



(FOR OFFICE USE ONLY)

SITE NAME: \_\_\_\_\_

RHR ACCT #: \_\_\_\_\_

**Personal Information:****General Consent Form**I, \_\_\_\_\_ have made  
Last Name First Middle Maidenapplication with \_\_\_\_\_ for \_\_\_\_\_  
Company Name State Purpose

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Sex Social Security Number Driver's License State (\_\_\_\_\_) Home Phone**Release:**

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit grantor federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**OUT-OF-STATE CRIMINAL RECORDS SEARCH**

|                        |                |                        |                |
|------------------------|----------------|------------------------|----------------|
| _____<br>City / County | _____<br>State | _____<br>City / County | _____<br>State |
| _____<br>City / County | _____<br>State | _____<br>City / County | _____<br>State |

7900 W. 78<sup>th</sup> Street, Ste. 400 • Edina, MN 55439PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • [www.RentalHistoryReports.com](http://www.RentalHistoryReports.com)



## Housing and Redevelopment Authority of Ely, Minnesota



Your application must be complete or it will be returned to you which will result in a delay of processing. Please list an address the HRA can send mail to. It is **YOUR** responsibility to report changes in your address and phone numbers to the HRA. Failure to report changes in your contact information will result in your application being removed from the waiting list.

Name \_\_\_\_\_

Race Code \_\_\_\_\_

|                     |                  |            |
|---------------------|------------------|------------|
| 1-White             | 4-Asian          | 7-Other    |
| 2-Black             | 5-Hawaii/Pac Isl | 8-Declined |
| 3-Am Indian/Alaskan | 6-Mixed          |            |

Ethnicity Code \_\_\_\_\_

|                |
|----------------|
| 1-Hispanic     |
| 2-Non-Hispanic |

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I am applying for assistance for Public Housing at the following locations (check all or one location you would like to live):

- ☐ Pioneer Apartments – **Smoke Free Building**
- ☐ Sibley Manor – **Smoke Free Building**
- ☐ Zenith Apartments – **Smoke Free Building**
- ☐ Vermilion Homes (Family Units) – **Smoke Free Building**

**Please check any of the following that apply to an adult member of the household. If your circumstances change after your application is submitted, you must report those changes to the HRA.**

- ☐ Currently Homeless
- ☐ Employed at least 20 hours per week or disabled
- ☐ Near Elderly Family – Between the ages of 50 and 62
- ☐ Elderly Family – 62 years of age or older
- ☐ Currently living, working promised employment or attending school in the City of Ely, MN



Housing and Redevelopment Authority of Ely, Minnesota



LIST INFORMATION FOR ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE UNIT

| Last Name | First, Middle Name | Sex | Relation to Head | Disabled Y/N | Birth Date | Social Security Number | US Citizenship Y/N |
|-----------|--------------------|-----|------------------|--------------|------------|------------------------|--------------------|
|           |                    |     | HEAD             |              |            |                        |                    |
|           |                    |     |                  |              |            |                        |                    |
|           |                    |     |                  |              |            |                        |                    |
|           |                    |     |                  |              |            |                        |                    |
|           |                    |     |                  |              |            |                        |                    |

Head of Household: Place of Birth (County, City, and State) \_\_\_\_\_

Spouse: Place of Birth (County, City, and State) \_\_\_\_\_

Additional adults: Place of Birth (County, City, and State) \_\_\_\_\_

Has any household member lived in any state besides Minnesota? Yes or No (circle)

If yes, list all states \_\_\_\_\_

Are you or will you be a full-time student in the next 12 months? Yes or No (circle)

Are you anticipating any change of income? Yes or No (circle) If yes, explain

\_\_\_\_\_

Are you anticipating a change in family composition? Yes or No (circle) If yes, explain

\_\_\_\_\_



## Housing and Redevelopment Authority of Ely, Minnesota



### INCOME INFORMATION

Income includes money and contributions from any and all sources paid to you or on behalf of a family member. List all sources and amounts of all income (money) expected for the coming 12 months for all household members.

| Household Member Name | Income Source<br>(Employer Name or Type of<br>income, ex. SSI, MFIP, GA, etc.) | Gross<br>Amount | Frequency (Circle One) |                     |
|-----------------------|--------------------------------------------------------------------------------|-----------------|------------------------|---------------------|
|                       |                                                                                |                 | Weekly<br>Monthly      | Bi-weekly<br>Annual |
|                       |                                                                                |                 | Weekly<br>Monthly      | Bi-weekly<br>Annual |
|                       |                                                                                |                 | Weekly<br>Monthly      | Bi-weekly<br>Annual |
|                       |                                                                                |                 | Weekly<br>Monthly      | Bi-weekly<br>Annual |
|                       |                                                                                |                 | Weekly<br>Monthly      | Bi-weekly<br>Annual |

Are you or any members of household participating in a federal, state, or local employment training program?  
Yes or No (circle)

If yes, which agency administers the training program

AEOA      MN Workforce Center      Other- please specify \_\_\_\_\_

**ASSETS** (Do not include personal belongings such as furniture, clothing, etc.)

| Household Member Name | Type of Asset<br>(Checking, savings, CD, Retirement Funds,<br>Life ins, etc.) | Balance/Market Value |
|-----------------------|-------------------------------------------------------------------------------|----------------------|
|                       |                                                                               |                      |
|                       |                                                                               |                      |
|                       |                                                                               |                      |
|                       |                                                                               |                      |

Did you file a Federal Income Tax Return within the last twelve (12) months? Yes or No

Have you disposed of assets for less than fair market value in the last two (2) years? Yes or No



## Housing and Redevelopment Authority of Ely, Minnesota



### References

Have you or any household members lived in subsidized housing? Yes or No

If yes, please list address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Do you or any household members owe money to this or any housing authority or committed any fraud in a Federally subsidized housing program?

Yes or No (circle) If yes, please explain: \_\_\_\_\_

Have you ever been required to register with law enforcement or any similar agency as a sex offender? Yes or No (circle)

Have you or any household members ever been convicted of any crime other than traffic violations? Yes or No  
If yes, please explain: \_\_\_\_\_

Have you or any household member been evicted or had an eviction process started against you? Yes or No

Please list the following information on your last three (3) rental units or residence:

| Address of Unit | Landlord/Owner's<br>Name | Landlord/Owner's<br>Phone # | Dates Lived in Unit |
|-----------------|--------------------------|-----------------------------|---------------------|
| 1. _____        | _____                    | _____                       | _____               |
| 2. _____        | _____                    | _____                       | _____               |
| 3. _____        | _____                    | _____                       | _____               |

**Authorization:** I/We authorize the HRA to verify all information relating to this application through any means, including but not limited to Minnesota BCA, MCC, Local Police Department and any other federal department of criminal apprehension, consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and the other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on for HUD- 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape.

**Request for Reasonable Accommodations:** Any request for reasonable accommodations under the Fair Housing Law for a disability may be made by writing to the HRA or by calling (218) 365-3900 for assistance and specify the nature of the accommodations requested. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National hot line at (800) 424-8590.

**Accurate Information:** I/We understand that this is not a contract and does not bind either party. I/We declare that all of our statements on the accompanying application and any supplemental information are true and correct. I/We certify that all of the information given to the Housing and Redevelopment Authority of Ely, MN on this application is accurate and complete to the best of my/our knowledge. I/We understand that false



**Housing and Redevelopment Authority of Ely, Minnesota**



statement of information is punishable under federal law. I/We understand that false statements of information are grounds for denial of housing admission and termination of housing assistance. **Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

**Application Declaration and Authorization – All Members of the Household 18 years and Older must Sign and Date**

|                             |      |                             |      |
|-----------------------------|------|-----------------------------|------|
| Head of Household           | Date | Other Family Member over 18 | Date |
| Other Family Member over 18 | Date | Other Family Member over 18 | Date |
| Other Family Member over 18 | Date | Other Family Member over 18 | Date |

**Please submit your Application, Supplement to Application, and Information and Privacy Notice/Tennessee Notice to:**

**Ely HRA  
114 N 8<sup>th</sup> Ave E #111  
Ely, MN 55731**

**NOTICE: It is the applicant's responsibility to update the Ely HRA of any changes in your contact information. If the Ely HRA is not able to contact you as a result of not having your current contact information, your application will be removed from the waiting list.**

**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.

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.

Use of the information collected based on the form HUD 9886 is restricted to the purpose 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 subjected to a misdemeanor and fined not more than \$5,000.

# DECLARATION OF SECTION 214 STATUSES

## Alien Certification & Registration

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance, must be lawfully within the United States. Please read the Declaration statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States.
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach proof of age.<sup>i</sup>
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigration status under §§101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA)<sup>iii</sup>
  - ☐ Permanent residence under §249 of the INA<sup>iv</sup>
  - ☐ Refugee, asylum or conditional entry status under §§207, 208 or 203 of the INA<sup>v</sup>
  - ☐ Parole status under §212(d) (5) of the INA<sup>vi</sup>
  - ☐ Threat to life or freedom under §§243(h) of the INA<sup>vii</sup>
  - ☐ Amnesty under §A of the INA<sup>viii</sup>

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

☐ Check box on left if signature is of an adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

# DECLARATION OF SECTION 214 STATUSES

## Alien Certification & Registration

---

<sup>i</sup> Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements 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 noncitizens who declare eligible immigration status in one of the following categories:

<sup>ii</sup> Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a 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.

<sup>iii</sup> Immigrant status under §101(a) (15) or 101(a) (20) of the INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(1) (20) of the immigration and nationality Act (INA), as an immigrant, as defined by §101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [*immigrant status*]. This category includes a noncitizen 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.

<sup>iv</sup> Permanent resident under §249 of the INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained resident in the U.S. since then, and who is not eligible 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 (8 U.S.C. 1259) [*amnesty granted under INA 249*]

<sup>v</sup> Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 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 or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

<sup>vi</sup> Parole status under §212(d) (5) of the 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 §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

<sup>vii</sup> Threat of life or freedom under §243(h) of the INA. A noncitizen who is lawfully 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*].

<sup>viii</sup> Amnesty under §245A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].



**Housing and Redevelopment Authority of Ely, Minnesota**

114 North 8<sup>th</sup> Avenue East, Box 111 Ely, Minnesota 55731  
218-365-3900



**LANDLORD REFERENCE FORM**

**Current/Previous Landlord:** The applicant(s) named below have applied for a rental home/apartment managed by Ely Housing and Redevelopment Authority. Please return this completed form via email at [hramanager@ely.mn.us](mailto:hramanager@ely.mn.us). Thank you in advance for your cooperation.

I/We, \_\_\_\_\_, hereby release the information requested.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Contact Information: \_\_\_\_\_

Renter's Address: \_\_\_\_\_

**The following is to be completed by the Landlord:**

1. Currently occupying your property? Yes No (Circle one)
2. Occupancy dates: From: \_\_\_\_\_ To: \_\_\_\_\_
3. What type of structure is this property? House Apartment Room Other
4. What was the monthly rent? \$
  - a. Was it paid on time? Yes No (if no, late how many times past the 5th of the month)
5. What was the security deposit? \$
6. Were/are there any damages to the property?  
\_\_\_\_\_
7. Did they give proper notice to vacate before moving out? Yes No
  - a. How many days do you require?
8. Were there any lease violations? If so, for what?
9. Did they leave the property in rentable condition? Yes No
10. Did they have pets? Yes No If yes, what type?
11. Did you ever receive complaints from their neighbors?
12. What utilities were they responsible for paying? Gas Electric Water Other \_\_\_\_\_
13. Do you own the property listed above? Yes No If no, who is the owner?
14. Would you rent to them again? Yes No



**Housing and Redevelopment Authority of Ely, Minnesota**

114 North 8<sup>th</sup> Avenue East, Box 111 Ely, Minnesota 55731  
218-365-3900



15. Additional Comments (please attach an additional page if necessary):

---

---

---

Name of Person completing form: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contact via phone or email: \_\_\_\_\_

**HRA OFFICE USE ONLY - CONFIRMATION**

Contacted: \_\_\_\_\_ via Phone Email (circle one)

Date: \_\_\_\_\_

RMO Representative: \_\_\_\_\_

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.

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

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

|  |  |
|--|--|
|  |  |
|--|--|

**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.