

APPLICATION FOR YELLOW SPRINGS VILLAGE GREENE

GMHA's MISSION: Committed To Providing Quality Affordable Housing And Services In An Efficient And Creative Manner

You are potentially eligible for GMHA housing if your total gross income does not exceed:

Maximum Income Limits	Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	Family Size 7	Family Size 8
Village Greene	\$24,750	\$28,250	\$31,800	\$35,300	\$38,150	\$40,950	\$43,800	\$46,600

Applications returned by mail or dropped off at GMHA's office will not be accepted without copies of all family members:

- Birth Certificates ● Social Security Cards ● Pictured ID's for Household members Age 18 or Older.

Household Composition

Head of Household _____
Name (Print) Social Security Number

Address _____
Street City State Zip Email address

Phone _____
Home Cell Work Message

Household Member(s) Profile

PLEASE LIST ALL FAMILY MEMBERS WHO WILL BE HOUSED WITH YOU AT LEAST 6 MONTHS OF THE YEAR

(Please use black or blue ink)

Name (print)	Social Security Number	Date of Birth	Sex M/F	Student Y/N	*Race Code	Hispanic Y/N	Relationship to Head of Household
1							Head of Household
2							
3							
4							
5							
6							
7							
8							

*Race Code: (1) White (2) Black (3) American Indian or Alaskan Native (4) Asian (5) Hawaiian or Pacific Islander (6) Hispanic

APPLICANT PREFERENCES

Only check preference(s) that apply to you in your current living situation. When requested, you will be asked to provide verification for each preference you have selected. If verification of your selected preference(s) cannot be verified, you will not be eligible for those preference points. Any changes in preferences must be reported immediately. Submission of false information may result in loss of eligibility to participate in the Housing Choice Voucher Program, Public Housing or Yellow Springs Village Greene Program and is punishable under federal law.

- Family** - Applicant, whose household has at least one child; or
- Family** -A single person verifying expected reunification with their child or children within 6 months
- Elderly** - Head, spouse, sole member, is at least age 62;
- Single Pregnant** - A pregnant woman (must provide documentation) - Estimated Due Date: _____
- Single Disabled** - A single disabled person (name of disabled household member) _____
What type of reasonable accommodations does this person need? _____
- Domestic Violence** - Qualified applicants are protected under VAWA 2013. Violence involving dating, assault and stalking victims
- Applicant has been displaced** - Applicant is displaced by inaccessibility of a unit by either a hate crime, landlord no longer leasing due to sale of property, renovation or occupying the unit themselves.
- Substandard Housing** - Living in a unit that is dilapidated, and/or the unit has been condemned. Does not have a usable toilet, and/or a usable bathtub or shower. Does not have electric service or safe electric service, does not have heat (not due to non-payment) or does not have a kitchen.
- Homeless** - A person is considered homeless only when he/she resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings (on the street). Is in an emergency shelter, transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters, an applicant who is spending a brief time in the hospital or other institution. (Up to 30 Days).
- Working/Disabled /Elderly**- Head of household or spouse works at least 20 hours per week and has been working for at least 90 days at his/her present job or; sole member or head and spouse is disabled or is age 62 or older.
- Involuntarily Displaced**- Applicant displaced because of fire, natural disaster, or government action
- Near Elderly**- Applicant, who is at least age 50, but not yet age 62
- Paying more than 50% of Income for Rent**- currently paying more than 50% of income for rent and utilities and has for 90 days..
- Overcrowded Household**- Applicant is residing where two or more families reside, or more than two people per bedroom.
- US Veteran**- Applicant can provide a copy of DD-214 as verification that head or spouse is a US Veteran
- Local Concern**- Applicant currently lives and/or works in Greene County.
- Money Management**- Applicant has completed the 10 hr. Money Management course thru the OSU Extension office.

Any changes in preference must be reported immediately

You must list all information requested in this section because all criminal and rental history will be thoroughly investigated

1. Yes No Have you or any other family member listed on your application been charged with and/or convicted of a felony or any violent criminal activity (including domestic violence) or has anyone listed on this application ever been charged with and/or convicted of any drug-related activity, or are you or anyone else in your household required by state law to register as a Sex Offender?

Name of adult and/or adults that have charges or convictions: _____

You Will Need To Include a Copy of The Court Disposition For Each Charge and/or Conviction

List each charge below and court of jurisdiction:

List each conviction, date and court of jurisdiction:

#1 _____

#1 _____

#2 _____

#2 _____

2. Yes No Are you presently, or have you or any adult member of your household, ever lived in Subsidized Low Income Housing, Public Housing or Section 8 Housing? If Yes, which Subsidized Housing Agency did you adult and/or adults lived in the subsidized housing? _____

Yes No Is there a balance owed? If Yes, how much money is owed? \$ _____

3. Yes No Have you or any adult member of your household been evicted during the past 12 months from a Subsidized Low Income Housing, Public Housing or Section 8 Program? **If Yes**, where were you evicted from?

Name of Public Housing or Section 8 Program

4. IF YOU ANSWERED YES to questions 2 or 3 above, you must provide the required information below concerning where you live or lived and the move-in and move-out dates to prevent delays processing your application.

Name of Project or Housing Authority Address City ST Zip

Address or Unit # where you lived City ST Zip Move-In Date Move-Out Date

Name of Project or Housing Authority Address City ST Zip

Address or Unit # where you lived City ST Zip Move-In Date Move-Out Date

5. Yes No Do you have a checking or savings account or do you own any property? If Yes, check the box and/or boxes that apply. Checking Account Savings Account Own Property

Family Income and Assets

Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income \$

Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income \$

Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family Gross Monthly Income \$

APPLICANT/TENANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION:

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed my application form and the HUD form 50058 or 50059, whichever applies to me, and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME, HOUSEHOLD COMPOSITION AND CRIMINAL ACTIVITY

I know I am required to report immediately in writing any changes in income; arrests and/or convictions for any type of criminal activity including domestic violence, possession of drugs; and/or any drug related activity; and any changes in the household size, when a person moves in or out of the unit and failure or refusal to do so may result in ineligibility for applicants.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I understand that any monies owed GMHA from a previous tenancy must be paid in full prior to admission. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, eviction or ineligibility for applicants.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance, termination of tenancy or ineligibility for applicants.

Head of Household, Spouse and all members of Household 18 and over must sign and date

1)	_____	_____
	Head of Household	Date
2)	_____	_____
	Spouse	Date
3)	_____	_____
	Other Family Member Over Age 18	Date
4)	_____	_____
	Other Family Member Over Age 18	Date

GMHA DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign. Feel free to consult with an immigration lawyer or other immigration expert of your choosing.

My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because *I am a citizen by birth, a naturalized citizen, or a national of the United States.*

LIST U.S. CITIZENS NAMES HERE

_____	_____
_____	_____
_____	_____
_____	_____

U.S. CITIZEN SIGNATURES

Signature: _____ Date _____
Head of Household

Signature: _____ Date _____
Spouse

Signature: _____ Date _____
Other Adult Member of the Household

Signature: _____ Date _____
Other Adult Member of the Household

My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because (check the appropriate box):

A. I have eligible immigration status and I am 62 years of age or older. Attach proof of age, Yes No

B. **If no**, I have eligible immigration status as checked below (see reverse side of this form for explanations. Attach INS document(s) showing eligible immigration status and a signed verification consent form.)

- 1 () Immigrant status under § 101 (a)(15) or 101 (a)(20) of the immigration and Nationality Act (INA)
- 2 () Permanent residence under §249 of INA
- 3 () Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA
- 4 () Parole status under §§212(d)(5) of the INA
- 5 () Threat to life or freedom under §243(h) of the INA
- 6 () Amnesty under §245 of the INA.

LIST NON-CITIZENS NAMES HERE

_____	_____
_____	_____
_____	_____
_____	_____

NON-CITIZEN SIGNATURES

Signature: _____ Date _____
Head of Household

Signature: _____ Date _____
Spouse

Signature: _____ Date _____
Other Adult Member of the Household

Signature: _____ Date _____
Other Adult Member of the Household

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing an false fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both. The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age older or who will be 62 years of age or older and receiving assistance under Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

1. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act 9(INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §210 or 210A of the INA (8 U.S.C.1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
2. **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8U.S.C. 1259) [*amnesty granted under INA 249*].
3. **Refugee, asylum, or conditional entry status under §207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*], or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution of account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
4. **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a Result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §of the INA (8 U.S.C. 1182(d)(5)[*parole status*].
5. **Threat to life of freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. As a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
6. **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (U.S.C. 1255a)[*amnesty granted under INA 245A*].

Greene Metropolitan Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained.

_____ Date _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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.

Page 8

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 HA or the owner responsible for the unauthorized disclosure or improper use.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE:

Greene Metropolitan Housing Authority (GMHA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION:

I authorize the release of any information (documentation and related materials) pertinent to eligibility for the following programs: Low Rent Public Housing, Section 8 Housing Assistance.

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, these assisted housing programs.

I authorize only GMHA to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses/Credit History/Criminal Activity/Family Composition/Employment/ Income/ Pensions and Assets/Federal, State, Tribal or Local Benefits/Handicapped Assistance Expenses/Identity and Marital Status/Medical Expenses/Social Security Numbers/ Residences and Rental History

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: *Banks and Other Financial Institutions/Courts/Law Enforcement Agencies/Credit Bureaus/Employers, Past and Present/ Landlords/ Professional & Community References/Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities/Schools and Colleges/U.S. Social Security Administration/U.S. Department of Veterans Affairs/Utility Companies/Welfare Agencies*

CONDITIONS: I agree that photocopies of this authorization may be used for the purposes stated above.

If I Do Not Sign This Authorization, I Also Understand That My Housing Assistance May Be Denied Or Terminated.

Complete address of Unit, if Housed with GMHA: _____

HEAD OF HOUSEHOLD'S SIGNATURE Date _____

SPOUSE'S SIGNATURE Date _____

PRINT NAME HEAD OF HOUSEHOLD S.S.# _____

PRINT NAME OF SPOUSE S.S.# _____

OTHER ADULT MEMBER OF THE HOUSEHOLD SIGNATURE Date _____

OTHER ADULT MEMBER OF THE HOUSEHOLD SIGNATURE Date _____

PRINT NAME OF ADULT MEMBER S.S.# _____

PRINT NAME OF ADULT MEMBER S.S.# _____

Note: This Release Expires 15 Months from date of Signature

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)	
<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	
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. 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.