



## Application for Housing KEKAHA PLANTATION ELDERLY

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

<b>EAH Property Management Use Only</b>			<b>APPLICATION APPROVED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
BEDROOM SIZE		TIME OF APPLICATION:	<b>COMMENTS</b>	
BARRIER FREE (H/C) UNIT REQUESTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE OF APPLICATION:		
		APPLICATION RECEIVED BY:		
APPLICATION #:		LOTTERY #:		

Please complete the following application and return it to the Property. All Items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. EAH does not discriminate on the basis of race, color, sex, gender identity, age, religion, origin, family or marital status, disability, or sexual orientation.

Number of bedrooms requested 1<sup>st</sup> Request: 2<sup>nd</sup> Request:

<b>A. GENERAL INFORMATION: HEAD OF HOUSEHOLD</b>		<b>CO-HEAD</b> Check if N/A <input type="checkbox"/>	
Name:		Name:	
Home phone:		Home phone:	
Cell Phone		Cell Phone	
Work Phone:		Work Phone:	
Email:		Email:	
Mailing Address:		Mailing Address:	

**B. HOUSEHOLD COMPOSITION**

List all persons, including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

#	Name First/Last	Relationship To HEAD	DOB mm/dd/yy	Age	Gender - Enter "Male" or "Female" or "Choose <u>not</u> to respond"	Full Time Student Y/N (K-12/College)	Social Security/TIN* (last four only) 5555
1.		HEAD					
2.		CO-HEAD/Spouse					
3.							
4.							
5.							
6.							
7.							
8.							
9.							

**\* For those applicants without a Social Security Number, do you qualify for one of the three allowable exceptions?**

YES  NO  1) Ineligible, non-citizen member – not contending eligible immigration status.  
Household members name: \_\_\_\_\_

YES  NO  2) Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.  
Household members name: \_\_\_\_\_

YES  NO  3) Members under the age of 6 eligible for a 90-day extension to provide their SSN, if added to the household within the last 6 months.  
Household members name: \_\_\_\_\_



1.	<b>Limited English Proficiency (LEP) Requirement:</b> What is the primary language spoken in the household?	
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:
3.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? If no, please explain:
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any pets that will reside with you if eligible? If yes, please Describe:
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you or anyone in your household require 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.

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other</b> (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
Current Address	Current Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From      to	Length of time Lived there 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:



**1<sup>st</sup> Previous Address: Check if N/A**

PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/></b>
Name	Name
1 <sup>st</sup> Previous Address	1 <sup>st</sup> Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there 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<sup>nd</sup> Previous Address: Check if N/A**

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/></b>
Name	Name
2 <sup>nd</sup> Previous Address	2 <sup>nd</sup> Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there 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 <input type="checkbox"/> NO <input type="checkbox"/>	Do you require an accessible unit? <i>(Design Features for persons with disabilities)</i> . If yes, please explain:
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Section 8 Voucher through the Housing Authority? If yes where?  Section 8 Voucher number
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been evicted in the past 5 years? If yes, please explain:
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you willfully or intentionally ever refused to pay rent?



**Citizenship (For project-based Section 8 properties ONLY):**

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S. Citizen?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you a Non-Citizen with eligible immigration status?

**E. DEMOGRAPHIC INFORMATION**

Are you or any member of your household a U.S. military Veteran? YES  NO

**The following information is optional:**

HEAD: Highest level of Education completed?	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Profession/Job Title	Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> other	
Co-HEAD: Highest level of Education completed?	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Profession/Job Title	Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> other	
How did you hear about the property?	Local Paper <input type="checkbox"/>	Housing Authority <input type="checkbox"/>	Internet <input type="checkbox"/>	Referral <input type="checkbox"/> Other <input type="checkbox"/>

The information regarding race and ethnicity solicited on this application is requested in order to assure the Federal Government that EAH Inc. complies with the Federal laws prohibiting discrimination against applicants on the basis of race and ethnicity. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway.

Household Member Name	Ethnicity:	Race (check one or more)
1.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond
2.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond
3.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond
4.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond
5.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond
6.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond
7.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond



<p>8.</p>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond
<p>9.</p>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to respond	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian India <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to respond

**F. INCOME**

Employment Check if N/A

Please provide the following employment information for each household member.

Family Member First Name	Gross Monthly Amount	Business/Source Name Business/Source Address City/State/ZIP code	Contact Name Contact Phone Number Contact Fax Number
1.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
2.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
3.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
4.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
5.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
6.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
7.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
8.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>



Other Sources of Income Check if N/A

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.**

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 there any changes expected in income within the next 12 months? If yes, please list family member and explain:

YES  NO  Do you or any household member receive Dual Entitlement benefits? If yes, please provide the Benefit Claim Number:  
N/A

YES  NO  \*\* Do you or any household member receive retirement benefits as periodic payments? If so, from what type of retirement account?  
N/A

**F. ASSETS**

YES  NO  Have you ever filed Bankruptcy?

Checking and/or Savings Account CHECK HERE IF N/A

Family Member First Name	Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

7.			
8.			
9.			
10.			
11.			
12.			



**Other Assets/Accounts**

Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT. **ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.**

Family Member First Name	Asset/Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

**G. REAL ESTATE /DISPOSED OF ASSETS**

YES  NO  Does anyone own real property? (Includes land, houses, real estate, in the USA or any other country) If "Yes" answer the questions below:

Family member name	Estimated Cash Value Of Real Property	Rental Income If Any	Property Address/City/State

YES  NO  Have you sold any Real Estate OR disposed of any assets for less than Fair Market Value (FMV) in the last two years? (e.g. cash, property, bank accounts) If "Yes" answer the questions below:

Family Member Name	Market Value When Disposed:	Cash Value Disposed For:

**H. ALLOWANCES**

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you pay any out-of-pocket childcare expenses? If yes how much do you pay per month?	\$
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is there any household member (18 and over) that is a full time student? If yes, please list:	
		Family Member Name	Name of School Attending
			Address of School
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you covered by any medical insurance? If yes how much are your monthly premiums?	\$
		<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare	
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you or any member have any prescription drug expenses not covered by insurance? If yes, how much do you anticipate paying out of pocket per month?	\$
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, how much per month?	\$
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year?	\$
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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**

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of a felony within in the past seven (7) years?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of a criminal offense involving sexual misconduct?
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are YOU or ANY MEMBER of your household subject to a lifetime sex offender registration requirement in ANY state? <i>(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)</i>
8.	Please list <b>all</b> states where <b>all household members</b> have ever lived. _____ _____	

IF you answered **"YES"** 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:

Use this space if needed for answering questions if you have ran out of space in that section. (enter the section letter and number of the question)

Section	Number	Answer







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.

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**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.