

Abundant Life of Perrysburg, Inc. #2

200 Zoar Drive

Perrysburg, OH 43551

Phone: (419) 872-3510 Fax: (419) 931-0219 T.T.Y. – Dial 711

INSTRUCTIONS FOR COMPLETING APPLICATION PACKET

This application packet contains:

- Brochure
- Admission/De-Admission Policy
- Rental Application
- Owner's Notice
- Family Summary Sheet
- Citizenship Declaration
- Race and Ethnic Data Reporting Form
- Supplement to Application for Federally Assisted Housing (HUD-92006)

A copy of the Tenant Selection Plan may be requested from the Abundant Life of Perrysburg, Inc. office. You may call the office at (419) 874-4371 to request a copy.

The Admission/De-Admission Policy explains the requirements of living independently at Abundant Life of Perrysburg and the policy should a resident no longer be able to live independently.

Rental Application requires general information, income/asset and eligibility questionnaire. Please answer all questions thoroughly and leave no blanks. Management will not process the application with incomplete information. Please contact the office with any questions regarding the application.

Family Summary Sheet information for all household members who will reside in the apartment.

Citizenship Declaration needs to be completed by all applicants. For "Nationality" please fill in country. For example if you are American, fill in U.S. or U.S.A. in the blank, then select box 1, 2, or 3. If box 1 (U.S. Citizen) is selected the rest of the pages do not apply (these are for non-citizens).

Race and Ethnic Data Reporting Form is from HUD asking for race and ethnicity data. Instructions for completing this form on the back.

Supplement to Application for Federally Assisted Housing (HUD-92006) needs to be included with the return of your application.

Please feel free to contact the office if you have any questions and if you have not had the opportunity to view a vacant apartment. We strongly suggest all applicants view an apartment as part of the application process.

Thank you for your interest in Abundant Life.

Jenn Polter, Manager

Abundant Life of Perrysburg, Inc. #2 does not discriminate based on handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



APPLICATION FOR HOUSING – HUD SECTION 202 PRAC

ABUNDANT LIFE OF PERRYSBURG, INC. #2

200 Zoar Drive, Perrysburg, OH 43551

Phone (419) 872-3510 • Fax (419) 931-0219 • T.T.Y. Dial 711

www.abundantlifeperrysburg.org

OFFICE USE ONLY - Application Received: Date _____ Time _____ By _____

HEAD OF HOUSEHOLD INFORMATION

Applicant Full Name			
Social Security Number	Date of Birth	Age	Gender (optional)
Citizenship Status (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen			
Current Address			

List current and previous states & counties in which head of household has resided in:

Cell / Home Phone	Alternate Phone	Email

How did you hear about us?

OTHER HOUSEHOLD MEMBER INFORMATION

Full Name Household Member #2					
Social Security Number	Date of Birth	Age	Gender (optional)	Relationship to HOH	
Citizenship Status (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen					
Is the Head of Household or Co-Head/Spouse 62 or older?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you or any household member a student enrolled in an institute of higher education?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

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RENTAL / HOUSING HISTORY

Current Landlord			
Address			
Contact Name		Phone Number	
Reason for Leaving			

LIVING CONDITIONS & PREFERENCES answer all questions do not leave blanks YES NO

Are you currently homeless and/or living in a homeless shelter?		
Are you currently living in a government subsidized property and/or receiving housing assistance from HUD or a PHA?		
Have you ever been asked to sign a repayment agreement to return money to HUD?		
Do you owe any current and/or previous landlord money for damages and/or rent?		
Have you or anyone living with you ever been evicted or are currently under eviction?		
Have you given your current landlord notice that you will be moving?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control treatments? (includes roaches, bed bugs, rodents, etc.)		
Are you a Veteran or currently enlisted in any of the U.S. Armed Forces?		
Are you being displaced from your home by a government declared disaster or private action?		
Are you 62 yrs. or older as of Jan. 31, 2010 , do not have a SSN# to disclose but have received rental assistance at another location since Jan. 31, 2010 ?		

PETS & ASSISTANCE / COMPANION ANIMALS

Please review the property pet policy. The presence of any animal must be approved before allowing the animal to be kept in the unit.	YES	NO
Do you have a pet?		
Is the animal required to alleviate the symptom(s) of a disability for a household member?		
ANIMAL TYPE (cat, dog, etc.)	BREED (if applicable)	WEIGHT / HEIGHT

SPECIAL FEATURES NEEDED BY HOUSEHOLD MEMBER TO ADDRESS A DISABILITY

<input type="checkbox"/> MOBILITY Accessible	<input type="checkbox"/> HEARING Accessible
<input type="checkbox"/> VISUAL Accessible	<input type="checkbox"/> OTHER Accessible:

NO SMOKING POLICY answer all questions do not leave blanks YES NO

Do you know that this is a SMOKE FREE HOUSING COMMUNITY ? This means that smoking is prohibited in the apartment, on the patios, all indoor & outdoor common areas. This includes parking lots, sidewalks, hallways, inside vehicles, etc.		
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy ?		
Do you understand that failure to comply with the Smoke Free Policy as described in the House Rules will result in termination of tenancy (eviction)?		

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ELIGIBILITY: Complete monthly income amounts, account balances and asset value or put \$0.00 if none. Answer all questions do not leave any blanks. The owner/agent will not process the application if fields are not complete.

INCOME SOURCE & INFORMATION do not leave blanks	YES	NO	AMOUNT
SOCIAL SECURITY, SSD or SSI			\$
RETIREMENT BENEFITS			\$
VA BENEFITS			\$
EMPLOYED			\$
UNEMPLOYMENT BENEFITS			\$
CHILD SUPPORT			\$
ALIMONY / SPOUSAL SUPPORT			\$
PENSION or ANNUITY			\$
Regular contributions from individual(s) and/or organization(s) not living in unit			\$
Periodic Payments from long-term care insurance, disability or death benefits			\$
Contributions from family for rent, child care or other bills			\$
Lump sum for delay of payments for SSI or VA Disability			\$
Other source(s) of income:			\$
ACCOUNT & ASSET INFORMATION do not leave blanks	YES	NO	AMOUNT
Have you sold or given away real property or other assets valued at \$1,000 or more (including cash donations) in the past two years?			\$
Have you given money to any charities in the past two years?			\$
CHECKING ACCOUNT			\$
<i>If you answered yes to a checking account, you will be required to provide the most recent 6 months statements so that we may estimate the value of the account per HUD requirements.</i>			
SAVINGS ACCOUNT			\$
DIRECT EXPRESS CARD deposit of benefits			\$
CASH (not deposited into account)			\$
401K or RETIREMENT SAVINGS ACCOUNT			\$
IRA or OTHER RETIREMENT ACCOUNT			\$
STOCKS, BONDS or CERTIFICATES OF DEPOSIT current value?			\$
LIFE INSURANCE POLICY current value?			\$
SAFETY DEPOSIT BOX value of contents?			\$
REAL ESTATE or OTHER PROPERTY OWNED market value?			\$
BUSINESS INCOME value of business \$			\$
Do you own a car? (If yes, information will be required upon move-in)			\$
MEDICAL EXPENSE INFORMATION do not leave blanks	YES	NO	AMOUNT
Do you pay for Medical Insurance?			\$
Do you pay for prescriptions, vision, dental, medical devices, etc.?			\$
Do you pay for over the counter medicines to treat a medical condition?			\$
Do you pay for the care of a companion / assistance animal?			\$
Do you pay for regular Doctor visits / medical treatments?			\$

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CRIMINAL HISTORY answer all questions do not leave blanks	YES	NO
Are you or any household member subject to state or national lifetime sex offender registration program in any state?		
Have you committed fraud in any federally subsidized housing program?		
Have you or any household member ever been convicted of a crime?		
If yes, indicate if the conviction(s) was a felony, misdemeanor or both? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Both		
Have you or any household member ever been evicted from a federally funded housing program for a lease violation, including drug use or failure to report a crime?		
Are you currently using marijuana?		

Screening of credit, criminal and sexual offender registry is used to administer and enforce the tenant selection policy, regulations governing federally subsidized housing, and rules related to the rental of property owned/managed by Abundant Life of Perrysburg, Inc.

My/our signature(s) below authorize Abundant Life of Perrysburg, Inc. and/or its agent permission to obtain full disclosure of my/our credit and criminal history. I understand the information obtained within my credit and criminal reports will be subject to policies related to the rental of property and may be subject to approval/denial of admission as outlined in the managements' tenant selection policy. *Tenant Selection Policy is available in the office.*

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law and are reason for rejection of my/our application. I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for rental assistance. I/we certify and understand the owner/agent, manager and/or PHA will verify all information provided on this application, contact previous or current landlords if applicable, verify sources for credit, criminal and sexual offender verification information which may be released to appropriate Federal, State or local agencies that subsidize or fund this housing program.

Signature Head of Household/Applicant _____ Date _____

Signature Co-Head of Household _____ Date _____

Signature of Management _____ Date _____

PENALTIES FOR MISUSE OF THIS FORM: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any other (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).

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200 Zoar Drive
Perrysburg, OH 43551
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OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY

Dear _____:

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 United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101 / Rent Supplement Program

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

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5, 4350.3 REV-1) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Format and any other forms and/or evidence to the name and address listed below:

Abundant Life of Perrysburg, Inc., #2
200 Zoar Drive
Perrysburg, OH 43551

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200 Zoar Drive

Perrysburg, OH 43551

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This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached forms or determining the type of documentation required, please contact Jenn Polter, Manager at (419) 872-3510. She will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above. You should immediately contact this office and request an extension, using the block provided on the 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 are eligible for assistance, your family may be eligible for pro-ration 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, it may be provided to you prior to the final determination of this section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

Jenn Polter

Jenn Polter
Manager

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Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth

Return this form to: Jenn Polter
200 Zoar Dr
Perrysburg, OH
43551-3186
(419) 872-3510

Abundant Life of Perrysburg #2 does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Citizen / Non-Citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____ MIDDLE _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth)

SAVE VERIFICATION NO. _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Citizen / Non-Citizen Declaration

DECLARATION

I, _____ hereby declare, under penalty of perjury,
that I am _____.

(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- A. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - a. United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - a. U.S. Birth Certificate
 - b. Certification or Report of Birth Abroad issued by USCIS or the State Department
 - c. U.S. Citizen ID card issued by USCIS
 - d. U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - e. Certificate of Citizenship issued by USCIS
 - f. American Indian card issued by USCIS for the Kickapoo tribe
 - g. Final Adoption Decree
 - h. Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - i. Official Military Record of Service showing U.S. place of birth (i.e. a DD-214
 - j. Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - k. Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - a. Driver's License
 - b. Certain government issued ID cards with photo (if no photo, must include identifying information)
 - c. Tribal government issued ID and documents, including Certificate of Indian Blood
 - d. Day care or nursery record (minors only)
 - e. School report or report card (minors only)
 - f. School ID with picture
 - g. U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child.



Citizen / Non-Citizen Declaration

2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

If you check this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207;
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph C above are not currently available, complete the Request for Extension block below.

Signature

Date

- Check here if adult signed for a child.



Citizen / Non-Citizen Declaration

EXTENSION REQUEST

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 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

Check here if adult signed for a child.

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, the person name 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

Check here if adult signed for a 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)

Abundant Life of Perrysburg #2 **042EE008** 200 Zoar Drive, Perrysburg, OH 43551-3186

Name of Property **Jenn Polter, Manager** Project No. Address of Property **Section 202 PRAC - OH12S911008**

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 provided 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 not 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.

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.

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	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	

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.