



3501 Oakwood Boulevard • Melvindale, MI 48122
Phone: 313-429-1095 * Fax: 313-383-7872

Dear Applicant,

Attached to this letter you will find a preliminary application for Coogan Terrace Public Housing apartments. Also is a checklist of items to submit with your application. This apartment high-rise is located at 3501 Oakwood Blvd, Melvindale, MI 48122, in close proximity to grocery stores, drug stores, banks, public transportation, restaurants, and much more.

In order to be eligible, an applicant must be either 62 years of age or older, or handicapped or disabled and collecting SSI or Social Security. The units are approximately 600 sq. ft. and consist of one bedroom only. The rent is based on income: 30% of the family's adjusted monthly income is charged for rent.

The Melvindale Housing Commission is currently maintaining a waiting list for Coogan Terrace. Please drop off or mail in your application to:

Melvindale Housing Commission
3501 Oakwood Blvd.
Melvindale, MI 48122

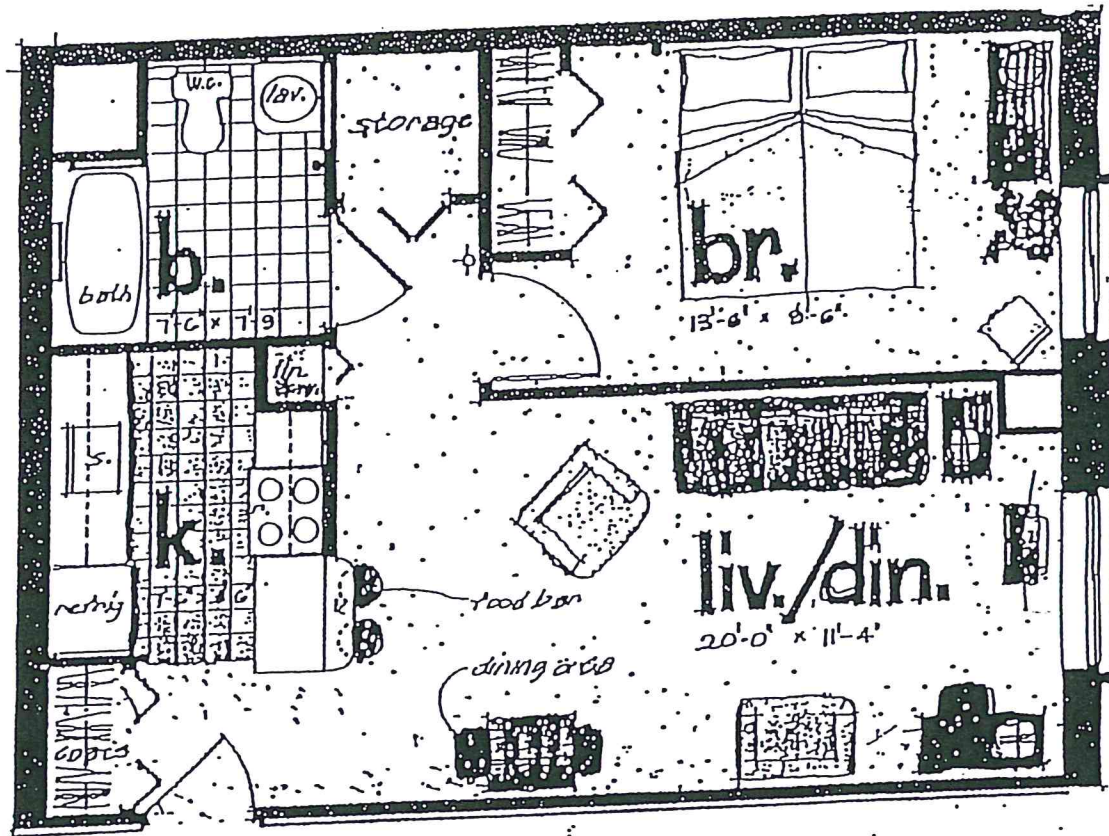
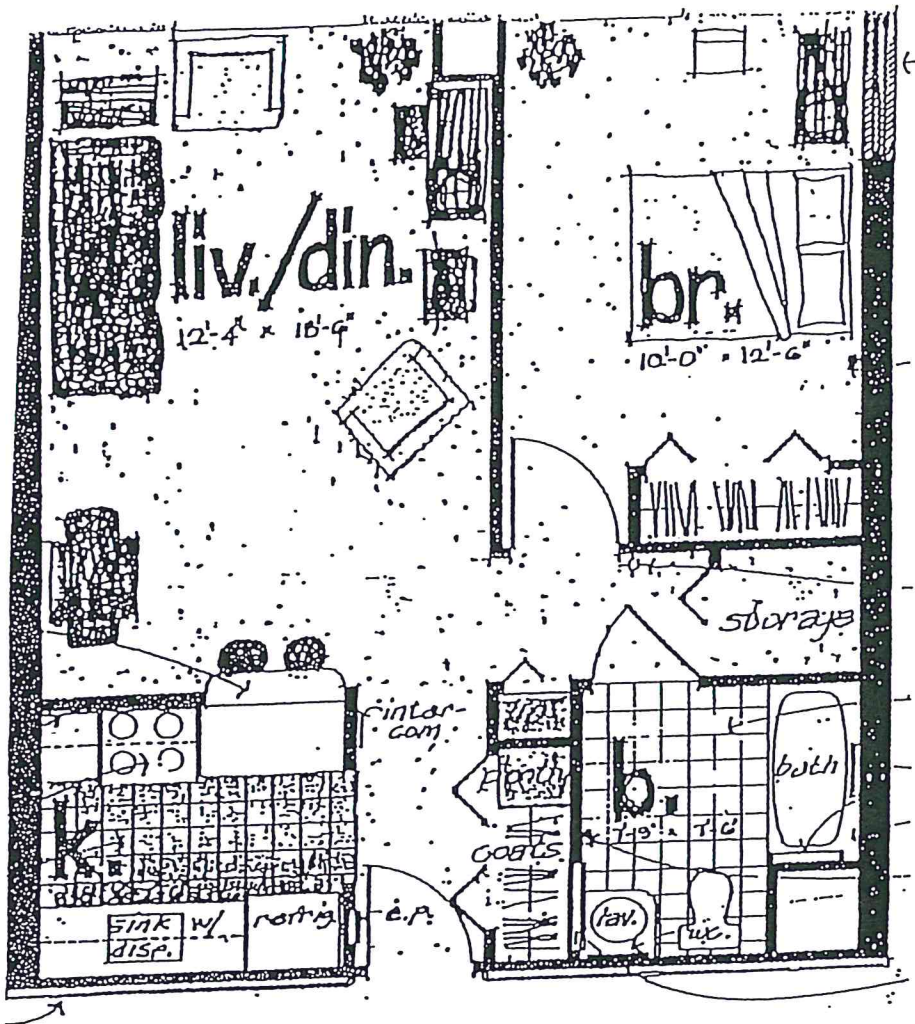
PLEASE NOTE:

Effective Thursday August 10, 2006 Coogan Terrace will become a smoke free building. There is no smoking permitted in any apartment and/or in any common area of the building. Residents, as well as their guests, must go outside of the building to the designated areas to smoke. There will be no exceptions regarding this policy. We hope that this does not affect your desire to reside at Coogan Terrace.

Should you have any questions, please contact our office at (313) 429-1095 Monday thru Friday between the hours of 8:30AM & 4:30PM.

Sincerely,

Melvindale Housing Commission



592 sq. ft.

Type A

- A1 = KITCHEN TO THE LEFT
- A2 = KITCHEN TO THE RIGHT

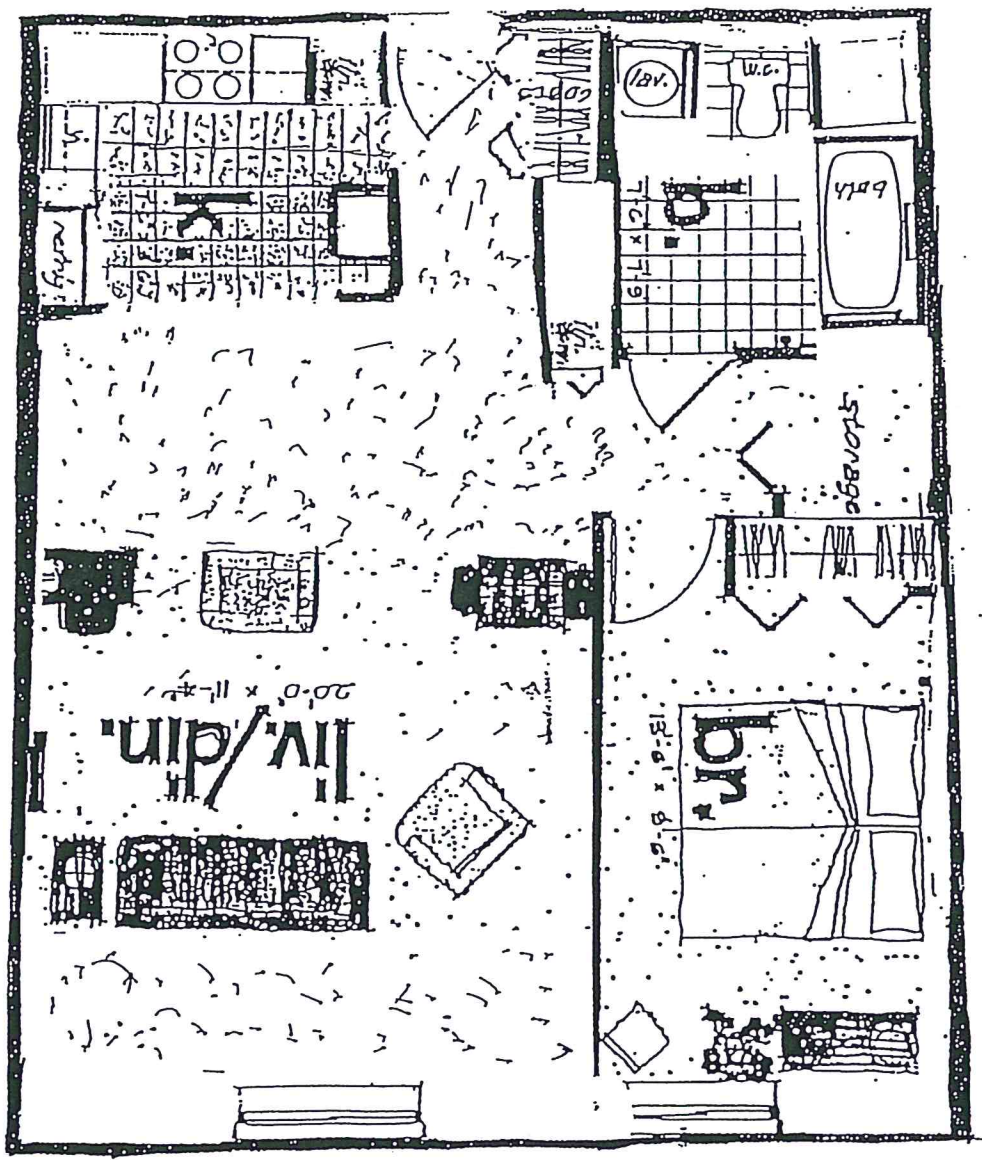
592 sq. ft.

TYPE B - OUTSIDE CORNER

- B1 = LIVING ROOM TO LEFT
- B2 = LIVING ROOM TO RIGHT

C 2 = KITCHEN TO THE RIGHT
C 1 = KITCHEN TO THE LEFT

TYPE C - HANDI-CAP





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Phone: 313-429-1095 * Fax: 313-383-7872

MELVINDALE HOUSING COMMISSION

INFORMATION TO BE SUBMITTED WITH APPLICATION

The following is a checklist for ALL APPLICANTS:

Any of the following information which applies to you MUST be submitted with the application. The applicant is required to make their own copies.

1. COPIES OF ALL SOURCES OF INCOME – MUST BE CURRENT
 - Pay Stubs
 - Budget Breakdown from FIA or DHS
 - Social Security Statement
 - Child Support
 - Pension
 - Any Other Income Not Already Mentioned
 - Assessed Value of Home
2. DRIVER'S LICENSE AN/OR STATE ID CARD
3. SOCIAL SECURITY CARD FOR ALL PERSONS THAT WILL RESIDE IN THE UNIT
4. RENT RECEIPT FOR THE PAST THREE (3) MONTHS
5. EVICTION PAPERS, IF APPLICABLE
6. PROOF OF VETERAN STATUS
7. NAME, ADDRESS, & TELEPHONE NUMBER OF A PERSONAL REFERENCE

Please make copies of all information that concerns you and submit along with your application. You may drop off or mail your application to:

Melvindale Housing Commission
3501 Oakwood Blvd.
Melvindale, MI 48122

Note: COPIES CANNOT BE MADE AT THIS OFFICE. APPLICANTS ARE REQUIRED TO OBTAIN THEIR OWN COPIES AND SUBMIT THEM WITH THE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE PROPERLY DISCARDED.

Application for Melvindale Housing Commission Public Housing Program

IMPORTANT INFORMATION PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THE APPLICATION

- The application MUST be completed in the handwriting of the Head of Household. Incomplete applications will not be processed but will be properly discarded of.
- Persons with disabilities or persons, who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Use of full legal name of each person listed on the application as it appears on their Social Security Card. Please print all answers as clearly as possible
- Answer all questions on the application form. DO NOT leave any questions blank. If a question does not apply to you please respond with N/A (not applicable) or "none".
- All yes/no questions must be checked whether your response is "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional information you want to provide, please feel free to attach one or more pages to the application.
- The legal Head of Household and Spouse/Co-Head (if any) must sign and date the application.
- Where indicated on this form, the questions apply to ALL members of the family listed on the application. The information that you provide on this application must be true and complete. It is a violation of Federal and State Criminal Law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.

In order to qualify for Public Housing an applicant must:

- Be a family as defined in the Housing Agencies Admission Plan and Continued Occupancy Plan (ACOP). A copy of the ACOP is available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits established by HUD.
- Provide documentation of Social Security numbers for all household members except non-contending persons:
 - Pay any money owed to the PHA or any other housing authority.
 - Not be subject to lifetime sex offender registration requirements
 - Sign authorization forms so that the PHA can verify the various eligibility requirements.
 - Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyments of the premises by other residents, and not have any household members who are engaged in drug-related or violent criminal activity.
 - Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Americans with Disabilities Act

We need your help to ensure all of our programs, services, and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities please let us know.

Application for Melvindale Housing Commission Public Housing Program

Current Contact Information :

Name: _____

Address: _____

Home

Phone: _____

Cell

Phone: _____

Email

Address: _____

Best Time to Reach You: _____

Please make sure that if ANY of the above information changes that you update your application in writing either by mail or by fax.

Application for Melvindale Housing Commission Public Housing Program

PART A: INFORMATION ABOUT MEMBER OF THE HOUSEHOLD

List all persons age 18 or older, (head/spouse/co-head regardless of age) that will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	RELATION TO APPLICANT	US CITIZEN Y/N	DISABLED Y/N	SEX M/F	D.O.B.	SOC SEC # OR ALIEN REG #

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME	RELATION TO APPLICANT	US CITIZEN Y/N	DISABLED Y/N	SEX M/F	D.O.B.	SOC SEC # OR ALIEN REG #

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race (more than one category can be entered is applicable).

- White Black/African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander

Ethnicity: Check the appropriate ethnicity: Hispanic or Latino Not Hispanic or Latino

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than Michigan?
 Please circle one: YES NO
 If yes, which family members and what state? _____

Application for Melvindale Housing Commission Public Housing Program

2. Does anyone other than an adult who lives in the home share custody of any of the children listed? YES NO
If yes, who? _____
3. Does anyone who will be living in the home have a divorce decree or court order as a result of a divorce or legal separation? YES NO
If yes, who? _____
4. Is anyone who will be living in the home expecting a child? YES NO
If yes, who? _____
5. Is there anyone not listed on the application who is temporarily absent from the home?
YES NO If yes, who? _____
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application? YES NO
If yes, who? _____
7. Has anyone who will be living in the home ever used another name, other than the one they are using now? YES NO
If yes, who? _____
8. Is there anyone who will be living in the home who is 18 or over and a full-time student?
YES NO If yes, who? _____
9. Does anyone in your household require any type so accommodations to fully utilize our programs and services? YES NO If yes, who? _____
10. Has anyone in your household served in any branch of the armed services? YES NO
If yes, who? _____

CONTACT INFORMATION: List the names, addresses and telephone numbers of three relatives or friends who live in the area and generally know how to contact you:

1. Contact Name: _____
Phone #: _____
Address: _____ City/State/Zip _____
How long? _____
2. Contact Name: _____
Phone #: _____
Address: _____ City/State/Zip _____
How long? _____
3. Contact Name: _____
Phone #: _____
Address: _____ City/State/Zip _____
How long? _____

Application for Melvindale Housing Commission Public Housing Program

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.

1. Current Landlord: _____
Phone #: _____
Address: _____ City/State/Zip _____
How long? _____
2. Previous Landlord: _____
Phone #: _____
Address: _____ City/State/Zip _____
How long? _____
3. Previous Landlord: _____
Phone #: _____
Address: _____ City/State/Zip _____
How long? _____
4. Previous Landlord: _____
Phone #: _____
Address: _____ City/State/Zip _____
How long? _____

PART C: CRIMINAL BACKGROUND CHECK AND OTHER INFORMATION

*These questions apply to you and all members of the household.

1. Has any household member ever been convicted of a crime? YES NO
If yes, How many times? _____
Please explain _____

2. Has any household member ever been convicted of a crime? YES NO
If yes, how many times? _____ What crime? _____

3. Is any household member a subject to the lifetime sex offender registration? YES NO
If yes, who? _____ What states? _____

4. Is any household member currently using illegal drugs? YES NO
If yes, who? _____

5. Has any household member ever been evicted from any type of housing? YES NO
If yes, explain when, where, and for what reason: _____

Application for Melvindale Housing Commission Public Housing Program

6. Does any household member abuse alcohol in a way that threatens the health, welfare, or safety of other persons? YES NO
If yes, explain: _____

7. Has any household member received rental assistance in Public Housing or HCV (Section 8)?
YES NO
If yes, what year? _____
Housing Agency Name: _____
Under what name: _____
Who was the Head of Household? _____

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY

Income includes money or contributions from any and all sources paid to or on behalf of a family member.

1. Did you or any family member file a federal tax return for the past year? YES NO
If yes, who? _____

2. Do you or any member of the family receive any of the following or expect any of the following during the next twelve (12) months?

Wages, salaries, tips, fees, or commissions from an employer?	YES	NO
Compensation for personal services?	YES	NO
Income from the operation of a business or profession?	YES	NO
Interest, dividends, or other income from real or personal property?	YES	NO
Payments from Social Security?	YES	NO
Payments from annuities?	YES	NO
Payments from insurance policies?	YES	NO
Payments from retirement funds?	YES	NO
Payments from pensions?	YES	NO
Payments from disability benefits?	YES	NO
Payments from death benefits?	YES	NO
Lump-sum payments for the delayed start of periodic payments?	YES	NO
Unemployment compensation?	YES	NO
Worker's Compensation?	YES	NO
Severance pay?	YES	NO
Welfare assistance payments?	YES	NO
TANF payments?	YES	NO
Alimony payments?	YES	NO
Child support payments?	YES	NO
Regular contributions or gifts from anyone?	YES	NO
Money from self-employment?	YES	NO
Regular or special military pay?	YES	NO
Financial assistance to attend school?	YES	NO

Application for Melvindale Housing Commission Public Housing Program

3. List the sources and amounts of **ALL INCOME** (money) expected for the coming 12 months for **ALL FAMILY HOUSEHOLD MEMBERS** from **ALL SOURCES**.

Name (Person Receiving)	Income Source	Amount Received (Money/Assistance)	Frequency (Circle One)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

PART E: INFORMATION ABOUT ASSETS OF ALL HOUSEHOLD MEMBERS
(An asset is something of value that can be converted to cash)

1. Do you or any household members own or have access to any of the following?
- Savings Account YES NO Checking Account YES NO
- Certificate of Deposit YES NO Money Market Account YES NO

If yes, please provide your financial institution (bank and/or credit union) information below:

Name	Bank / Credit Union Name	Bank / Credit Union Address	Account Number	Balance

2. Do you or any household members own or have access to any of the following:

- Stocks YES NO Bonds YES NO
- Rental Property YES NO Trust YES NO
- Pensions YES NO Inheritances YES NO
- Life Insurance Policy YES NO
- Individual Retirement Account YES NO

Application for Melvindale Housing Commission Public Housing Program

*If you answered yes to any of the above asset questions (#2), please explain below:

Name	Type of Asset	Account Number	Value

PART F: INFORMATION ABOUT HOUSEHOLD EXPENCES

1. Does any household member have expenses for child care for a child/children aged 12 or younger? YES NO

*If yes, complete the following:

Minor's Name	Care Providers Name	Care Provider Address	Care Provider Phone Number	Amount Paid Monthly

2. Is any portion of these child care expenses reimbursed from an outside agency or person?
Please circle one: YES NO
If yes, how much is reimbursed per month? _____

3. Do you pay a care attendant to provide care for a disabled household family member so that an adult household member can work? (could be the person with disabilities) YES NO

*If yes, complete the following:

Name (person needing care)	Care Provider Name	Care Provider Address	Care Provider Phone Number	Amount Paid

4. Are you paying for any type of equipment for a disabled household family member that enables an adult household family member to work? (could be the person with disabilities)
Please circle one: YES NO
If yes, what is the anticipated monthly cost? _____

Application for Melvindale Housing Commission Public Housing Program

5. Indicate the dollar amount for your monthly living expense below:

Expense Item	Monthly Amount	Last Date Paid	Paid by Whom
Rent			
Electric			
Gas			
Water			
Home Telephone			
Cell Phone			
TV (Cable)			
Car Payment(s)			
Car Insurance			
Gas for Car			
Life Insurance			
Health Insurance			
Loan (any type)			
Rentals			
Furniture			
Food			
Credit Card			
Other (any items not listed above)			

Medical Expenses: (these questions only apply if the head, spouse, or co-head is 62 years or older or is disabled)

Do you or any household member of the family pay for any of the following items?

Medical insurance premiums?	YES	NO	Prescription Expenses?	YES	NO
Long term care insurance?	YES	NO	Past due medical bills?	YES	NO
Other anticipated out of pocket medical expenses?	YES	NO			

Application for Melvindale Housing Commission Public Housing Program

*Please list the type and amount of medical expenses for all household family members that you anticipate paying over the next 12 months:

Name of Household Member	Type of Expense	Monthly Amount

I hereby certify that all of the information I have provided on this application is true and accurate. I understand that I am required to notify the housing authority in writing within 10 days if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent deduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under federal and state laws.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON GUILTY OS A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINES NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS AND/OR BOTH.

Signature of Head of Household _____
Date

Signature of Spouse or Co-Head _____
Date

Office Use Only

Waiting List Eligible? YES NO

If yes, provide date placed on waiting list: _____

Signature of MHC Staff Received _____
Date & Time

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: 2501-10014
exp. 10/31/2014

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

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Melvindale Housing Commission
3501 Oakwood Blvd
Melvindale, MI 48122

Propely Manager: Luz Guzman

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	Other Family Member over age 18	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.

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

Optional and Supplemental 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.

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

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.	
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 to average 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.