



EQUAL HOUSING OPPORTUNITY



This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Bedrooms:	_____
Language:	_____

APPLICATION FOR FEDERAL PUBLIC HOUSING

MEDWAY HOUSING AUTHORITY

600 Mahan Circle
 Medway, Massachusetts 02053
 ATT: Housing Specialist
 Telephone: (508) 533-2434
 Fax: (508) 533-3402

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. **Please make sure you sign the last page.** If you need additional space to provide an answer, please attach an additional sheet(s). Please mail or deliver completed form to the Medway Housing Authority, 600 Mahan Circle, Medway, MA 02053.

1. Applicant's Name: _____

Current Street Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____ Cell Phone: _____

Mailing Address (if different): _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

2. Type of Federal Public Housing You Are Applying For: Elderly/Disabled Family

Note: To be eligible for elderly/disabled housing you must be at least 62 years of age or older or a person with a disability. If you have a disability, the disability must be other than a history of alcohol/drug abuse.

3. Do you need a wheelchair accessible apartment? yes no

Note: Family wheelchair accessible housing units have 2 bedrooms only.

4. Number of Bedrooms needed: 1 2 3 4 5

Note: Elderly/disabled housing developments only have 1-bedroom units.

5. **Preferences:** The Medway Housing Authority will verify all claims of preference made by you prior to making an offer of housing. Each verified preference will receive an allocation of points. The more preference points an applicant receives, the higher the applicant's place on the waiting list.

Local Residency (4 points): You may receive a local preference status if you live, work or have been hired to work, or are training for employment with a federal, state or local government approved training agency/entity in Medway, MA. **(a P.O. Box is not acceptable)**.

Do you reside in the town of Medway, MA? (Circle One) YES NO

Are you currently employed or training for employment with an approved Training Agency in the town of Medway, MA? (Circle One) YES NO

If YES:

Please provide the name of your Employer/Training Agency and their address: _____

Provide Dates of Employment/Training: From: _____ To: _____

Additional Local Preference: If an applicant's claim of Local Residency is verified, then the family may also qualify for the MHA's additional local preference.

Veteran/Active Serviceperson Preference (2 points): applies to applicant head of households who are veterans or active servicepersons of the U.S. Armed Services as defined in and verified pursuant to the ACOP, or surviving spouses of such veterans or active service persons, provided such spouse has not remarried prior to the time of admission to the MHA's program

Are you applying the for the Veteran's Preference? (Circle One) YES NO

If yes: Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or full time National Guard duty. From: _____ To: _____

A copy of the Veteran's Department of Defense (Form DD214) must be submitted with this application

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first-floor unit for medical reasons? yes no

If yes, please specify: _____

7. Does anyone in your household own a car? yes no

Make of Car _____ Year _____ Reg. No. _____

8. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex (M/F)	Date of Birth and Birthplace (Country)	Occupation - Employed - At home - Handicapped - Student
	HEAD						

***Racial Designation:** Native American Indian or Alaskan Native; Black or African American; Asian or Pacific Islander, Caucasian/White; Other (Please specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to the two questions above is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

What language does the Head of Household? Speak: English Other
Write: English Other

***This information is required and will be used to verify income, assets, and criminal record information.

9. Is a change in the household composition expected? YES NO

If yes, what type? _____ When _____

10. **Income Before Deductions:** Estimate the Gross Income anticipated for **ALL** household members from **ALL** sources for the next 12 months. Please specify all sources.

Household Member Name	Sources of Income	Name & Address of Employer or Source of Income	Gross Income for Next 12 months
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and/or SSI and or SSDI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance or EAEDC		\$
	Regular Alimony Support Payments or Child Support Payments received		\$
	Other Income		\$
		Total Gross Income:	\$

11. Expenses:

Annual Un-reimbursed Medical Expenses:	\$
Annual Alimony or Child Support Payments Made to Someone Else:	\$
Annual Health Insurance Expenses:	\$

Annual Un-reimbursed Disability Expenses Necessary for Employment:	\$
Annual Un-reimbursed Child Care Expenses:	\$

12. **Assets:** Do you own any real estate? YES NO

If yes, please provide the complete address: _____

List below **ALL** assets for everyone who will reside in the unit. Include **ALL** bank accounts, stocks and bonds, trusts, real estate, life insurance policies, etc. **DO NOT INCLUDE** clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		

13. Have you sold, transferred or given away any real estate, property or assets in the last two(2) years? yes no

If yes:

Date of sale/transfer: Month _____ Day _____ Year _____

Amount of sale/transfer: \$ _____

Value of sale/transfer: \$ _____

14. **References: Please list two references.** Please **DO NOT LIST** relatives or household members.

(1) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

(2) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

15. Please List **All Addresses** for each Adult Household Member **for the Last Five Years in Reverse Order.**

Please list primary lease holder (head of household) if someone other than yourself. Use additional sheet if necessary.

(1) Name of Primary Leaseholder: _____ From: _____ To: _____
Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Landlord Name: _____ Phone Number: _____
Landlord Address: _____
City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no

(2) Name of Primary Leaseholder: _____ From: _____ To: _____
Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Landlord Name: _____ Phone Number: _____
Landlord Address: _____
City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no

(3) Name of Primary Leaseholder: _____ From: _____ To: _____
Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Landlord Name: _____ Phone Number: _____
Landlord Address: _____
City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no

16. Have you, or any Household Member ever received housing assistance from this or any other Housing Authority or Agency? (check one) yes no

If yes:

Name of Head of Household at that time: _____

Relation to Applicant: _____ Date Moved Out: _____

Name of Housing Authority/Agency: _____

Reason for Moving Out: _____

When you moved out, were you in compliance with the Housing Authority/Agency lease and were all debts including all outstanding rent amounts paid in full? (check one) yes no

If no, please explain: _____

17. Are you a Board Member, employee, or immediate family member of any employee of a board member of the Medway Housing Authority? (check one) yes no

If yes, please explain: _____

18. Do you have any pets? (check one) yes no

If yes, how many? _____

Please describe: _____

19. **Emergency Reference:** Name of a relative or friend **NOT** planning to live with you. MHA will contact this person if unable to reach you in the case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

20. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a crime? (check one) yes no

If yes, please explain: _____

21. Do you or any household member who will live in the unit have any criminal matters pending? yes no

If yes, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Medway Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list. I understand that if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from the Medway Housing Authority. **I understand that it is my responsibility to inform the Medway Housing Authority in writing of any change of preference status, address, income, or household composition as soon after such change as possible.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.

I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form, and that adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form for such children. The Medway Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Medway Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and 3rd party verification of all income and assets reported for all adult members of the household. I understand each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886).

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY: I understand that a photocopy of this application and a photocopy of this signature is considered as valid as the original.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Warning: 18 U.S.C. 1001 provides among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
**ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY**
Ceci est important. Veuillez faire traduire.
本通知很重要。请将其译成中文。
នេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង



EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER

MEDWAY HOUSING AUTHORITY
600 Mahan Circle
Medway, Massachusetts 02053
Telephone: (508) 533-2434; Fax: (508) 533-3402



Federal Privacy Act Statement/Fair Information Practices Act Statement of Rights

Re: _____ SSN/Client ID: _____
Applicant/Tenant Name

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will collect and verify information you gave to the MEDWAY HOUSING AUTHORITY (MHA) at application and re-examination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security number (SSN), income (by source), assets, certain deductible expenses, and the rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD may use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents to give the MHA the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use an SSN(s) and you do not give them to the MHA, the MHA is required to deny or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the MHA. If you are an applicant and you fail to give the MHA this information, the MHA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the MHA this information, the MHA may have to evict you or withdraw your housing assistance.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Medway Housing Authority (MHA) collects information about applicants and tenants to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law; it may be released to government agencies, local public housing authorities, other regional non-profit housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by MHA staff in the course of their duties.

The Fair Information Practices Act established requirements governing MHA's use and disclosure of the information it collects. Applications and tenants may give or withhold their permission when requested by MHA to provide information (subject to the exceptions above); however, failure to permit MHA to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights regarding the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be voluntarily disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the MHA about how we collect and use your information.

You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may refer to the MHA's Admissions and Continued Occupancy Policy (ACOP).

I/We have read this Statement and have also received a copy for my/our reference.

Signature, Head of Household

Date

Signature, Head of Household

Date

DECLARATION OF SECTION 214 STATUS

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, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, 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; or

I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or

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.

Immigrant status under §§101(a)(15) or 101(a)(20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or

Parole status under §§212(d)(5) of the INA 6/; or

Threat to life or freedom under §243(h) of the INA 7/; or

Amnesty under §245A of the INA 8/.

Signature of Family Member)

Date

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

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or 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.

2. **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.
3. **Immigrant status under §101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(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.
4. **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*Amnesty granted under INA 249*].
5. **Refugee, asylum, or conditional entry status under §§207, 208 or 203 in 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*].
6. **Parole Status under §212(d)(5) of INA.** A noncitizen 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*].
7. **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
8. **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

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