PROVO CITY HOUSING AUTHORITY

Provo City Housing Authority
688 West 100 North
Provo, UT 84601
Phone: 801-900-5676 Fax: 801-373-6560

OFFICE USE ONLY
___ Erika ___ Suzie
___ Diane ___ Jodi
___ Celeste

Voucher Certification Packet

HOUSEHOLD COMPOSITION

List **ALL** persons who currently live in your household under rental assistance. Use additional sheet if necessary.

Name (First and Last for each member)	Relation	Date of Birth
1	**HEAD of Household**	
2		
3		
4		
5		
6		
7		
8		

Mailing Address	PO BOX/STREET	**Physical Address**	STREET ADDRESS
	CITY/TOWN		CITY/TOWN
	STATE/ZIP CODE		STATE/ZIP CODE

Email Address	

Telephone Numbers	Cell Phone	Work	Home

YES	NO	Please answer all of the following questions, if yes explain:
☐	☐	**1.** If you have children in your household, do you have full custody of your child(ren)? **Explanation:**
☐	☐	**2.** Are there any absent household members who, under normal circumstances, would live with you, such as a family member away on military duty, etc.? **Explanation:**
☐	☐	**3.** Are you or any household member subject to a lifetime registration requirement under a state sex offender registration program?
☐	☐	**4.** Are any **adults** (18 years of age or older) in the household students? **If yes,** list the name of the student and school below. ***You will need to provide verification of enrollment and if applicable financial aid/assistance from the school***

Student Name	Name of School	Status
		☐ **Fulltime** ☐ **Part time**
		☐ **Fulltime** ☐ **Part time**
		☐ **Fulltime** ☐ **Part time**

HOUSEHOLD INCOME

5. Do YOU or ANYONE in your household receive income from any source?
Income includes but is not limited to wages, self-employment, unemployment, general assistance, Temporary Aid to Needy Families (TANF) or other welfare benefits, child support, alimony, social security, SSI, any other payments from the social security administration, veteran's benefits, pensions, retirement benefits, annuities, severance payments, settlements, disability payments, death benefits, life insurance dividends, regular gifts or contributions from outside the household, educational grants, scholarships, other student benefits, lottery winnings, inheritances, income from rental properties (land contracts or other forms of real estate), etc.

If you answered "YES" above, ALL income must be explained below (one line per income source)**:**

Family Member	Income source and address	Amount

ZERO INCOME CERTIFICATION

A. I certify the following adult household member(s) have no income. (Income includes but is not limited to: wages, social security, unemployment, DSHS cash assistance, etc.). **I certify that there is currently no income received by, or coming into my household from any source, on behalf of:**

List the names of the household members that have **NO** income	➢	➢
	➢	➢

DEFINITION OF NET FAMILY ASSETS [24 CFR 5.609(b)(3) and 24 CFR 5.603(b)]

Net Family Assets means the cash value after deducting reasonable costs that would be incurred in disposing of **real property, savings, stocks, bonds, and other forms of capital investments**, excluding interests in Indian trust land and the equity in a housing cooperative unit or in a manufactured home in which the family resides. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income) In determining net family assets, PHAs and owners shall include the value of any business or family assets disposed of by an applicant or resident for less than fair-market value (including a disposition in trust, but not in foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration of a disposition as part of a separation received thereof. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair-market value if the applicant or resident receives important consideration not measurable in dollar terms.

ASSET INFORMATION

6. Do YOU or ANYONE in your household have assets valued at MORE than $50,000?

YES	NO
☐	☐

Assets include but are not limited to checking or savings accounts (including payee accounts), CD's, money market accounts, treasury bills, stocks, bonds, other securities, trust funds, IRA's, KEOGH, other retirement accounts, real estate, rental property, land contracts/contract for deed or other real estate holdings, personal property held as an investment (example: paintings, coins, show cars, antiques, etc.), etc. -- **If you answered YES above you MUST supply verification for each asset in the household.**

****ALL participants MUST complete the following grid ****

Please list ALL assets in the table below (one line per asset), **please be sure to list all information** (family member, bank name, account number, account type, net value**:**

Family Member	Asset (Bank Name)	Account Number	Account Type	NET VALUE

DISPOSITION OF ASSETS

Yes	No	
☐	☐	**7.** Have you or any family member disposed of or given away any asset(s) for LESS than fair market value within the past two years? **If Yes complete the information below:**

FAMILY MEMBER:	AMOUNT:
EXPLANATION:	

ZERO ASSET CERTIFICATION

B. I certify the following family members (adults and minors) have no assets. (Assets include but are not limited to checking and savings accounts, savings bonds, cd, etc.). I certify to the best of my knowledge the following household members hold no assets or accounts in their name or any other. **This includes adults and minors in the household:**

List the names of **ALL** household members that have **NO** assets):	➢	➢
	➢	➢

CHILDCARE EXPENSES

Yes	No	
☐	☐	**8.** Do you pay out of pocket for childcare expenses? **If yes,** complete the information below, **if no** skip to question 9.

☐ **Childcare enables the following household member to work:** _____

☐ **Childcare enables the following household member to look for work:** _____

Agency or Service that assists you: _____

Number of Hours Spent Looking for work: _____ (Check one) ☐ week ☐ month

☐ **Childcare enables the following household member to attend school (vocational or academic courses):**

Yes	No	
☐	☐	**C.** I certify that I pay childcare expenses out of pocket and that I do not receive reimbursement for the childcare costs that I have paid from any agency or individual outside the household.

D. Childcare care costs are not paid to anyone living in our household, they are paid to:

Name of childcare center or provider: _____

Address & Phone Number: _____

Your Monthly Cost: _____

Other Sources Payment: _____

Name of Child(ren) that receive care:

This information is being collected to allow the Housing Authority to comply with civil rights record keeping requirements. This information will not be used in making any decision about an applicant's receipt of housing.

Yes	No	
☐	☐	**9.** Are you or any other members of your household disabled? **If yes, which member(s) are disabled**

➢	➢	➢

Yes	No	
☐	☐	**10.** Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

➢	➢	➢

The PCHA complies with the Fair Housing Act and provides reasonable accommodations to people with disabilities. If you feel you need a reasonable accommodation, please contact your Housing Specialist.

OUT OF POCKET - MEDICAL EXPENSES

Please note: The medical expense deduction is permitted only for families in which the head, spouse, or co-head is at least 62 or is a person with disabilities. If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted. When a family is eligible for the medical expense deduction unreimbursed medical expenses may be deducted to the extent that, in combination with any disability assistance expenses, they exceed three percent of annual income.

Yes	No	
☐	☐	**11.** Have you or anyone in your household paid for medical expenses? Medical expenses include but are not limited to doctor, dentist, hospital visits, medical insurance, prescription expenses, medical premiums, other medical expenses, etc.

If you answered "YES" above, please explain all claimed medical expenses in the table below (one line per expense):

Family Member	Name of Provider, Pharmacy and Address, Phone Number	Amount

MEDICAL EXPENSE CERTIFICATION

Yes	No	
☐	☐	**E.** I certify that I have incurred or will incur the medical expenses I am claiming for deduction purposes under the Section 8 Housing Choice Voucher Program. I have paid and/or will pay for these expenses out of my own pocket and these expenses **have not and/or will not** be reimbursed by any other source.

- **Note to applicants and participants regarding out-of-pocket medical expenses:** Please be sure to include a 12-month printout from your pharmacies or provider's **(please check your annual letter for the specific dates that are required)**. For Medical insurance premiums please supply a current letter verifying your ongoing monthly expense. Please be aware if you do not supply your medical expense verifications, medical expenses may not be used to calculate your portion.

Notice of Potential Fraud

Dear Applicant/Participant:

The U.S. Department of Housing and Urban Development is seriously concerned about fraud in the Housing Choice Voucher Program and the Public Housing Program and has asked us, the PCHA to give this reminder to all families on the program. Going along with these simple rules will help you stay in the Housing Program and help the program to run fairly and honestly. Not following these rules could result in referral of the matter for investigation and prosecution under Federal Law.

Whenever appropriate, we ask you for information about your income and your family size so we can make sure that you are paying the right rent to your landlord and that your family dwelling is the right size for your family. When we ask for this information, be sure to:

1. Let us know about all income received by members of your household and income that you expect to receive in the next year. Many people forget income from second jobs, over-time, part-time jobs, children's social security income, regular contributions or gifts received from outside the household and income received from child support.

2. Let us know the name of everyone expected to live in your household in the next year, including anyone anticipated to move in, or move outs within the next twelve months.

Your rent payment to your landlord must not be more than the amount in your lease that we calculated at the time of your review. If you are now paying (or if your landlord asks for) any money in addition to this payment, please report this to us at once. We will review your case and get back to you shortly. If necessary, we will help you find another place to live.

It is very important that you report all changes including income, assets, deductions, and changes in the family composition in writing within 10 business days on a change of circumstance form. Please keep in mind with the exception of children who join the family as a result of birth, adoption, or court-awarded custody, a family must request PCHA approval to add a new family member to the household. We urge you to meet these responsibilities so that you will continue to receive assistance and so that this program can serve as many families as possible.

If you know of any cases of fraud by landlords, participants, Housing Authority employees or if you have any questions on this subject, please contact PCHA, 801-900-5670.

Thank you for your cooperation.

Sarah Van Cleve
Executive Director

Applicant/Participant Certification

ALL adult household members must review the entire supplemental application and sign and date.

- **Giving True and Complete Information -** I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions provided on this application is accurate and complete to the best of my knowledge.
- **Reporting Changes in Income or Household Composition -** I know I am required to report within ten days of the date of any change, in writing, those changes in income and household size, including when a person moves in or out of the unit. I understand the rules regarding additions to the household and guests/visitors and when I must report anyone who is staying with me.
- **Reporting on Prior Housing Assistance -** I certify that I disclosed where I received any previous Federal housing assistance and whether any money is owed. 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 sublease or assign 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 scheduled meetings, HQS Inspections, and completing/signing needed forms. I understand that failure or refusal to do so may result in delays, termination of assistance and/or termination of tenancy**.**
- **Criminal and Administrative Actions for False Information -** I understand that, if I knowingly supply false, incomplete or inaccurate information that it is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds of termination of housing assistance and/or termination of tenancy**.**

ALL Adult Household Members (18 and over) must review, sign and date

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance.

Head of Household (Signature)	**Date**	**Co-Head or Spouse (Signature)**	**Date**
Other Adult (Signature)	**Date**	**Other Adult (Signature)**	**Date**
Other Adult (Signature)	**Date**	**Other Adult (Signature)**	**Date**

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

PROVO CITY HOUSING AUTHORITY
688 West 100 North
Provo, UT 84601

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be a ppropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

PROVO CITY HOUSING AUTHORITY

Provo City Housing Authority
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Phone: 801-900-5676 Fax: 801-373-6560

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency organization, business or individual to release to and verify my application for participating and/or maintain my continued assistance under the Section 8, Public Housing and/or any other Housing Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collections agencies or landlords. This includes records on my payment history and any violations of my leases or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include, but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity
Employment, Income, and Assets
Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT AY BE ASKED

The groups or individuals that may be asked to release the information above (depending on program requirements) include, but are not limited to:

Previous landlord (including PHA's)	Past and Present Employers	Utility Companies
Courts and Post Offices	Welfare & other Social Services Agencies	Credit Providers and Credit Bureaus
Schools and Colleges	State Unemployment Agencies	Retirement Systems
Law Enforcement Agencies	Social Security Administration	Banks and Credit Unions
Medical and Child Care Providers	Support and Alimony Providers	Veterans Administration

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may, in the course of their duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; The U.S. Postal Service; the Social Security Administration; and State Welfare, food Stamp, and any other Social Service Agency.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household _____ Print Name: _____ Date: _____

Spouse: _____ Print Name: _____ Date: _____

Other Adult: _____ Print Name: _____ Date: _____

Other Adult: _____ Print Name: _____ Date: _____

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Phone: 801-900-5676 Fax: 801-373-6560

THIS SECTION TO BE FILLED OUT BY EMPLOYEE

Print Case Name: _____ Social Security #: _____

Please be advised that there are federal and state penalties for fraud under House Bill 105 for the misrepresentation of facts to a Housing Authority. When completed, return to Provo City Housing authority at 688 West 100 North, Provo, UT 84601 or fax to (801) 373-6560.

THIS PORTION TO BE FILLED OUT BY EMPLOYER ONLY

Employee's Name: _____ Occupation: _____

Hire Date: _____First Day of Active Employment: _____

Last Day of Employment: _____If Verifying Termination of Employment, Reason for Termination:_____

Old Wage/Salary Amount $_____ New Wage/Salary Amount: $_____

Indicate the date of last wage/hour increase: _____

Amount of Wage Paid Per Hour: $_____

Average hours worked per week: $_____

Average overtime hours worked per week: $_____

Overtime rate of pay per hour, if applicable: $_____

If paid on salary, what is monthly salary amount: $_____

Commission/Bonuses (If Applicable, average per week/month) $_____

Gratuities/Tips (if applicable, average per week) $_____

Company Name:_____ Company Phone:_____

Company Fax _____ Company Email: _____

Address: _____ City, State, Zip Code:_____

Signed by:_____ Print Name:_____

Title: _____Date: _____

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 _____ **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.