



# ESKATON<sup>®</sup>

RCVD BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

## ESKATON KENNEDY MANOR

714 North Humboldt Avenue, Willows, CA 95988-3507  
PH: (530) 934-3535 FAX: (530) 934-4157  
TDD: (800) 735-2922 www.eskaton.org

### APPLICATION FOR HOUSING

**PLEASE PRINT CLEARLY AND LEGIBLY;  
ILLEGIBLE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.  
REMEMBER TO SIGN AND DATE THE LAST PAGE OF THE APPLICATION.  
THANK YOU.**

#### PERSONAL INFORMATION

##### APPLICANT

##### CO-APPLICANT

Name \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_  Male  Female

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

#### SUPPLEMENTAL NOTIFICATION DATA

*Who should we contact if an apartment becomes available, and we are unable to contact you?*

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

#### RENTAL HISTORY

*Provide rental data for the past three years; attach separate pages, if necessary*

#### CURRENT RESIDENCE

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Move-in Date \_\_\_\_\_ Move-out Date \_\_\_\_\_ Is current residence subsidized? Yes  No

Reason for leaving \_\_\_\_\_

Landlord or Management Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

#### PREVIOUS RESIDENCE

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Move-in Date \_\_\_\_\_ Move-out Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Landlord or Management Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

# EQUAL HOUSING OPPORTUNITY

## ACCOMMODATION FOR SPECIAL NEEDS

*A limited number of architecturally-modified units are available for applicants with mobility impairments or who require assistance with activities of daily living. Reasonable accommodation will be made for applicants with other disabilities.*

- Do you require a unit with accessibility features? .....  YES  NO  
 Do you have or do you require a live-in attendant? .....  YES  NO  
 Do you require visual or auditory alert/communication devices? .....  YES  NO

## ASSETS

*List all assets (cash, checking, savings, CD's, stocks, bonds, mutual funds, etc.)*

<u>BANK OR INSTITUTION &amp; BRANCH</u>	<u>ACCOUNT NO.</u>	<u>BALANCE</u>	<u>INTEREST</u>
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %

Have you disposed of any assets for less than fair market value within the past two years? ..  YES  NO

Do you own any real estate, mobile home(s) or recreational vehicle(s)? .....  YES  NO

## MONTHLY INCOME

*List gross (amount BEFORE deductions) income for Applicant and Co-Applicant*

<u>SOURCE OF INCOME</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Social Security, Railroad Retirement	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Other – specify _____	\$ _____	\$ _____

Are you currently employed or do you expect to become employed during the next year? .....  YES  NO

## MONTHLY EXPENSES

*List expenses paid directly by Applicant/Co-Applicant. Do NOT include expenses paid, or subject to payment and/or reimbursement, by insurance or other person(s) or organization(s).*

<u>TYPE OF EXPENSE</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Medicare premiums	\$ _____	\$ _____
Other medical insurance premiums	\$ _____	\$ _____
Prescription medications	\$ _____	\$ _____
Other medical expense ( <i>Contact facility office for details</i> )	\$ _____	\$ _____

Has your tenancy ever been terminated for fraud, nonpayment of rent or other fee(s), failure to complete recertification, or for engaging in, facilitating or permitting criminal activity or violation of any law(s)? .....  YES  NO  
 Do you have or plan to have a pet? (If so, what kind? \_\_\_\_\_)  YES  NO

**FULL TIME STUDENT**

Are you or any member of your household a full time student? .....  YES  NO

**STATE LIFETIME SEX OFFENDER REGISTRATION**

**(NOTE: Failure to respond to the following question may jeopardize the approval of this application.)**

- Are you, or any member of your household, subject to a lifetime state sex offender registration program in any state?.....  YES  NO

*HUD regulations prohibit occupancy by state lifetime sex offenders.*

**PLEASE LIST ALL STATES WHERE YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE RESIDED:**

**NOTICE**

*Please read the following carefully before signing and dating this document*

This facility participates in a federally subsidized housing program for qualified low-income persons and families. Applicants must be at least 62 years old at the time of application; or at least 18 years old and requires the special design features of a unit for the mobility impaired. The information in this application is required by law and will be used to manage the facility and protect the interests of the owner and government. The information may be released to appropriate agencies, investigators or prosecutors, but is otherwise confidential. Federal law and HUD (Department of Housing and Urban Development) regulations require initial certification of applicants and annual recertification of tenants, including full disclosure of assets and income, to determine program eligibility, appropriate unit size/type, tenant rent and subsidy. Credit and rental history may be investigated. A personal interview of applicants is required prior to initial certification. A one-year lease is required. Under federal law, a person who knowingly and willingly makes false or fraudulent statements to a department or agency of the United States government is guilty of a felony. Incomplete applications will be returned for completion; applications must be signed and dated. Failure to complete this application, failure to sign and date this application or failure to comply with application requirements may result in delay or rejection of the application and/or denial of eligibility. If you have any questions or if you need assistance, please contact the facility office. Thank you for your cooperation.

**APPLICANT DECLARATION**

By signing this document, the undersigned applicants acknowledge and agree that:

- They have read and understand the above notice.
- Acceptance of this application does not constitute an offer to rent.
- If they move into this facility, the unit they occupy will be their only residence.
- If they move into this facility, they will be the only occupants of the assigned unit.
- The information herein is accurate to the best of their knowledge and belief.
- Verification of personal, rental, asset, income and expense data is necessary to determine eligibility, rent and other fees.
- They authorize the release of information to verify said data.
- Declining an offer to rent may delay processing of and/or result in rejection of this application.
- False or fraudulent statements may result in rejection of this application and/or denial of eligibility.

**SIGNED BY:**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

# APPLICATION FOR HOUSING

## ADDENDUM – UNIT SIZE AND TYPE PREFERENCE

Eskaton Kennedy Manor has two types of apartments:

- Regular (1-bedroom) apartments ..... approximately 580 square feet.
- Handicap (1-bedroom) apartments..... approximately 572 square feet.

To be eligible for any apartment, an applicant must be 62 years of age or older. To be eligible for a handicap apartment, an applicant must require the special features of an apartment designed and built for a disabled tenant with a mobility impairment. If the applicant family consists of more than one member, at least one of the applicants must meet the eligibility criteria for the apartment they will occupy.

If an applicant is notified that an apartment is available, the applicant must accept or reject the apartment and must notify the Eskaton Kennedy Manor office of that decision within 2 working days of the date the notice is received or within 5 working days of the date of the notice, whichever is shorter. If the applicant rejects the apartment for any reason, other than a verifiable medical condition that precludes acceptance of an apartment, the application will be suspended and the applicant's name will be removed from the waiting list. An exception granted for a verifiable medical condition that precludes acceptance of an apartment will remain effective for ninety days from the date of the original announcement. If an applicant has previously rejected an apartment due to a verifiable medical condition that precluded acceptance of an apartment and rejects another apartment for any reason, the application will be suspended and the applicant's name will be removed from the waiting list.

Please choose and initial the following statement that best describes your preference regarding selection of an apartment. An applicant must make a selection and may make only one selection.

\_\_\_\_\_ I wish to apply for a regular apartment only.

\_\_\_\_\_ I wish to apply for a handicap apartment only. I am disabled and have a mobility impairment that necessitates the special features of an apartment designed and built for a disabled tenant with a mobility impairment.

## APPLICANT DECLARATION

By signing this document, the undersigned applicants acknowledge and agree that:

- They have read and understand the above addendum.
- Acceptance of this application and/or supplement does not constitute an offer to rent.
- They understand the eligibility criteria explained in the above supplement.
- They understand the criteria for suspension of the application and removal of applicants' names from the waiting list.
- **They understand that this is a non-smoking facility. Smoking of any substance is forbidden within the building, in both common areas as well as in individual units.**

**SIGNED BY:**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

How / Where did you learn about Eskaton Kennedy Manor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Owner's First Notice to Applicant Family

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens or nationals, or certain categories of eligible non-citizens, in the following HUD programs;

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following;

1. Complete a Family Summary Sheet, using the attached blank Family Summary Sheet (Attachment A) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (Attachment B). If there are 5 people listed on the Family Summary Sheet, you should have 5 completed copies of the Citizenship Declaration. The citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by: \_\_\_\_\_

This Section 214 review will be completed in conjunction with the verification of the other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact us at the phone number listed in the letterhead and we will be happy to assist you. Also, if you are unable to provide the required



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documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance. If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family is eligible for assistance; your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance

Sincerely,

---

Executive Director



# Attachment A

# Citizenship Family Summary Worksheet

Instructions to the Family: Please complete for each family member. Under "Relationship" please enter the actual relationship or you may use one of the following codes: S = Spouse A = Adult Co-Tenant or Co-Applicant L = Live-In Caretaker C = Child(ren) F = Foster Child(ren) O = Other Family Member

Family Member	Last Name	First Name	Relationship (See Above)	Sex		D.O.B	Social Security Number	Alien Registrant #
				M	F			
H			HEAD	M	F			
2				M	F			
3				M	F			
4				M	F			
5				M	F			

## Owner's Summary and Verification

**FOR OFFICE USE ONLY – DO NOT WRITE IN THE SPACES BELOW**

Family Member	**Age 62 or older*	Citizen/ National	All Other Non-citizens	Primary VERIFICATION		Secondary VERIFICATION		Posted By	Not Contending Eligibility	Comments
				Verified	Date Posted	Verified	Date Posted			
HEAD				Y	N	Y	N			
1				Y	N	Y	N			
2				Y	N	Y	N			
3				Y	N	Y	N			
4				Y	N	Y	N			
5				Y	N	Y	N			

**\*\*NOTE: Tenants age 62 years or older need only to submit a proof of age document and sign Citizenship Declaration Form 4350.3 3-12B4**

## Citizenship Declaration Form (Attachment B)

*Instructions: This form must be completed for each member of the household listed on the Family Summary Worksheet (Attachment A). If this form is being completed on behalf of a child, it must be signed by an adult who will reside in the assisted unit and is responsible for the child.*

### GENERAL INFORMATION

<b>Name:</b>	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Relationship to Head of household:</b>			
<i>Head</i>	<i>Co-Head/ Spouse</i>	<i>Live-In Caretaker</i>	<i>Adult Child as Caregiver</i>
<i>Child</i>	<i>Foster Child</i>	<i>Other: _____</i>	
<b>SEX:</b>		_____	_____
<b>MALE</b>	<b>FEMALE</b>	<i>Date of Birth</i>	<i>Social Security Number</i>
_____		_____	
<i>Alien Registrant Number</i>		<i>I-94 Admission Number (If Applicable)</i>	
_____ <b>NATIONALITY</b> <i>Enter the foreign nation or country which you owe legal allegiance. Normally, but not always the country of birth.</i>			
<b>FOR OFFICE USE ONLY DO NOT WRITE ON THIS LINE</b>		_____	
		<b>SAVE Verification Number</b>	

### DECLARATION

*I, the person named above, hereby declare under penalty of perjury that I am: (Please check one only)*

- \_\_\_\_\_ *A citizen or national of the United States (Complete Section 1)*
- \_\_\_\_\_ *A noncitizen with eligible immigration status (Complete Section 2)*
- \_\_\_\_\_ *Not contending eligible immigration status (Complete Section 3)*

<b>Section 1</b>	<p><i>I, the person named above, hereby declare under penalty of perjury that I am a citizen or national of the United States.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature</i> <span style="margin-left: 200px;">_____</span> <i>Date</i></p> <p style="text-align: center;"><i>Please check box if adult signed for child</i></p> <p style="text-align: center;"><b>**STOP HERE – YOU ARE DONE COMPLETING THIS FORM**</b></p>
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***REQUEST FOR EXTENSION I hereby certify that I am a noncitizen as noted above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.***

\_\_\_\_\_  
***Signature***

\_\_\_\_\_  
***Date***

***Please check box if adult signed for child***

## Verification Consent Form (Attachment C)

**INSTRUCTIONS:** complete this format for each non citizen family member who declared eligible immigration status on the Citizenship Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

### CONSENT:

I, \_\_\_\_\_ hereby consent to the following:  
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use of transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Head of Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please check box if adult signed for child**

**Section 3**

I am not contending eligible immigration status and *I understand that I am not eligible for financial assistance.* If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please check box if adult signed for child**



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# ESKATON KENNEDY MANOR

## Release of Information for the purpose of determining eligibility for affordable housing

I authorize the release of any information Eskaton Properties, Inc., may request from third parties regarding myself and all other persons included in the application for Eskaton Kennedy Manor for the purpose of determining my eligibility for affordable housing, including the following:

- |  |                                       |
|--|---------------------------------------|
| Personal, Credit, Landlord,<br>and Employer References | Annuities                             |
| Apartment Rentals and Tenant History                   | Pension Benefits                      |
| Employment   | Union Benefits                        |
| Self-Employment  | Assets                                |
| Savings and Checking Accounts                          | Social Security Benefits              |
| Family Support   | Financial Assistance                  |
| Child Support  | Workers' Compensation                 |
| Alimony  | General Assistance                    |
| Temporary Assistance for Needy Families (TANF)         | Disability                            |
| Criminal Background                                    | Educational Grants and Work Study     |
| Enterprise Income Verification (EIV)                   | Any Other Income or Assets not listed |
| System Income Data                                     | Sex Offender Screening                |
|  | Enterprise Income Verification (EIV)  |
|  | System Existing Tenant Search         |

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please sign one form for each adult applicant.**

**Please make as many copies as necessary.**



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)	
<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	
<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.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.



Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410