

Application for Housing

KEKAHA PLANTATION ELDERLY

MAILING ADDRESS: P.O Box 220 • HKekaha, HI 96752 • TELEPHONE/Fax (808) 337-9900 HI RB#16985

EA	EAH Property Management Use Only BEDROOM SIZE TIME OF APPLICATION: DADDIED EDEE (U(C)) VEG DID					APPLIC	CATION APPROVE	D: Yes	□ No □
	– – –							COMMENTS	
BA	RRIER FREE (H/C)	YES 🗆 NO 🗆	DATE OF APPL	ICATION:					
UN	IT REQUESTED?								
			APPLICATION	RECEIVED BY:					
	PLICATION #:		LOTTERY #:						-1-11-1
							plete in order to det nate on the basis of		
	, religion, origin, far	• • • •		•					gender lucitity,
Nu	mber of bedroom	s requested			1 st	Request:		2 nd Request:	
-	A. GENERAL IN	FORMATION:	HEAD OF HO	USEHOLD			-	CO-HEAD	Check if N/A
Nar	ne:				Name:				
	me phone:				Home ph				
	Phone				Cell Phon	-			
Wo Ema	rk Phone:				Work Pho Email:	one:			
	iling Address:				Mailing A	ddress:	-		
	B. HOUSEHOLD								
List				e apartment. Li	st the head	l of househ	old first. Do not incl	ude minors who	will reside in the
uni	t less than 50% of th	e time.			-				
	Nar	-	Relationship	DOB	Age		nder - Enter	Full Time	Social
	First/	Last	To HEAD	mm/dd/yy			or "Female" or	Student	Security/TIN*
						"Choose	<u>not</u> to respond"	Y/N (K-12/College)	(last four only) 5555
1.			HEAD					(K-12/College)	2222
2.			CO-						
			HEAD/Spouse						
3.									
4.									
5.									
6.					-				
7.									
8.									
9.	* Fauthaca ann!			Number de			f the three ellerus		-2
	For those appli	cants without a	Social Security	Number, do y	ou quainy	for one o	f the three allowa	ble exceptions) f
	YES NO 1) Ineligible, non	-citizen member	– not conten	ding eligit	le immigra	ation status.		
			embers name:						
	YES NO 2		-	old as of Janua	ary 31, 201	LO and who	ose initial determin	nation of eligib	ility began
		before Januar							
		Household me	embers name:						
l									
		2) Mombers	dor the are of C	oligible for a f)0 day	oncion to	provide their CCN	if added to the	household
	YES NO		-	eligible for a S	90-day ext	ension to J	provide their SSN,	if added to the	e household
	YES NO	within the las	-	eligible for a S	90-day ext	ension to _l	provide their SSN,	if added to the	e household





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1.	Limited English	Proficiency (LEP) Requirement: What is th	e primary language spoken in the household?
2.	YES NO	Do you expect any additions to the househol	d within the next 12 months? If yes, please explain giving name and relationship:
3.	YES NO N/A	Do you have primary physical custody of all n above? If no, please explain:	ninors (50% or more of the time) listed under the Household Composition
4.	YES NO	Are there any absent household members th giving name and relationship?	at are not listed under the Household Composition above? If yes, please explain
5.	YES NO	Do you have any pets that will reside with yo	u if eligible? If yes, please Describe:
6.	YES NO	Will you or anyone in your household require	e a live-in care attendant?
		Name of Live-in Care Attendant:	Relationship if any:

C. VEHICLE INFORMATION Check if N/A

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year
D. HOUSING					

LANDLORD REFERENCE Please complete all areas below. Please	provide the last 2 consecutive years of housing history.
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A
Name	Name
Current Address	Current Address
City/Zip Code	City/Zip Code
Own Rent Other	Own Rent Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there	Length of time Lived there
From to	From to
Name of Landlord:	Name of Landlord:
Address of Landlord:	Address of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord	Phone Number of Landlord

Additional information if required:





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	1st Previous Address: Check if N/A 🗌
PLEASE PROVIDE INFO	ORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A
Name	Name
1 st Previous Address	1 st Previous Address
City/Zip Code	City/Zip Code
Own Rent Other	Own Rent Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there	Length of time Lived there
From to	From to
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:
Additional information if required:	

2 nd Previous Address: Che	ck if N/A 🗌
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A
Name	Name
2 nd Previous Address	2 nd Previous Address
City/Zip Code	City/Zip Code
Own Rent Other	Own Rent Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there	Length of time Lived there
From to	From to
Name of Landlord:	Name of Landlord:
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:
1. YES NO Do you require an accessible unit? (Design Feature)	r <u>es for persons with disabilities).</u> If yes, please explain:
2. YES NO Do you have a Section 8 Voucher through the Hou	using Authority? If yes where?
Section 8 Voucher number	
3. YES NO Have you ever been evicted in the past 5 years? I	f yes, please explain:
4. YES NO Have you willfully or intentionally ever refused to	pay rent?





Citizenship (For project-based Section	on 8 pro	operties ONLY):						
1. YES NO Are you a U.S. Citizen? 2. YES NO If no, are you a Non-Citizen with eligible immigration status?								
2. YES NO If no, are you a Non	-Citizen v	with eligible immigrati	ion status?					
E. DEMOGRAPHIC INFORMATION Are you or any member of your household a U.S. military Veteran? YES NO								
Are you or any member of your househ	old a U.	S. military Veteran?	YES NO					
The following information is optional:								
HEAD: Highest level of Education completed	?	Some High Schoo		College Graduate School				
Profession/Job Title		YES NO N/A		If Yes, what type? check one:				
Co-HEAD: Highest level of Education comple	ted?	Some High School		College Graduate School				
Profession/Job Title			Transportation to get to work?	If Yes, what type? check one: BART Bus Ferry Other				
How did you hear about the property?	.ocal Pap			•				
The information regarding race and ethr	nicity sol	licited on this applica	ation is requested in order to ass	sure the Federal Government that EAH				
Inc. complies with the Federal laws proh	-		-					
furnish this information, but are encoura	aged to a	do so. This informati	ion will not be used in evaluating	gyour application or to discriminate				
against you in anyway.	-							
Household Member Name	Ethnic		Race (check one or more)					
1.		panic or Latino		erican American Indian/Alaskan Native				
		n-Hispanic or Latino ccline to respond		pino 🔲 Japanese 🦳 Korean 🗌 Vietnamese ian 🔲 Guamanian or Chamorro 🗌				
		cine to respond	Samoan Other Pacific Island					
			Decline to respond	_				
2.		panic or Latino		erican American Indian/Alaskan Native				
		n-Hispanic or Latino ccline to respond		pino 🔲 Japanese 🦳 Korean 🗌 Vietnamese ian 🔲 Guamanian or Chamorro 🗌				
		cline to respond	Samoan Other Pacific Island					
			Decline to respond					
3.		panic or Latino		erican American Indian/Alaskan Native				
		n-Hispanic or Latino		pino 🔲 Japanese 🗌 Korean 🗌 Vietnamese				
		cline to respond	Samoan Other Pacific Island	ian 🔲 Guamanian or Chamorro 🔲 er 🥅 Other				
			Decline to respond					
4.		panic or Latino		erican American Indian/Alaskan Native				
		n-Hispanic or Latino		pino 🗍 Japanese 🦳 Korean 🗌 Vietnamese				
		cline to respond	Samoan Other Pacific Island	ian 🔲 Guamanian or Chamorro 🔲 er 🗍 Other				
			Decline to respond					
5.		panic or Latino	White Black or African Am	erican American Indian/Alaskan Native				
		n-Hispanic or Latino		pino 🗍 Japanese 🦳 Korean 🗌 Vietnamese				
		ecline to respond	Samoan Other Pacific Island	ian 🔲 Guamanian or Chamorro 🔲 er 🗍 Other				
			Decline to respond					
6.	Hisp	panic or Latino	White Black or African Am	erican 🗌 American Indian/Alaskan Native				
		n-Hispanic or Latino		pino 🗍 Japanese 🦳 Korean 🗌 Vietnamese				
		cline to respond	Samoan Other Pacific Island	ian 🔲 Guamanian or Chamorro 🔲				
			Decline to respond					
7.	Hisp	panic or Latino	White Black or African Am	erican 🗌 American Indian/Alaskan Native				
		n-Hispanic or Latino		pino 🔄 Japanese 🦳 Korean 🗌 Vietnamese				
	De	cline to respond		ian 🔲 Guamanian or Chamorro 🔲				
			Samoan Other Pacific Island					



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8.	Hispanic or Latino	White Black or African American American Indian/Alaskan Native
	Non-Hispanic or Latino	Asian India Chinese Filipino Japanese Korean Vietnamese
	Decline to respond	Other Asian 🗌 Native Hawaiian 🔲 Guamanian or Chamorro 🗌
		Samoan 🗌 Other Pacific Islander 🔲 Other
		Decline to respond
9.	Hispanic or Latino	White Black or African American American Indian/Alaskan Native
	Non-Hispanic or Latino	Asian India Chinese Filipino Japanese Korean Vietnamese
	Decline to respond	Other Asian 🗌 Native Hawaiian 🗌 Guamanian or Chamorro 🗌
		Samoan 🗌 Other Pacific Islander 🗌 Other
		Decline to respond

F. INCOME Employment Check if N/A Please provide the following employment information for each household member. Family Member **Gross Monthly Business/Source Name Contact Name** First Name Amount **Business/Source Address Contact Phone Number** City/State/ZIP code Contact Fax Number 1. 2. 3. 4. 5.

6.		
7.		
8.		





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Other Sources	of Income	Check if N/A	
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List all money earned or received by everyone living in your household. This includes money received from the categories listed below and from Disability Payments Or Death Benefits, Workers Compensation, Annuities, Periodic Payments From Insurance Policies and Other Sources Including Periodic Lottery Payments, LIST GROSS, AMOUNTS, RECEIVED, BELOW

Payments. LIST GROSS /									
Household Member First Name	SOC SEC & SSI*	VA BNFTS	PENSION/ RETIRE**	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDC/ TANF	RECURRING GIFTS	UNEMP. BNFTS.	OTHER
1.									
2.									
3.									
4.									
5.									
6.									
YES NO Are the	re any change	es expected in	income with	in the next 12	! months? If y	es, please list	family member	and explain:	
YES NO Do you	or any housel	nold member	receive Dual	Entitlement b	enefits? If ye	s, please pro	vide the Benefit	Claim Number	r:
YES NO ** Do y account N/A .	-	sehold memb	oer receive re	tirement ben	efits as period	lic payments?	? If so, from wha	it type of retire	ement
F. ASSETS									
	u ever filed B	ankruptcy?							
YES NO Have yo Checking and/or Saving	s Account Cl		F N/A						
YES NO Have yo Checking and/or Saving Family Member First Na	s Account Cl			Ва	nk/Financia	I Institution	Names	То	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1.	s Account Cl	HECK HERE I		Ва	nk/Financia	I Institution	Names	То	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na	s Account Cl	HECK HERE I		Ва	nk/Financia	I Institution	Names	То	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1.	s Account Cl	HECK HERE I		Ва	nk/Financia	I Institution	Names	То	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2.	s Account Cl	HECK HERE I		Ba	nk/Financia	l Institution	Names	То	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2. 3.	s Account Cl	HECK HERE I		Ba	nk/Financia	Institution	Names	To	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2. 3. 4.	s Account Cl	HECK HERE I		Ba	nk/Financia	Institution	Names	To	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2. 3. 4. 5. 6.	s Account Cl	HECK HERE I		Ba	nk/Financia	l Institution	Names	To	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2. 3. 4. 5. 6. 7. 7.	s Account Cl	HECK HERE I		Ba	nk/Financia	l Institution	Names		tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2. 3. 4. 5. 6. 7. 8.	s Account Cl	HECK HERE I		Ba	nk/Financia	I Institution	Names	To	tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2. 3. 4. 5. 6. 7. 8. 9. 9.	s Account Cl	HECK HERE I		Ba	nk/Financia	I Institution	Names	To	tal Balance
YESNOHave yoChecking and/or Saving Family Member First Na1.2.3.4.5.6.7.8.9.10.	s Account Cl	HECK HERE I		Ba	nk/Financia	I Institution	Names		tal Balance
YES NO Have yo Checking and/or Saving Family Member First Na 1. 2. 3. 4. 5. 6. 7. 8. 9. 9.	s Account Cl	HECK HERE I		Ba	nk/Financia	l Institution	Names		tal Balance





Othe	er Assets/Accoun	its							
	•	following assets that ap		•		• •	•	•	•
		OSIT, IRA OR KEOGH, RET ITAL INVESTMENTS, OR F					r winnings, ins	ORANCE SETT	LEIVIEINTS,
		SSETS THAT MAY BE HEL							
Farr	ily Member Fir	rst Name A	sset/Accour	nt	Bank/	Financial Instituti	on Names		Total Balance
			Туре						
1.									
2.									
3.									
4.									
5.									
6.									
P	G. REAL ESTA	TE /DISPOSED OF ASS	ETS						
YES	NO Does	s anyone own real prope	rty? (Includes I	land, houses, real	estate, in th	ne USA or any other co	ountry) If "Yes" ar	nswer the que	stions below:
	Fam	nily member name		Estimated Ca Of Real Pro		Rental Income If Any	Prope	rty Address/C	ity/State
				orneurre	sperty				
YES	NO Have	you sold any Real Estate							
				d of any assets f	or less that	n Fair Market Value	e (FMV) in the la	st two years?	(e.g. cash, property,
		' answer the questions b	elow:	l of any assets f	1				
			elow:	l of any assets f	1	n Fair Market Value Market Value Whe			Value Disposed
		' answer the questions b	elow:	d of any assets f	1				
		' answer the questions b	elow:	d of any assets f	1				Value Disposed
		' answer the questions b Family Member Nam	elow:	l of any assets f	1				Value Disposed
	accounts) If "Yes'	 <u>answer the questions b</u> Family Member Nam CES Do you pay any out-out-out-out-out-out-out-out-out-out-	elow: ne of-pocket chi	ildcare expens	ses? If yes	Market Value Whe	n Disposed: u pay per mont	Cash	Value Disposed
bank	H. ALLOWAN YES NO	" answer the questions b Family Member Nam CES Do you pay any out-o Is there any househo	elow: ne of-pocket chi old member (ildcare expens (18 and over)	ses? If yes	Market Value Whe	n Disposed: u pay per mont f yes, please lis	Cash ch? t:	Value Disposed For:
bank	H. ALLOWAN	" answer the questions b Family Member Nam CES Do you pay any out-o Is there any househo	elow: ne of-pocket chi old member (ildcare expens	ses? If yes	Market Value Whe	n Disposed: u pay per mont	Cash ch? t:	Value Disposed For:
bank	H. ALLOWAN YES NO	" answer the questions b Family Member Nam CES Do you pay any out-o Is there any househo	elow: ne of-pocket chi old member (ildcare expens (18 and over)	ses? If yes	Market Value Whe	n Disposed: u pay per mont f yes, please lis	Cash ch? t:	Value Disposed For:
bank	H. ALLOWAN YES NO	" answer the questions b Family Member Nam CES Do you pay any out-o Is there any househo	elow: ne of-pocket chi old member (ildcare expens (18 and over)	ses? If yes	Market Value Whe	n Disposed: u pay per mont f yes, please lis	Cash ch? t:	Value Disposed For:
bank	H. ALLOWAN YES NO	" answer the questions b Family Member Nam CES Do you pay any out-o Is there any househo	elow: ne of-pocket chi old member (Name of S	ildcare expens (18 and over) chool Attendi	ses? If yes that is a fr ng	Market Value Whe	n Disposed: u pay per mont f yes, please lis Address of Sc	Cash th? t: :hool	Value Disposed For:
1. 2. Fam	H. ALLOWAN YES NO YES NO ily Member Na	" answer the questions b Family Member Nam CES Do you pay any out-or Is there any househome Are you covered by a Medi-Cal	elow: ne of-pocket chi old member (Name of S any medical i	ildcare expens (18 and over) chool Attendi insurance? If y edicare	ses? If yes that is a function ng ves how m	Market Value Whe	n Disposed: u pay per mont f yes, please lis Address of Sc dicare	Cash th? t: :hool ? 	Value Disposed For: \$
1. 2. Fam	H. ALLOWAN YES NO YES NO ily Member Na	" answer the questions b Family Member Nam CES Do you pay any out-or Is there any househo me Are you covered by a Medi-Cal Do you or any memb	elow: ne of-pocket chi old member (Name of S Mame of S any medical i Me per have any	ildcare expens (18 and over) ⁻ chool Attendi insurance? If y edicare prescription c	ses? If yes that is a finn ng ves how m Medi- Irug expen	Market Value Whe	n Disposed: u pay per mont f yes, please lis Address of Sc dicare	Cash th? t: :hool ? 	Value Disposed For: \$ \$
1. 2. Fam 3.	Accounts) If "Yes"	" answer the questions b Family Member Nam CES Do you pay any out-or Is there any househo me Are you covered by a Medi-Cal Do you or any memb how much do you an	elow: ne of-pocket chi old member (Name of S any medical i Me per have any sticipate pay	ildcare expens (18 and over) chool Attendi insurance? If y edicare prescription c ing out of poc	ses? If yes that is a fr ng ves how m Inug expendent ket per m	Market Value Whe	n Disposed: u pay per mont f yes, please lis Address of Sc hthly premiums dicare by insurance? If	Cash th? t: :hool ? 	Value Disposed For: \$ \$ \$ \$ \$ \$ \$ \$ \$
1. 2. Fam 3.	H. ALLOWAN YES NO YES NO ily Member Na	⁷ answer the questions b Family Member Nam CES Do you pay any out-o Is there any househo me Are you covered by a Medi-Cal Do you or any memb how much do you an Do you have any anti	elow: ne of-pocket chi old member (Name of S Name of S ny medical i Me per have any nticipate pay icipated med	ildcare expens (18 and over) chool Attendi insurance? If y edicare prescription c ing out of poc	ses? If yes that is a fr ng ves how m Inug expendent ket per m	Market Value Whe	n Disposed: u pay per mont f yes, please lis Address of Sc hthly premiums dicare by insurance? If	Cash th? t: :hool ? 	Value Disposed For: \$ \$ \$ Medicare \$
1. 2. Fam 3.	Accounts) If "Yes"	" answer the questions b Family Member Nam Family Member Nam CES Do you pay any out-or Is there any househo me Are you covered by a Medi-Cal Do you or any memb how much do you an Do you have any anti If yes, how much per	elow: ne of-pocket chi old member (Name of S Name of S many medical i Me per have any sticipate pay icipated med month?	ildcare expens (18 and over) ' chool Attendi insurance? If y edicare prescription c ing out of poc dical expenses	ies? If yes that is a function ng ves how m Medi- drug expension ket per m that are b	Market Value Whe	n Disposed: u pay per mont f yes, please lis Address of Sc Address of Sc sthly premiums dicare by insurance? If asurance?	Cash ch? t: chool ? Medi-Cal f yes,	Value Disposed For: \$ \$
1. 2. Fam 3. 4. 5.	Accounts) If "Yes"	⁷ answer the questions b Family Member Nam CES Do you pay any out-o Is there any househo me Are you covered by a Medi-Cal Do you or any memb how much do you an Do you have any anti	elow: ne of-pocket chi old member (Name of S any medical i Me per have any sticipate pay icipated med month? y major den	ildcare expens (18 and over) chool Attendi insurance? If y edicare prescription c ing out of poc dical expenses tal, vision, or h	ses? If yes that is a function ng ves how m wes how m mearing-ai	Market Value Whe	n Disposed: u pay per mont f yes, please lis Address of Sc Address of Sc by insurance? It isurance? coming year th	Cash ch? t: chool ? Medi-Cal f yes,	Value Disposed For: \$ \$ Medicare \$

	covered by insurance? If yes, how much do you anticipate spending out of pocket next year?	\$
YES NO	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for	
	the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined	
	by HUD? (If yes proof of actual expenses are required) If yes, how much do you anticipate out of pocket	
	per month?	\$





I. CRIMINAL BACKGROUND

		BACKGROUND		
1.	YES NO	Have YOU or ANY MEMBER of your household been convicted of any fraud in a federally assisted housing program or		
		been requested to repay for misrepresenting information for such housing program?		
2.	YES NO	Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?		
3.	YES NO	Have YOU or ANY MEMBER of your household ever been convicted of a felony within in the past seven (7) years?		
4.	YES	Have YOU or ANY MEMBER of your household ever been convicted of engaging in acts of violence or threats of		
		violence, including, but not limited to, unlawful activity involving weapons or ammunition within the past (7) years?		
5.	YES NO	Have YOU or ANY MEMBER of your household ever been convicted of engaging in the illegal manufacture, sale,		
		distribution, use, or possession of an illegal drug or controlled substance within the past (7) years?		
6.	YES NO	Have YOU or ANY MEMBER of your household ever been convicted of a criminal offense involving sexual misconduct		
7.	YES NO	Are YOU or ANY MEMBER of your household subject to a lifetime sex offender registration requirement in ANY state? (Please note you will be giving the opportunity to remove the ineligible household member. If you refuse to remove the ineligible household member, the application must be denied)		
8.	Please list all :	states where all household members have ever lived.		

IF you answered <u>"YES"</u> to any questions listed above in the Criminal Background Section of this application, Please provide an explanation below. Include the date, circumstances, and nature of the offenses:

Section	Number	Answer





J. CERTIFICATION AND RELEASE OF INFORMATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we occupy will be my/our only residence. I/We understand that eligibility for housing will be based on applicable sections of the HUD 4350.3 Occupancy Handbook and EAH Inc. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household's eligibility for housing.

I further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or in the event that I become a resident, or I am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy. Any "yes" response on the criminal activity questionnaire section of this application may lead to rejection of my application.

I declare that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

K. RELEASE OF INFORMATION

I/We do hereby authorize EAH Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I authorize verification of assets, income, credit history, rental history and references. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owner/agents, law enforcement, and any others owner/agent deems appropriate, including contacting agencies, offices, groups, organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head Of Household:			
	Printed Name	Signature	Date
Spouse/Co-Head:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Management:			
	Signature		Date

Please complete the attached HUD Form 92006 Supplement to Application for Federally Assisted Housing and return with your completed and signed application.





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)					
Emergency	Assist with Recertification P	rocess			
Unable to contact you	Change in lease terms				
Termination of rental assistance	Change in house rules				
Eviction from unit	Other:				
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			
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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 until ainformation. 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.