son

Household Member 1	Last Name & Sr., Jr. etc.:		First Name:		Middle Initial:	Social Security Number:	
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Date of Birth/Due Date:	Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (Dependant Only) <input type="checkbox"/> Veteran		
	Age:			% of Time Minor Lives in Household:			
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification			Alien Registration Number:		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Household Member 2	Last Name & Sr., Jr. etc.:		First Name:		Middle Initial:	Social Security Number:	
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Date of Birth/Due Date:	Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (Dependant Only) <input type="checkbox"/> Veteran		
	Age:			% of Time Minor Lives in Household:			
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification			Alien Registration Number:		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Household Member 3	Last Name & Sr., Jr. etc.:		First Name:		Middle Initial:	Social Security Number:	
Relation-ship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Date of Birth/Due Date:	Family Status: Check all that apply <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (Dependant Only) <input type="checkbox"/> Veteran		
	Age:			% of Time Minor Lives in Household:			
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification			Alien Registration Number:		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

- Yes  No **Minor Children:** Do you have sole custody of the minor children in the household?  
The percentage of custody must be verified. Provide documentation with the application.  
Acceptable verification: court documents, notarized statement if not married to other parent.
- Yes  No **Marital Status:** Are you currently married? If married and not legally separated or divorced, documentation of absent spouse's income, accessibility to their income, and assets must be provided with application.
- Yes  No If married and separated, have you filed for divorce? If so provide copy of papers filed. Date Filed: \_\_\_\_\_

**Expected Family Additions:**

- Yes  No Due to adoption of a child. Estimated arrival date: \_\_\_\_\_
- Yes  No Due to pregnancy. Estimated due date: \_\_\_\_\_
- Yes  No Due to foster child(ren). Estimated arrival date: \_\_\_\_\_



Asset Information: List all assets and their value for all household members.				
Account	Name of Bank or Credit Union	Name on Account	Account Number	Account Balance
Checking				\$
Savings				\$
Other				\$

Do not leave bank Answer with a 0 or NA if your household does not have the item below. Otherwise enter the value.

Commercial Fishing Permits \$ \_\_\_\_\_ Recreational Vehicle/Boat \$ \_\_\_\_\_ Certificate of Deposit (CD) \$ \_\_\_\_\_  
 U.S. Savings Bonds \$ \_\_\_\_\_ Property \$ \_\_\_\_\_ IRAs \$ \_\_\_\_\_  
 Stock and Bonds \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Native Stocks/Dividends \$ \_\_\_\_\_

Have you sold or given away any asset for less than it was worth in the last two (2) years?  Yes  No

Income Information: List sources of income and amounts for household members 18 years old and above Include Seasonal Employment and Anticipated Changes for next 12 months			
Household MBR Name:	Sources of Income / Name & Mailing Address	Amount of Gross Income	Per Wk/Bi-Wk/Mo/Bi-monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
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		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly

Please list any household member(s) who DID NOT receive a PFD in the previous year and WHY:

Does anyone outside your household pay for any of your bills or give you money?  Yes \$ \_\_\_\_\_  No

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

Office Use Only: \_\_\_\_\_

Anticipated Income from all sources for the next 12 months \$ \_\_\_\_\_



<b>Rental History:</b> List where each adult lived during last three (3) years. (If you need more space, use an additional sheet of paper.)		
Current address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and mailing address of landlord or property owner or person you are living with: <b>Or Email address</b>
From: _____ To: _____	History For:	Landlord or Contact Telephone number/Fax No.:
Previous address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and mailing address of landlord or property owner or person you are living with: <b>Or Email address</b>
From: _____ To: _____	History For:	Landlord or Contact Telephone number/Fax No.:
Previous address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and mailing address of landlord or property owner or person you are living with: <b>Or Email address</b>
From: _____ To: _____	History For:	Landlord or Contact Telephone number/Fax No.:
Previous address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and mailing address of landlord or property owner or person you are living with: <b>Or Email address</b>
From: _____ To: _____	History For:	Landlord or Contact Telephone number/Fax No.:
Previous address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and mailing address of landlord or property owner or person you are living with: <b>Or Email address</b>
From: _____ To: _____	History For:	Landlord or Contact Telephone number/Fax No.:
Previous address (include city, state):	Do you: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live w/relatives or friends <input type="checkbox"/> other	Provide name and mailing address of landlord or property owner or person you are living with: <b>Or Email address</b>
From: _____ To: _____	History For:	Landlord or Contact Telephone number/Fax No.:
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you required to give landlord a 30-day notice to vacate? _____		
List all States each member of the household has lived in: Head: _____ Family Member # _____ : _____ Co Head or Spouse: _____ Family Member # _____ : _____ Other Family Member: _____ Family Member # _____ : _____		
<b>Tenancy Information Required by Law</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member applied for or been housed under any federal rental assistance program? If yes, please list names, dates, and locations. _____ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any household member currently living in or assisted with federally subsidized housing? Please explain. _____	



<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you owe money to Executive Estates, AHFC or any other federally subsidized housing program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any household members been evicted from a federally subsidized housing property or program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member been evicted for reason of drug-related criminal activity; or evicted for disturbing neighbors or property destruction? If yes, please identify whom and explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member abused the use of alcohol resulting in an alcohol related arrest or traffic violation? If yes, please identify who and explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member been arrested and/or convicted for any criminal activity: against another person or another person's property; for any drug-related criminal activity; for abuse/use of alcohol? If yes, please identify whom and explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any household member subject to a lifetime registration under a state sex offender law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member been required to register on a State sex offender list? If yes, please identify whom and explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member had a criminal conviction in the last 3 years? If yes, please identify whom and explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony (or a high misdemeanor in New Jersey)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any member of your household currently prescribed and using medical marijuana?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any member of your household currently using or intend to use marijuana in any form?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any member of your household currently using any form of illegal drug?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any member of your household currently using any synthetic substance such as "spice"? If yes to any of the above questions, please explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you and all of your household members comply with all aspects of the Lease and project House Rules as well as the Alaska Landlord Tenant Act?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had bedbugs in the unit you are vacating?
<b>Special Considerations:</b> <b>If you or any member of your family with a disability requires a Reasonable Accommodation, please speak with the staff for more information.</b> (A reasonable accommodation is a request for us to change the policy or procedures, repair or change the apartment, repair or change a part of the property or a change in the way we communicate with you.) <b>To qualify for certain benefits or apartment features, households must meet the established requirement as a disabled household and need the feature offered in the unit. Please answer the questions below if you feel you need one these accommodations.</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability: Do you or your spouse meet the Social Security definition of a disability? (Definition below or a more comprehensive definition can be requested from management.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	If a person in your household is a person with a disability, does your household require a wheelchair accessible unit and/or a unit with sight/sound accessible features? <input type="checkbox"/> Wheel Chair Accessible <input type="checkbox"/> Sight / Sound Accessible
<b>Fair housing and Equal Opportunity Statement</b> It is our policy to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, familial status, gender identity or sexual orientation. We do not discriminate on the basis of disability status in admission or access to assisted housing programs/activities.	
<b>Definition of Disability (Social Security &amp; Fair Housing)</b> A person who has a: physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. MAJOR LIFE ACTIVITIES: activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking. (HUD 4350.3)	



**Acceptable Verification of Social Security Numbers**

Most individuals should be able to verify all SSNs with a Social Security card. If you are unable to produce the Social Security card for any or all household members, other documents showing the household member's SSN may be used for verification. If a SSN card is not available one or more of the alternate verifications maybe required. ALTERNATE DOCUMENTATION: a) Original document issued by a federal or state government agency which contains the name, SSN and other identifying information of the individual. b) driver's license with SSN, c) earning statements on payroll stubs, d) bank statement, e) Form 1099, f) SSA benefit award letter, g) retirement benefit letter, h) life insurance policy, i) court records, j) DHS letter.

**Personal Declaration**

(All household members 18 years of age and older must sign the application and release of information forms):

*I do hereby attest that all the information provided above about my household members and me is true and complete. I understand that I must report to the apartment management all changes in household income and household membership to retain my correct placement on the waiting list. I further understand that the deliberate submission of false or misleading information may lead to the denial of the application.*

Warning: Title 18, Section 1001, of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements in this application. Such false or fraudulent statements are punishable as crimes under Title 11 and 12 of the Alaska Statues.

<b>Signature of Head of Household:</b> _____	<b>Date:</b> _____
<b>Signature of Spouse / Co-Tenant:</b> _____	<b>Date:</b> _____
<b>Signature of Adult Household Member:</b> _____	<b>Date:</b> _____
<b>Signature of Adult Household Member:</b> _____	<b>Date:</b> _____

**How did you hear about us? (Please check one)**

- Flyer/Brochure
- Sister Property Referral
- Internet search
- Yellow Pages
- Resident Referral
- Walk in
- Newspaper AD
- Complex Website: benlomondinc.com
- Other \_\_\_\_\_

**OFFICE USE: ADDITIONAL VERIFICATIONS**

- Student Eligibility Questionnaire
- Independent Student
- Non-Citizenship Verification
- Seasonal Work / Part time Work History
- Request for Reasonable Accommodation
- Tax Return Requested: \_\_\_\_\_
- Disposal of Assets



**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

Ben Lomond Inc., Management Agent for  
Executive Estates Apartments 1620 Washington Drive Fairbanks, AK 99709

**Head of Household:** \_\_\_\_\_

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to THE APARTMENTS any information or materials needed to complete and verify my application for, or participation in, any HUD assisted housing program. Verification and inquiries that may be requested include, but are not limited to:

- |  |  |
|--|--|
| * IDENTITY AND MARITAL STATUS  | * INCOME FROM ANY SOURCE   |
| * POLICE RECORDS AND CRIMINAL HISTORY  | * ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS |
| * EMPLOYMENT INCOME  | * MEDICAL OR CHILD CARE ALLOWANCES   |
| * RESIDENCES AND RENTAL ACTIVITY   |  |
| * CREDIT HISTORY - Credit Reports provided by Credit Services, Inc., dba-Tenant Watch, A National Credit Repository. |  |

**Groups or Individuals That Executive Estates May Contact**

- |   |  |
|---|--|
| * PAST AND PRESENT LANDLORDS                              | * PAST AND PRESENT EMPLOYERS               |
| * COURTS AND POST OFFICES                                 | * DEPT. OF HEALTH & SOCIAL SERVICES        |
| * SCHOOLS AND COLLEGES                                    | * DEPT. OF LABOR AND WORKFORCE DEVELOPMENT |
| * LAW ENFORCEMENT AGENCIES                                | * DEPT. OF EDUCATION & EARLY               |
| * UTILITY COMPANIES                                       | * SOCIAL SECURITY ADMINISTRATION           |
| * BANKS AND FINANCIAL INSTITUTIONS                        | * MEDICAL AND CHILD CARE PROVIDERS         |
| * AK PERMANENT FUND CORPORATION                           | * RETIREMENT SYSTEMS                       |
| * PRIVATE SOCIAL SERVICE AGENCIES                         | * PAYEES, TRUSTEES                         |
| * INDIVIDUALS PROVIDING REFERENCES OR OTHER DOCUMENTATION |  |

Conditions: I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, a housing assistance program. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the date signed.

<b>Signature of Head of Household</b>	<b>Print Name</b>	<b>Date</b>
<b>Signature of Spouse/Co-Tenant</b>	<b>Print Name</b>	<b>Date</b>
<b>Signature of Adult Member</b>	<b>Print Name</b>	<b>Date</b>
<b>Signature of Adult Member</b>	<b>Print Name</b>	<b>Date</b>



**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.**

<b>Applicant Name:</b>											
<b>Mailing Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason for Contact:</b> (Check all that apply) <table border="0" 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.

<b>Signature of Applicant</b>	<b>Date</b>
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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.

