



Application for Housing BRONSON COURT APARTMENTS

1229 N. BRONSON AVENUE • LOS ANGELES, CA 90038 • TELEPHONE (323) 463-0518

EAH Property Management Use Only		APPLICATION APPROVED: Yes <input type="checkbox"/> No <input type="checkbox"/>	
BEDROOM SIZE		TIME OF APPLICATION:	COMMENTS
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, age, religion, origin, family or marital status, disability, or sexual orientation.

Number of bedrooms requested	1st Request:	2nd Request:
-------------------------------------	--------------------------------	--------------------------------

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

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	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: _____

Phone Number (323)463-0518/Fax Number (818)362-5001 TTY:711 (800) 735-2929 TDD (800) 545-1833 ext. 482



1.	Limited English Proficiency (LEP) Requirement: 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.	
HEAD OF HOUSEHOLD	CO-HEAD/Other (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 st Previous Address: Check if N/A <input type="checkbox"/>	
PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.	
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
1 st Previous Address	1 st Previous Address

Phone Number (323)463-0518/Fax Number (818)362-5001 TTY:711 (800) 735-2929 TDD (800) 545-1833 ext.

482



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 nd Previous Address: Check if N/A <input type="checkbox"/>	
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
2 nd Previous Address	2 nd 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 or your household member(s) require a full mobility accessible unit?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you or your household member(s) require a unit with hearing & visual aide features?
3.	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
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been evicted in the past 5 years? If yes, please explain:
5.	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):

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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?
Are you or any member of your household a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>		

E. DEMOGRAPHIC INFORMATION

Are you or any member of your household a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
2.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
3.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
4.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
5.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
6.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
7.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
8.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
9.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander

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.			
2.			
3.			
4.			
5.			

Income Continued

6.			
7.			
8.			

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.									

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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:

G. 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.			

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.			

H. 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:

I. 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?	\$

J. STUDENT STATUS

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, trade school, etc.)?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
If you answered YES to any of the previous three questions are you:		
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Married and filing (or are entitled to file) a joint tax return
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?
8.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Previously enrolled in the Foster Care program (age 18-24)?



K. 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 or pled guilty or “no contest” to a felony whether or not resulting in a conviction?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or “no contest” to, engaging in acts of violence or threats of violence, including, but no limited to, unlawful activity involving weapons or ammunition, whether or not resulting in a conviction?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or “no contest” to, engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance whether or not resulting in a conviction?
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of pled guilty or “no contest” to, a criminal complaint involving sexual misconduct, whether or not resulting in a conviction?
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 all states where all household members 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



APPENDIX 2

NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY AT

[Insert property name in fillable area]

WHAT ACCOMMODATIONS AND AUXILIARY AIDS CAN I ASK FOR?

You or anyone in your household can ask for:

1. An accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property, public and common use areas, or participate in, or benefit from, a program, service or activity.
2. An accessibility alteration (physical changes) to your unit or a common area.
3. Auxiliary Aids and Services necessary to ensure effective communication between us. This can include providing information in alternative formats or for example, Braille, American Sign Language (ASL) interpreters, large print documents.

We will pay all reasonable costs for Reasonable Accommodations and Auxiliary Aids necessary to ensure effective communication between us.

WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the request, or if required by law.

WHAT ARE REASONABLE ACCOMMODATIONS?

Reasonable Accommodations are changes, modifications, exceptions, alterations, or adaptations in our rules, policies, practices, programs, services, activities, or facilities that may be necessary to (1) provide an Individual with a Disability an equal opportunity to use and enjoy a dwelling, including public and common use areas of a development, (2) participate in, or benefit from, a program (housing or non-housing), service or activity; or (3) avoid discrimination against a person with a disability. A Reasonable Accommodation includes any physical or structural change to a Unit or a public or common use area.

Examples are:

1. Allowing an assistance animal in a “no-pets” building;
2. Allowing payment of rent on a date other than the first of the month if necessary due to the date the tenant receives disability income;
3. Granting a reserved parking space closer to the person’s unit;
4. Providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants;

5. Accepting references from professional caregivers and others when landlord references are not available for a person moving from a nursing home or other places that serve Individuals with disabilities;
6. Installing a wheelchair ramp;
7. Installing grab bars in the shower or bathroom;
8. Installing a roll-in shower;
9. Installing visual alerting systems and flashing lights for persons who are deaf or hard of hearing;
10. Adjusting counter heights for individuals who use wheelchairs;
11. Transferring a tenant in a non-elevator building who has difficulties walking up or down stairs to a ground floor unit with no or very few stairs; and
12. Requesting that [PROPERTY NAME – TO BE COMPLETED BY OWNER]

notify another individual in addition to the tenant or applicant when any concerns arise. See Appendix 8, Supplemental and Optional Contact Information for Applicants.

WHAT ARE AUXILIARY AIDS?

Auxiliary Aids are aids, services, or devices that enable persons with vision, hearing, manual, or speech impairments to have an equal opportunity to participate in, or enjoy the benefits of, programs, services, or activities, including housing and other programs, services, and activities.

Examples are:

1. Giving you documents in large print, Braille, on cassettes or CDs, or electronically; or reading documents to you.

2. Providing a sign language interpreter or using a video relay service.
3. Notetakers; real-time computer-aided transcription services; exchange of written notes.
4. Providing audio description, or audio recordings.
5. Providing closed captioned video.

These are just examples. You can ask for other Reasonable Accommodations and Auxiliary Aids you need because of your disability.

WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR AUXILIARY AID?

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

HOW DO I ASK FOR REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?

You can ask a Property Manager, or fill out a Request Form. We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?

You need to tell us what you need and how it is related to your disability.

WHAT HAPPENS AFTER I ASK?

We will respond to you as quickly as possible.

We may ask you for more information.

Your need for Reasonable Accommodations or Auxiliary Aids may be obvious or already known. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for the accommodation or auxiliary aid is obvious or already known, we will not ask for any additional information. If your need for an accommodation or auxiliary aid is not obvious, we may ask you to provide more information, which may include information from someone else who knows about your disability needs. We will only seek limited information that is necessary to understand the disability-related need for your accommodation or auxiliary aid. We do not need to receive full medical records or to know unrelated information about the nature or severity of any disabilities. Any information we do receive will be kept confidential.

If we ask you for information from someone else, we will give you an Additional Information Form. An Additional Information Form may be needed if your disability or your need for a Reasonable Accommodation or Auxiliary Aid is not obvious or already known.

You can choose how to get the additional information:

1. You can sign the Part 2 of the Additional Information Form and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign the Part 2 of the Additional Information Form and give it to the person you want to fill out the rest of the form. You can return

it to us when it is complete. When the Additional Information Form is returned, we will tell you if we need more information.

We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability.

We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the wait list or your tenancy will not be affected because you make a request.

HOW LONG WILL IT TAKE TO GET AN ANSWER?

Usually, we will respond within 5 business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer as soon as we can, but no later than within 30 days.

**For questions or help with your request, please contact:
(Owner/property manager to complete)**

Name:

Title:

Address:

Office Phone:

TTY Number:

Email (if available):

See Tenant Handbook Section 3.14 for More Information

APPENDIX 8

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name:

**THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR
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 Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

Name of Additional Contact Person or Organization:

Address:

Telephone Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

Relationship to Applicant:

Reasons that you approve us to contact the Additional Contact Person or Organization: (Check all that apply)

- Emergency
- Unable to contact you
- Proposed termination of rental assistance
- Proposed eviction
- Late rent payment
- Help with Recertification Change
- Change in lease terms
- Change in policies or procedures
- Other (please specify):

Commitment of 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 on this form is confidential and will not be disclosed to anyone except as permitted by you, 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.

Option Not to Provide a Supplemental Contact Person:

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

Signature of Applicant:

Date:

Signature:

See Tenant Handbook Section 3.17 for More Information