

**POLK COUNTY HOUSING AUTHORITY**

**Penny Terrell Executive Director**

**509 South Morrow Street  
Mena, AR 71953**

**Phone 479-394-1569  
Fax 479-394-7026**

**ALL HOUSING AUTHORITY GROUNDS AND  
APARTMENTS ARE SMOKE-FREE**

**APPLICATIONS ARE ACCEPTED ON TUESDAYS AND THURSDAYS ONLY.  
INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.**

**PLEASE BRING THE FOLLOWING INFORMATION WITH YOU WHEN YOU  
RETURN YOUR APPLICATION.**

**1. Written proof of income on all persons listed on the application from all sources.  
Examples: Social Security, SSI, Wages, Child Support, etc.**

**2. Social Security cards on all persons listed on the application. WE REQUIRE an ORIGINAL SSN card issued by SSA; an ORIGINAL SSA-issued document, which contains the name and SSN of the individual; or an ORIGINAL document issued by a federal, state, or local government agency, which contains the name and SSN of the individual on all family members. WE CANNOT ACCEPT DOCUMENTS IF THEY HAVE BEEN ALTERED , MUTILATED OR ARE NOT LEGIBLE ORIGINALS.**

**3. Verification of legal identity for all family members.**

**For Adults:** Any of the following: Certificate of Birth, naturalization papers , church issued baptismal certificate, current, valid driver's license or Department of Motor vehicles identification card, U.S. military discharge (DD214), U.S. passport, employer identification card.

**For children:** Any of the following certificate of birth, adoption papers, custody agreement, Health and Human Services ID, school records.

**4. Complete landlord addresses. FAILURE TO PROVIDE WILL ONLY DELAY THE PROCESSING OF YOUR APPLICATION.**

**CREDIT AND CRIMINAL HISTORY IS A PART OF THE SCREENING PROCESS FOR ELIGIBILITY.**

**I understand that it is my responsibility to inform the Polk County Housing Authority of any changes pertaining to any of the information that is contained in this application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **REASONABLE ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES**

The Polk County Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, and single people. The PHA (Public Housing Agency) is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status.

In addition, the PHA has a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include;

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair.
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impaired during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for the apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or any one in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority. If you would prefer not to discuss your situation with the housing authority, that is your right.

May 1988

P-88-2

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

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## Purpose

This is to inform you that there is certain information-you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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## Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be-

- Evicted from my apartment or house
- Required to repay all overpaid assistance my family received
- Fined up to \$10,000.00
- Imprisoned up to 5 years; and/or
- Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

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## Asking Questions

When you sit down to fill out your application, you should know what is expected of you. If you do not understand something, make sure you ask questions before you complete the application. The person who accepts you're application at the Housing Authority office can answer your question or find out what the answer is.

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## Completing the Application

When you give your answers to application questions, you must include the following information.

### INCOME

- \*All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- \*Any money you receive on behalf of your children (child support, social security for children, etc.);
- \*Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);
- \*Earnings from second job or part time job.
- \*Any anticipated income (such as a bonus or pay raise you expect to receive).

## **Assets**

\*All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.

\*Any business or asset you sold in the last 2 years for less than its full value. Such as your home to your children.

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## **Family/Household Members**

\*The names of all the people (adults and children) who will actually be living with you, and whether or not they are related to you.

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## **Signing the Application**

\*Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

\*When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

\*Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, state or private agencies to verify that it is correct.

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## **Recertification**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

\*All income changes such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.

\*Any family/household member who has moved in or out.

\*All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

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## **Beware of Fraud** You should be aware of the following fraud schemes.-

\*Do not pay any money to file an application.

\*Do not pay any money to move up on the waiting list.

\*Do not pay for anything not covered by your lease.

\*Get a receipt for any money you pay.

\*Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

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## **Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to HUD HOTLINE, Room 8254, 451 Seventh Street, S.W. Washington, DC 20410.

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Signature of HOH

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Date

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Signature (spouse/adult) Date

ORIGINAL SOCIAL SECURITY CARDS ARE REQUIRED FOR ALL FAMILY MEMBERS

## APPLICATION

479-394-1565

FAX 479-394-7026

479-394-1569

TDD:479-394-6519

INFORMATION & CERTIFICATION STATEMENT

**POLK COUNTY HOUSING AUTHORITY, 509 South Morrow Street, Mena, AR 71953**

Check assistance desired: Housing Development at **Mena** \_\_\_\_\_, **Hatfield** \_\_\_\_\_, **Cove** \_\_\_\_\_, **Wickes** \_\_\_\_\_, or **HUD Rental Assistance (Section 8)** \_\_\_\_\_.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Head of household \_\_\_\_\_ Street or Post Office Box \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ )  
Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Unmarried(single, Divorced, widow)

**FOR PERSONS WITH DISABILITIES; DO YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES.** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

ADULTS IN FAMILY (list all persons occupying residence)

Last Name of Head	First Name	Init.	Sex	Age	Birth Date.
Social Security/Alien Reg.#	Place of Birth (City, State,			County)	
Last Name of Spouse/other	First Name	Init.	Sex	Age	Birth Date
Social Security/Alien Reg.#	Place of Birth (City, State,			County)	
Last Name Other Adult	First Name	Init.	Sex	Age	Birth Date
Social Security/Alien Reg.#	Place of Birth (City, State,			County)	

CHILDREN (living in your residence)

(Legal Name)	Relation	Sex	Age	Birth Date	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you or any member of your household smoke? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**ALL APARTMENTS AND GROUNDS ARE SMOKE-FREE; VIOLATIONS WILL RESULT IN LEASE TERMINATION.**

**If we are unable to reach you, whom could we contact locally?**

Name/Relationship \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Telephone# \_\_\_\_\_

Name/Relationship \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Telephone# \_\_\_\_\_

LIST ALL INCOME received by any occupant of the household or family member. Some Examples of income are: Wages, Unemployment, Retirement, Social Security, Welfare, Disability Compensation, Grants, Babysitting, Alimony, Child Support and many others. **The Polk County Housing Authority utilizes HUD's computer matching program to verify income sources.**

Household Member	Source (Name & Address)	Amount	Expected
_____	_____	\$ _____	per _____
_____	_____	\$ _____	per _____
_____	_____	\$ _____	per _____
_____	_____	\$ _____	per _____

\*\*\* LIST FAMILY ASSETS \*\*\*

Checking Account Bank _____	Acct. # _____	Amount _____
Savings-Passbook Bank _____	Acct. # _____	Amount _____
Savings Certificates Bank _____	Acct. # _____	Amount _____

Did you or any member of your family file a Federal income tax return for the most recent year? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does anyone outside your household pay any of your bills or expenses?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you own Real Property? \_\_\_\_\_, or have you disposed of an asset with a value greater than \$5000 during the past two (2) years? \_\_\_\_\_?

Will you be able to have utilities turned on in your name? \_\_\_\_ YES \_\_\_\_ NO  
 If NO please describe problem with utility(ies): \_\_\_\_\_  
 \_\_\_\_\_

Do you expect anyone to move in or out of your household within the next 12 months? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does anyone live with you now who is not listed above? \_\_\_\_ YES \_\_\_\_ NO

Have you ever lived in any Low-Rent Public Housing or Section 8 Rental Assistance before? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF yes :When? \_\_\_\_\_ WHERE \_\_\_\_\_?

Under what name? \_\_\_\_\_ Who was head of household? \_\_\_\_\_

Have you ever used a name other than the one you are using now? \_\_\_\_ YES \_\_\_\_ NO  
 If yes: What name? \_\_\_\_\_

Have you ever used a Social Security number other than the one you listed?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO IF yes: What number \_\_\_\_\_

Has anyone in your household been engaged in or arrested for the use, sale, manufacture or distribution of controlled substances? \_\_\_\_ Yes \_\_\_\_ NO If Yes: Who \_\_\_\_\_ When \_\_\_\_\_ What? \_\_\_\_\_

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? \_\_\_\_ YES \_\_\_\_ NO

**FAILURE TO RESPOND TO THIS QUESTION MAY JEOPARDIZE THE APPROVAL OF THIS APPLICATION:** Are you or any member of your family subject to a Lifetime Registration Requirement under ANY State Sex Offender Registration Program?  
\_\_\_\_\_YES \_\_\_\_\_NO

Have you ever violated a family obligation in a HUD-assisted housing program?  
\_\_\_\_\_YES \_\_\_\_\_NO

Do you owe any money to any Public Housing Agency? \_\_\_\_\_YES  
\_\_\_\_\_NO

**CURRENT EXPENDITURES**

RENT \$ \_\_\_\_\_ PHONE \$ \_\_\_\_\_ ELECTRIC \$ \_\_\_\_\_ GAS \$ \_\_\_\_\_ WATER \$ \_\_\_\_\_  
PHONE \$ \_\_\_\_\_ CAR PAYMENT \$ \_\_\_\_\_ CAR INS. \$ \_\_\_\_\_ CABLE \$ \_\_\_\_\_  
CREDIT CARD \$ \_\_\_\_\_ MEDICAL \$ \_\_\_\_\_ INSURANCE \$ \_\_\_\_\_

Do you have Child-Care expenses that YOU pay? \_\_\_\_\_

Do you have any other regular monthly payments besides those above?  
\_\_\_\_\_YES \_\_\_\_\_NO If yes please list \_\_\_\_\_

**ELDERLY, DISABLED OR HANDICAPPED ONLY:**

Are you receiving Medicare Benefits? \_\_\_\_\_

Do you have Medicaid or other medical insurance? \_\_\_\_\_

If so how much does it cost you per month? \_\_\_\_\_

Do you Anticipate any health related expenses for the next 12 months? \_\_\_\_\_

Do you take prescription drugs on a regular basis? \_\_\_\_\_

Do you have a PRESCRIPTION DRUG DISCOUNT CARD? \_\_\_\_\_

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**WORK HISTORY:** Where was the last place of employment for all adult household members?

Family Member	From (Year)	To (Year)	EMPLOYER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever been evicted?** Yes \_\_\_\_\_ NO \_\_\_\_\_ By whom? \_\_\_\_\_ When? \_\_\_\_\_  
Why? \_\_\_\_\_

**Previous Landlord: MUST BE PROVIDED**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Current Landlord: MUST BE PROVIDED**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Credit References:**

COMPANY	Account Number	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PETS**

Do you have any pets? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes:  
What kind? \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_

**VEHICLES:** Please describe all vehicles that you own.

OWNER	MAKE	MODEL	YEAR	COLOR	Tag#	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**APPLICANT(S)'S/TENANT(S)'S STATEMENT**

I/We certify that the information given to the Polk County Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and Arkansas law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I/We further certify I/We have read a copy of the "FEDERAL PRIVACY ACT STATEMENT", on this date and I/WE understand a copy of same will be given us upon request! I/We also understand the information I/We have given herein will be kept as confidential as possible; however, I/We understand it is necessary to comply with Arkansas Law as well as Federal Law regarding Freedom Of Information and it is necessary for the Housing Authority of Polk County to verify certain facts prior to your being eligible for assistance or housing. I/We hereby grant this agency permission to contact agencies, offices, individuals, groups or organizations to obtain information necessary to verify information given, and determine my eligibility for housing or housing assistance.

I/We acknowledge receipt of "WATCH OUT FOR LEAD-BASED PAINT POISONING" and have been informed the apartment I/WE may occupy was built prior to 1978 and am advised of a possible lead-based paint hazard. I/We understand the Authority is willing to help find assistance in securing blood tests and testing the paint in the unit I/We may occupy. I/We further understand if I/We have a child under 7 years of age with elevated lead blood level I am



to advise the Authority so they can conduct a test on the assigned apartment. I/We hereby further certify that I/We have been advised I/We are entitled to have a pet in our residence if and when housed by the Authority. I further understand the policy governing the possession and occupancy of such a pet and I/We have been furnished a copy of same.

I/We do hereby authorize the Polk County Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information of the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I/We understand that any misrepresentation or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_  
HUD needs the following information for statistical purposes. Check Race which fits HEAD of household. White\_\_\_\_, Black\_\_\_\_, American Ind.\_\_\_\_, Hispanic\_\_\_\_, Asian /Pacific Islander, Other\_\_\_\_.

If you are housed by this Housing Agency, the information, after it is verified, will be submitted to the Department of Housing and Urban Development of Form HUD-50058 (Tenant Data Summary), or a computer generated facsimile of the form or on magnetic tape. See the Above mentioned Federal Privacy Act Statement for more information about its use.

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For Housing Authority Use ONLY

PHA OFFICIAL'S CERTIFICATION STATEMENT

I Certify that:

- (1) The information given to the Housing Authority of the County of Polk by the household of the applicant before mentioned on household composition, income, net family assets, allowances and deductions has been verified as required by federal law;
- (2) The family has certified that it has given this agency accurate and complete information, (a part of this form);
- (3) The family is eligible for admission at this time.

Signature of Authorized PHA Representative \_\_\_\_\_ Date \_\_\_\_\_

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National "Toll-free Hot Line" at 800-424-8590

DATE AND TIME STAMP \_\_\_\_\_

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**BY MY SIGNATURE BELOW, I CERTIFY THAT:**

1. I have read, do understand and have been given a copy of "**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME.**" I have been advised that if the dwelling unit I choose was built before 1978, it may contain lead-based paint.
2. I have read and do understand the Federal Privacy Act statement.
3. The information \* given to the Polk County Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law, and that if I knowingly falsify or omit information I may be:

- Evicted from my apartment or house
- Required to repay all overpaid assistance my family received
- Fined up to \$10,000.00
- Imprisoned up to 5 years; and/or
- Prohibited from receiving future assistance.

\*After verification by this housing agency, the information may be submitted to the Department of Housing and Urban Development on Form HUD 50058, Tenant Data Summary, a computer generated facsimile of the form, or on magnetic media. See the Federal Privacy Act statement for more information about the use of this data.

4. The Social Security/Alien Registration number(s) that have been provided to the Polk County Housing Authority, are complete and accurate, and have been assigned to the person indicated, and that if no number is provided, that the person has not been assigned a Social Security/Alien Registration number, and that I have provided documentation of any such numbers for persons in my family over age 5.

**Certifications:**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other Adult

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hotline:1-800-669-9777. For the hearing impaired, there is a toll-free number for use with TDD equipment. That number is 1-800-927-9275

**POLK COUNTY HOUSING AUTHORITY  
AUTHORIZATION FOR CRIMINAL HISTORY REPORT**

As required by 24 CFR 982, subpart L and CFP Part 5, Subpart J, the Polk County Housing Authority will endeavor to screen applicants for drug related and violent criminal behavior. Sex offender registration information will also be checked. Any member of the household who is 18 years of age or older must sign a consent form to authorize PCHA to receive and use criminal records in accordance with HUD regulations.

By providing the following information, you are authorizing PCHA to obtain criminal history records, and/or credit history, and residential history, through law enforcement agencies or an agency contracted by PCHA to conduct background checks.

_____ <b>(PRINT) NAME</b>		_____ <b>SIGNATURE</b>	
_____ SOCIAL SECURITY NUMBER	_____ RACE	_____ Date of birth	_____ SEX
_____ DRIVER'S LICENSE NUMBER		_____ STATE OF ISSUANCE	
_____ ADDRESS-CITY, STATE, ZIP		_____ PHONE NUMBER	

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**CRIMINAL INFORMATION**

**QUESTIONS MUST BE ANSWERED**

Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? ☐ yes ☐ no

Do you currently use illegal drugs or abuse alcohol? ☐ yes ☐ no

Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ yes ☐ no

Have you been convicted of any drug-related crime within the past five years?  
☐ yes ☐ no

Have you ever been convicted of any felony within the past five years? ☐ yes ☐ no

Have you ever been convicted of any crime involving fraud or dishonesty within the past five years? ☐ yes ☐ no

Have you been convicted of any crime involving violence within the past five years?  
☐ yes ☐ no

Are you currently charged with any of the above criminal activities? ☐ yes ☐ no

**If YES to any of the above questions, please provide details:**

City/County/State	Date	Nature of Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM APPLIED FOR ☐ Public Housing ☐ Sec. 8

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Signature of Housing Authority Representative \_\_\_\_\_ Date \_\_\_\_\_

**EACH PERSON 18 OR OVER MUST FILL OUT CRIMINAL HISTORY QUESTIONNAIRE**

**POLK COUNTY HOUSING AUTHORITY  
AUTHORIZATION FOR CRIMINAL HISTORY REPORT**

As required by 24 CFR 982, subpart L and CFP Part 5, Subpart J, the Polk County Housing Authority will endeavor to screen applicants for drug related and violent criminal behavior. Sex offender registration information will also be checked. Any member of the household who is 18 years of age or older must sign a consent form to authorize PCHA to receive and use criminal records in accordance with HUD regulations.

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_____ (PRINT) NAME		_____ SIGNATURE	
_____ SOCIAL SECURITY NUMBER	_____ RACE	_____ Date of birth	_____ SEX
_____ DRIVER'S LICENSE NUMBER		_____ STATE OF ISSUANCE	
_____ ADDRESS-CITY, STATE, ZIP		_____ PHONE NUMBER	

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CRIMINAL INFORMATION

QUESTIONS MUST BE ANSWERED

Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? \_\_\_ yes \_\_\_ no

Do you currently use illegal drugs or abuse alcohol? \_\_\_ yes \_\_\_ no

Are you currently subject to a lifetime registration requirement under a state sex offender registration program? \_\_\_ yes \_\_\_ no

Have you been convicted of any drug-related crime within the past five years?  
\_\_\_ yes \_\_\_ no

Have you ever been convicted of any felony within the past five years? \_\_\_ yes \_\_\_ no

Have you ever been convicted of any crime involving fraud or dishonesty within the past five years? \_\_\_ yes \_\_\_ no

Have you been convicted of any crime involving violence within the past five years?  
\_\_\_ yes \_\_\_ no

Are you currently charged with any of the above criminal activities? \_\_\_ yes \_\_\_ no

**If YES to any of the above questions, please provide details:**

City/County/State	Date	Nature of Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM APPLIED FOR \_\_\_\_\_ Public Housing \_\_\_\_\_ Sec. 8

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Signature of Housing Authority Representative \_\_\_\_\_ Date \_\_\_\_\_

EACH PERSON 18 OR OVER MUST FILL OUT CRIMINAL HISTORY QUESTIONNAIRE

**TENANT PI FEDERAL CREDIT REPORTING AGENCY**

**FCRA COMPLIANCE**

**Notice/Authorization and Release for a Consumer Report**

I, the undersigned consumer, do hereby authorize the Polk County Housing Authority by and through Tenant PI (TPI), to procure a consumer report on me. This report may include, but is not limited to, my personal credit history based on reports from any credit bureau; criminal history/records; my driving history, including any traffic citations; a social security number verification; information discerned through employment and education verifications; present and former addresses; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Polk County Housing Authority by and through TPI, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency complied the information itself or received it from other sources.

I hereby release Polk County Housing Authority, TPI, their successors and assigns, and any and all other persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or personal representatives, successors, assigns, or others making such claim or demand on my behalf, for providing a consumer report hereby authorized.

I understand that this Notice/Authorization and Release form shall remain in effect for the duration of housing assistance; I give permission to investigate any incidents and/or general misconduct or criminal activity for which I might be alleged to have been involved during my employment and/or lease. Further, I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application and/or lease will be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
First Middle Last Maiden

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# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

POLK COUNTY HOUSING AUTHORITY  
509 SOUTH MORROW STREET  
MENA, AR 71953

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

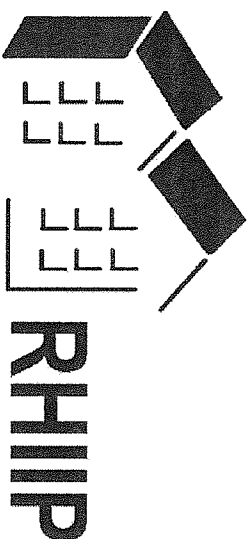
Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

## ***What You Should Know About EIV***

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

***Remember, you may receive rental assistance at only one home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.***

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

**What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

**What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information**

reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information**

reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information**

reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information**

reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.**

The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.**

Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

**Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/dhpd/programs/ehiv/ehiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**POLK COUNTY HOUSING AUTHORITY  
509 SOUTH MORROW STREET  
MENA, AR 71953**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

Optional and Supplemental 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.

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

<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) <table border="0"><tr><td><input type="checkbox"/> Emergency</td><td><input type="checkbox"/> Assist with Recertification Process</td></tr><tr><td><input type="checkbox"/> Unable to contact you</td><td><input type="checkbox"/> Change in lease terms</td></tr><tr><td><input type="checkbox"/> Termination of rental assistance</td><td><input type="checkbox"/> Change in house rules</td></tr><tr><td><input type="checkbox"/> Eviction from unit</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Late payment of rent</td><td></td></tr></table>		<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	
<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.											

**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.