York Area Housing Group
Delphia Management Corporation

Application for Admission and Rental Assistance

Please select the project(s) for which you are applying:

Cloverfield-Kingston House, York PA

____ Cloverfield-Kingston House is funded under the Section 202/8 Program of the United States Department of Housing and Urban Development (HUD). There are two locations for this project (1500 Rodney Road, York, PA and 1243 West King Street, York, PA). When applying for Cloverfield-Kingston House, there is one waiting list for both locations. Eligibility is for heads of households or spouses that are elderly and/or non-elderly with a disability that require the features of the accessible units for the mobility-impaired. The location at 1500 Rodney Road has 18 one-bedroom units and 6 two-bedroom units. The location at 1243 West King Street has 78 one-bedroom units.

Delphia House Apartments, 350 East Philadelphia Street, York PA

____ Delphia House Apartments is funded under HUD’s Section 8 – New Construction Program and is for heads of households that are elderly and/or non-elderly with a disability. Delphia House has 104 one-bedroom units.

Dutch Kitchen, 381 West Market Street, York PA

____ Applicants for residency in the Dutch Kitchen are limited to those 18 years of age or older, and must qualify under HUD’s Section 8 Housing Program and/or the Federal Low-Income Housing Tax Credit Program. All 59 units are single-room occupancy.

Green Meadow Apartments, 20 Beaver Street, Dillsburg, PA

____ Eligibility for Green Meadow Apartments is for heads of households that are elderly and/or non-elderly with a disability. Green Meadow Apartments is a Rural Housing Service 515 project funded by the United States Department of Agriculture (USDA), Rural Development. Green Meadow has 46 one-bedroom units.

Highland Manor Apartments, 36 Highland Manor Drive, Stewartstown PA

____ Highland Manor Apartments is a Rural Housing Services 515 project under USDA Rural Development. Highland Manor residents receive HUD Section 8 rental assistance. Households in which the head, co-head or spouse is 18 years of age or older are eligible. At Highland Manor, there are 10 one-bedroom units, 15 two-bedroom units, and 8 three-bedroom units.

1/18/2016
York Area Housing Group
Delphia Management Corporation

York Area Housing Group/Delphia Management Corporation offices are located at 118 North George Street, York, PA 17401. Our telephone number is 717-846-5139. The TDD number for all locations is 800-654-5984.

Additional information on YAHG/DMC and the properties managed can be found online at www.yorkareahg.org.

<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloverfield-Kingston House</td>
<td>1500 Rodney Road York, PA 17408</td>
<td>717-764-5464 (phone)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>717-848-8977 (fax)</td>
</tr>
<tr>
<td></td>
<td>1243 West King Street York, PA 17404</td>
<td>717-848-2927 (phone)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>717-848-2716 (fax)</td>
</tr>
<tr>
<td>Delphia House Apartments</td>
<td>350 East Philadelphia Street York, PA 17403</td>
<td>717-843-1064 (phone)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>717-854-0971 (fax)</td>
</tr>
<tr>
<td>Dutch Kitchen</td>
<td>381 West Market Street York, PA 17401</td>
<td>717-846-5281 (phone)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>717-854-0343 (fax)</td>
</tr>
<tr>
<td>Green Meadow Apartments</td>
<td>20 Beaver Street Dillsburg, PA 17019</td>
<td>717-432-2556 (phone)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>717-502-1586 (fax)</td>
</tr>
<tr>
<td>Highland Manor Apartments</td>
<td>36 Highland Manor Drive Stewartstown, PA 17363</td>
<td>717-993-6541 (phone)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>717-993-2289 (fax)</td>
</tr>
</tbody>
</table>

Reasonable Accommodations

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program, take advantage of a service, live in a dwelling, or perform a job.

The Owner/Agent for all sites listed above is obligated to make the property physically accessible as well as operating and administering the property to enable persons with disabilities to have equal access to participate in the program.

Applicants with disabilities that need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, have the right to request such an accommodation.
York Area Housing Group – Delphia Management Corporation

**PRE-APPLICATION**

**FOR ADMISSION TO APARTMENTS WITH RENTAL ASSISTANCE**

**Date:**

---

**Applicant Name**

(Head of Household)

**How did you hear about us?**

**Citizenship Status**

- United States Citizen
- Eligible Non-Citizen
- Ineligible Non-Citizen

**Current Address**

**City, State, Zip**

**Home Phone**

**Cell Phone**

**Email Address**

**Work Phone**

**May we contact you at work?**

- Yes
- No

**If you have no Social Security Number, you claim you are exempt because**

- You are an ineligible non-citizen
- You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

**Will anyone else live in the unit with you?**

- Yes
- No

**How many people will live in the unit?**

<table>
<thead>
<tr>
<th></th>
<th>Adults</th>
<th>Minors</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
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<td>03</td>
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<td>04</td>
<td></td>
<td></td>
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<tr>
<td>05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Household Member #**

**Household Member’s Full Name**

**Relationship to Head of Household**

- Self

**Birth Date**

**Age**

**Sex**

**Social Security Number**

---

* Relationship to Head of Household member = Co-head, Spouse, Child, Other adult, Foster adult/child, Live-in aide (live-in aides must be approved before move in)

You must indicate one of the above HUD approved relationship codes for each adult household member.
If the head-of household or co-head/spouse is not 62 years or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled? □ Yes □ No

For Cloverfield-Kingston House only – If the head of household or spouse is not 62 years or older, do you claim eligibility because the head of household or spouse requires the features of an accessible unit? □ Yes □ No

Have you ever been convicted of a crime? □ Yes □ No

If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both. □ Felony □ Misdemeanor

Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry? □ Yes □ No

Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? □ Yes □ No

Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA
☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for the preference indicated below.

I am a victim of a recent presidentially declared disaster. □ Yes □ No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

<table>
<thead>
<tr>
<th>MEMBER # &amp; HOUSEHOLD MEMBER'S FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

Citizenship Status ☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen

Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA
☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

2/1/16
UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you request special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Special Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single Room</td>
<td>□ Mobility Accessible Unit</td>
</tr>
<tr>
<td>□ 1 Bedroom Unit</td>
<td>□ Communication Accessible Unit (Hearing)</td>
</tr>
<tr>
<td>□ 2 Bedroom Unit</td>
<td>□ Communication Accessible Unit (Visual)</td>
</tr>
<tr>
<td>□ 3 Bedroom Unit</td>
<td>□ Special features: Please list below</td>
</tr>
</tbody>
</table>

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Please provide the total amount of gross annual income from all sources.

<table>
<thead>
<tr>
<th>Head of Household - Annual income</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Member #2 - Annual income</td>
<td>$</td>
</tr>
</tbody>
</table>

Please provide the value of all assets (including checking/savings accounts)

<table>
<thead>
<tr>
<th>Head of Household - Total assets</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Member #2 - Total assets</td>
<td>$</td>
</tr>
</tbody>
</table>

Utility Providers
Both Green Meadow and Highland Manor require electricity to be established in the household's name.

Do you have any overdue/outstanding balances owed to any utility provider? □ Yes □ No

Will you be able to establish electric in your unit? □ Yes □ No

Applicants for Green Meadow Apartments and Highland Manor Apartments please note:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

"This Institution is an equal opportunity housing provider and employer."

"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

2/1/16
Please note, the provisions of the Violence Against Women and Justice Department Authorization Act of 2005 offers protections to you:

- The Landlord may not consider incidents of domestic violence, dating violence or stalking, sexual assault as serious or repeated violations of the Lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or immediate member of the tenant’s family is the victim or threatened victim of that abuse.
- The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence. Dating Violence or Stalking. Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within fourteen (14) business days, or an agreed upon extension date, to receive protection under VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 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 United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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 $5,000. Any applicant or participant 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are 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).

**APPLICANT CERTIFICATION**

I/We certify that if selected to receive rental assistance, the unit I/we occupy will be my/our only residence. I/We understand that the information in this application is being collected to determine my/our eligibility. I/We authorize the Owner/Agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate Federal, State or local agencies. I/We also authorize the Owner/Agent to conduct checks of my/our criminal record and sexual offender status in order to process this application, and, if accepted as a resident, each year during my entire residency. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are punishable under Federal law and shall be considered sufficient cause for rejection.

I would like to request a complete copy of the owner/agents resident selection criteria.

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Email address for electronic copy: ________________________________

Applicant Name (please print) ________________________________

Signature ___________________________ Date __________

---

York Area Housing Group/Delphia Management Corporation does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1986).

Name: Robert Werner Address: 118 N. George Street City: York State: PA Zip: 17401


2/1/16
What are my responsibilities?
Information in ETV is protected by law.
Your HUD-8872 will tell you the current form of
information that you must provide to the
county or county agency.

Who has access to the ETV?

What is the Information in ETV used for?

- New Home (YN)
- Employment
- Education
- Income
- Housing

What is ETV?

- Examine and verify your income
- Examine and verify your enrollment and
- Examine and verify your employment
- Examine and verify your housing

Is my consent required to get
information about me from ETV?

- A state or local government
- A state or local government
- A state or local government

They will also be able to determine if your

Correctly reported your income

ETV system to determine if your

Your income source and methods are able to use the

Property owner and manager agree to use the

system is more accurate and efficient than

Getting the information from the ETV

etax. Each report contains the

information about you. This report

The ETV system provides the owner and

owner and manager.

In ETV and where does it come

When you sign from HUD-8872, note:

Yes, when you sign from HUD-8872.
not about me

What is the Information in EIV Is

Income determined that you deliberately lied to conceal your income information on EIV and the income limitations.

An officer may be subject to prosecution if it is determined that you deliberately lied to conceal your income. If your income is not revealed by you, this request would be mandatory. You may agree with the EIV officer if it is correct. If you do not agree with the EIV officer, you have two options (1) filed in each report of income. After a period of time, you may request the court to review the information.

Reported in EIV?

Preferably and if you are becoming

What if I did not report income

In order to correctly determine the amount of your household income, you must provide all sources of income you are eligible for. When completing applications and recertifications, you must provide all sources of income you are eligible for. Providing false information is fraud. Please report false information.

What if I disagree with the EIV

Penalties for providing false information

In determining your eligibility for EIV, you will be notified of the results. If you disagree with the information furnished, you may request an office of the EIV officer, for the information furnished, you may request an office of the EIV officer.
**FOR DUTCH KITCHEN APPLICANTS ONLY**

Student Status

Are you a full-time student or do you intend to become one in the next twelve months?
___ Yes  ___ No

If Yes: Are you a single parent and his or her children, whom is a dependent of a third party?
___ Yes  ___ No

If Yes: Are you married and filing a joint tax return?
___ Yes  ___ No

If Yes: Are you enrolled in a job training comparable to the Job Training Partnership Act?
___ Yes  ___ No

If Yes: Are you receiving assistance under Title IV of the Security Act: AFDC or TANF?
___ Yes  ___ No

Section 8 Subsidy or Non-Section 8

Fifty of the Dutch Kitchen’s units are under contract through the York Housing Authority Section 8 SRO Program. There are an additional nine low-income units that are not affiliated with the York Housing Authority. For which type of unit are you applying?

___ Section 8

___ Non-Section 8

___ Both
**FOR DUTCH KITCHEN APPLICANTS ONLY**

General Release Verification Form

I, ____________________________, the undersigned, hereby authorize the release, with liability to Delphia Management Corporation, and the Pennsylvania Housing Finance Agency, and Internal Revenue Service for an apartment for which I have made application to lease, any and all information they may request concerning my income, wages, salaries, credit record, and references in connection with my application to determine whether I am eligible to occupy the unit.

_____________________________________________  _______________________
Signature                                              Date

______________________________
Print Name
Race and Ethnic Data Reporting Form

Name of Property       Project No.       Address of Property

Name of Owner/Managing Agent       Type of Assistance or Program Title:

Name of Head of Household       Name of Household Member

Date (mm/dd/yyyy):

<table>
<thead>
<tr>
<th>Ethnic Categories</th>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Not-Hispanic or Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Select All that Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

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.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household’s file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

   1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

   2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

   1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

   2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

   3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

   4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
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) |
| □ 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.

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. 3511-3520). 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) imposes 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)