

Rental Application Cover Page for The Azalea

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. The Azalea has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. The Azalea also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section Reasonable Accommodations/Modifications, of the Rental Application (page 6).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

Property Management Contact Name: Kelly Hanson

Title: Resident Manager

Phone Number: (323) 499-4183

TTY/TDD (if available): Dial 711 for CA Voice Relay

Email: AZ-Management@eahhousing.org

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for:
 - a. a change in rules or;
 - b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
 - c. an accessible apartment;
 - d. and Auxiliary Aids necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in The Azalea and use our services, then contact The Azalea staff to communicate your needs.





Tax Credit Application for Housing

Property Name: The Azalea

Address: 4507 S. Main Street, Los Angeles, CA 90037

Telephone: (323) 499-4183 **Email:** AZ-Management@eahhousing.org

Dial 711 for CA Voice Relay Service

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.

EAH Property Management Use Only **Application Received By:** _____

Application Approved: ____ Yes ____ No

Bedroom Size: 1st Choice ____ 2nd Choice ____ 3rd Choice ____ **Barrier Free(H/C) Unit Requested:**
Yes No

Application #: ____ **Lottery #:** ____ **Time of Application:** _____ **Date of Application:** _____

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.

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:

- a. A change in rules (reasonable accommodation)
- b. A physical change to their apartment or shared areas in the building (reasonable modification)
- c. An accessible apartment
- d. Aids and services to help you communicate with us.

If you or anyone in your household has a disability and needs any of these things to live in this community and use our services, then contact the Property Management staff listed above to complete a form called "Request Form for Reasonable Accommodations and Modifications".



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Please note the use of the Request Form for Reasonable Accommodations and Modifications is preferred but not required. If submitting a written Reasonable Accommodation or Modification without the form, please include all information requested on the form.

How did you hear about the property?

1st Email Address:

2nd Email Address:

Household Information

FULL LEGAL NAME (First, Middle, Last)	GENDER	RELATIONSHIP	SSN/ALIEN REG. #	GOV. ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	VETERAN
		Head of Household					

Applicant Day Time Phone:		Applicant Evening Phone:	

Do you have any Animals?	# of Animals:	Description:
		1. 2.

Vehicle Make	Vehicle Model	License Plate	Color	Year

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Additional Household Information				
FULL LEGAL NAME (First, Middle, Last)	LIST ALL THE STATES YOU HAVE LIVED IN	HISPANIC / LATINO	RACE (LIST ONE OR MORE)	LEP Language

Residency Information (Past Two Years)									
<u>CURRENT</u> FULL STREET ADDRESS:								OWN, RENT OR OTHER:	
CITY:						STATE:		ZIP CODE:	
HOME PHONE NUMBER:		CELL PHONE NUMBER:		EMAIL ADDRESS:		MOVE IN DATE:		MOVE OUT DATE: CURRENT RESIDENCE	
LANDLORD NAME:				PROPERTY/LANDLORD PHONE:				MONTHLY RENT/MORTGAGE:	
<u>PAST</u> FULL STREET ADDRESS:								OWN, RENT OR OTHER:	
CITY:				STATE:		ZIP CODE:		Move In Date: Move Out Date:	
LANDLORD NAME:				PROPERTY/LANDLORD PHONE:				MONTHLY RENT/MORTGAGE:	
Utilities paid by you:		Heat		Electricity		Gas		Other	
Approximate monthly cost of utilities paid by you (excluding phone and cable TV):									

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Emergency Contact Information			
IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:			
NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:		

Resident History	Y/N	If Yes Explain
Have you or any member of your household ever been evicted in the past 5 years?		
Have you or anyone in your household ever filed Bankruptcy?		
Have you or anyone in your household willfully or intentionally ever refused to pay rent?		
Have you or any member of your family ever been convicted of a felony within the past 7 years?		
Household Questions	Y/N	Additional Comments
Do you anticipate any changes in household composition in the next twelve months?		Name of New Member:
Is there anyone living with you now who won't be living with you at this community?		Name of Member Leaving:
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member:
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver: Recipient of Care:
Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?		

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Do you or anyone in your household have a Section 8 Voucher through the Housing Authority?		County: Section 8 Voucher Number:
Are you or anyone in your household directly related to a current EAH employee?		Name of EAH employee: EAH employee location:

Reasonable Accommodations/Modification			
Do you require mobility impaired upgrades?			
Do you require vision impaired upgrades?			
Do you require hearing impaired upgrades?			
Special Features?			
Explanation:			
Optional Information:			
Are you willing to provide information on your level of education and transportation needs? If yes, please answer the questions below:			
(Head of Household) Highest level of Education completed			
Are you using Public Transportation to get to work?		If Yes, what type?	
(Co-Head) Highest level of Education completed			
Are you using Public Transportation to get to work?		If Yes, what type?	
Student Information			
Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?		<input style="width: 30px; height: 20px;" type="checkbox"/> Yes <input style="width: 30px; height: 20px;" type="checkbox"/> No	
If Yes, Answer the Following Questions:			
Are any full-time student(s) married and filing a joint tax return?		Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?		Yes	No
Are any full-time student(s) a TANF or a title IV recipient?		Yes	No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?		Yes	No

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Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Student Information					
Member Name:			Member Name:		
Institution:			Institution:		
Address of School:			Address of School:		
<input type="checkbox"/> Full Time	Or	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Or	<input type="checkbox"/> Part Time

Application Information – Supportive Services (if applicable)				
Application for unit designation.				
Does your household qualify for a supportive housing unit for households experiencing homelessness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your household qualify for a supportive housing unit for households experiencing homelessness and at least one member of the household meet the definition of a person with a mental illness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your household qualify for a supportive housing unit for veterans experiencing homelessness and who meet the definition of a person with a mental illness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your household qualify for a general affordable non-Supportive Housing unit for very low-income families?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Income Source Questions	Yes	No
Do you have full-time or part-time wages?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive public assistance, TANF, AFDC, or food stamps?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive unemployment payments, worker's compensation, or severance packages?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive child support?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive alimony, spousal support, or other maintenance payments?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive regular payments from a pension plan, retirement plan, or annuity?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Social Security benefits from the Social Security Administration?*	<input type="checkbox"/>	<input type="checkbox"/>

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Do you receive income from a business owned by members of your household?*		
Do you receive income through an Indian trust?*		
Do you receive any regular gifts or payments from outside of the household?*		
Do you receive veterans or disability benefits?*		
Do you receive income from financial aid (excluding loans?)		
Do you receive military pay from any branch of the military?		
Do you receive any scheduled payments from investments?		
Do you receive long term medical care insurance payments in excess of \$180 per day?		
Do you receive income from annuities?		
Do you expect any significant changes in income in the next 12 months?*		
Do you receive any other income from any sources?		

Household Income		
Member Name	Income Type	Annual Amount
Child Support		
Do you receive Child Support?		Court Ordered?
<p>When child support is court ordered, but not received, what attempts have been made to collect the child support?</p>		

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Asset Source Questions	Yes	No
Do you have a checking, savings, or money market account?		
Do you have cash on hand, cash in a safety deposit box, or an EBT card or direct deposit debit card with a balance on it?		
Do you have Certificates of Deposits?		
Do you have any Money Market Funds?		
Do any members in your household have Stocks?		
Does anyone in your household have Bonds?		
Do any members in your household have a 401K Account?		
Do any members in your household have a Keogh Account?		
Does your household have any members with Trust Funds?		
Do you have real estate or capital investments?		
Do any members of your household have any Lump Sum Receipts?		
Do any members of your household have any Capital Investments?		
Do you have a whole life insurance policy, a universal life insurance policy, or annuities?		
Do any members of your household have any Other Retirement/Pension Funds?		
Do you have personal property?		
Do any members in your household have any other assets not previously listed?		
Within the last two years, have you or has anyone in your household given away assets valued over \$1,000 or sold assets for more than \$1,000 below their fair market value?		
Do any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household?		

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Household Assets				
Member Name	Asset Type	Value	Interest Earned	Cost to Convert

Household Signatures

CONSUMER REPORT AGREEMENT

I/we understand that, to determine eligibility, background inquiries may be requested. I/we understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc.

EAH, Inc. uses *Screening Works* ("Agency"), to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/we may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at: *RentGrow, Inc., 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351*

I/we hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/we agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/we certify that all statements made by me and contained anywhere herein are true. I/we agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that, all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

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SIGNATURE CLAUSE:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____

Tax Credit Application for Housing

NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT

☐ Landlord does **not** intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, pursuant to California Civil Code section 1786.16(a)(3), the Landlord intends to request an investigative consumer report in connection with the Applicant's application for housing. The investigative consumer report will be made concerning the Applicant's character, general reputation, personal characteristics, and mode of living. Among other things, the investigative consumer report may contain information concerning the Applicant's creditworthiness, any court judgments against the Applicant, and any criminal charges and/or convictions. Pursuant to California Civil Code section 1786.22, any files maintained on the Applicant by the investigative consumer reporting agency from which Landlord obtains the report shall be made available to you during normal business hours and upon reasonable notice, provided you furnish proper identification, as follows: (1) The Applicant may appear in person at the investigative consumer reporting agency below to request a copy of the Applicant's file; (2) the Applicant may make a written request for copies of the Applicant's files to be sent via certified mail to a designated addressee; or (3) the Applicant may make a written request for a summary of the file to be provided over the telephone. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If one of these forms of identification cannot be provided, the agency may ask for other forms of identification in accordance with California Civil Code section 1786.22(c). The investigative consumer reporting agency may charge a fee, not to exceed the actual copying costs, if the Applicant requests a copy of the Applicant's file. The agency is required to have personnel available to explain the Applicant's file to the Applicant, and the agency must explain to the Applicant any coded information appearing in the file. If the Applicant chooses to appear in person, the Applicant may choose to bring another person of his/her choice with him/her, provided that the accompanying person also bring proper identification with him/her. If the Applicant brings another person with him/her, the agency may require the Applicant to sign an authorization allowing the agency to discuss the Applicant's file in the presence of that other person. The agency that will prepare the investigative consumer report on the Applicant is:

Name of Agency: RentGrow, Inc

Address of Agency: 177 Huntington Ave, Suite 1703, #74213, Boston MA 02155

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If you would like a copy of the report(s) that is/are prepared, please check the box below:

☐ I would like to receive a copy of the report(s) that is/are prepared.

If the box above is checked, Landlord agrees that Landlord, or Landlord's agent, will send the Applicant a copy of the report within three (3) business days of the date the report is provided to Landlord. The copy of the report will contain the name, address, and telephone number of the agency that issued the report and how to contact the agency.

If Landlord takes adverse action against Applicant, and the adverse action is based in whole or in part on the contents of the investigative consumer report, then, pursuant to California Civil Code section 1786.40(a), Landlord shall so advise Applicant and shall supply Applicant with the name and address of the agency that prepared the report on which Landlord's decision was based in whole or in part.

All household members 18 and over must sign below:

Print

Name: _____ **Signature:** _____ **Date:** _____

Print

Name: _____ **Signature:** _____ **Date:** _____

Print

Name: _____ **Signature:** _____ **Date:** _____

Print

Name: _____ **Signature:** _____ **Date:** _____

Annual Recertification Cover Page for The Azalea

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. The Azalea has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. The Azalea also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section Reasonable Accommodations/Modifications, of the Rental Application (page 6).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

Property Management Contact Name: Kelly Hanson

Title: Resident Manager

Phone Number: (323) 499-4183 TTY/TDD (if available): Dial 711 for CA Voice Relay Service

Email: AZ-Management@eahhousing.org

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for, among others:
 - a. a change in rules or;
 - b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
 - c. an accessible apartment;
 - d. and Auxiliary Aids necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in The Azalea and use our services, then contact The Azalea staff to communicate your needs.





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

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. accessibility alterations (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 such as Braille, American Sign Language (ASL) interpreters, or 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



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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 an Individual 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 individual’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 an individual moving from a nursing home or other places that serve Individuals with Disabilities;
6. installing a wheelchair ramp;



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7. installing grab bars in the shower or bathroom;
8. installing a roll-in shower;
9. installing visual alerting systems and flashing lights for individuals 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
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 individuals 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. providing note takers; real-time computer-aided transcription services; exchange of written notes;
4. providing audio description or audio recordings;



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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 (See Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy). 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.



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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 the need 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 provide you with Appendix 4, Additional Information for Request for Reasonable Accommodations.

You can choose how to get the additional information:

1. You can sign Part 2 of Appendix 4 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 Part 2 of Appendix 4 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 Appendix 4 is returned, we will tell you if we need more information.



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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 waiting list(s) 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 five (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 thirty (30) days.

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

Property Management Staff Name:

Title:

Address:

Phone Number:

TTY/TDD Number:

Email (if available):

See Tenant Handbook Section 3.15 for more information.



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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:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):



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Name of Additional Contact Person or Organization:

Address:

Phone Number:

TTY/TDD 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



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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 3.18 for More Information