Brown County Housing Authority

417 S. Monroe Ave, Suite 102
Green Bay, WI 54301

info@bchousingauthority.org
(920) 770-0450

Brown County Housing Authority
Project Based Voucher Program
Application Instructions

Income Limits

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
$37,250	$42,550	$47,850	$53,150	$57,450	$61,700	$65,950	$70,200

The following documents must be received with your Preliminary Application for it to be processed. If all documents are not included, the application will be returned to you, and your name will not be placed on the waiting list until the application is complete:

1. A signed and completed Preliminary Application

2. Verification of date of birth/legal identity for ALL household members:

    - Driver's license/state ID, birth certificate, permanent resident card, naturalization papers, or US Passport
    - (Hospital birth announcements are not accepted)

3. Verification of social security number for ALL household members:

    - Social Security Card, original Social Security Administration-issued document containing the name and SSN
    - (Forward and Medicare cards are not accepted)

4. Proof of your eligibility for certain waiting lists, if applicable (MUST BE ATTACHED):

    - **Homeless**: Certification from a local social service agency
    - **Veteran**: Copy of form DD214 or service discharge paperwork
    - **Disability**: Copy of **ORIGINAL** SS/SSI benefit award letter

Once your application is submitted, you **MUST** notify Brown County Housing Authority **IN WRITING** of any change in:

- mailing address
- household members
- phone number

Continued on Back

Additional Information:

Please note that completed applications will be placed on the waiting list in order of date and time received. You will receive a notification letter when your name is placed on the waiting list.

All applicants are subject to a criminal background check. If there are any incidents of drug-related activity or violent behavior within the past three years for a misdemeanor, or five years for a felony, the applicant is ineligible for the program. Anyone on the sex offender registry for life is also ineligible.

Attention to victims of domestic violence, dating violence, sexual assault, and stalking:
HUD and the Brown County Housing Authority uphold protections for applicants and participants afflicted by such acts. Please visit www.bchousingauthority.org/resources to obtain a copy of the notice of occupancy rights under VAWA (HUD-5380) and the "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternative Documentation" (HUD-5382). If you do not have access to the internet or a printer, please contact our office to receive printed copies.

PRELIMINARY APPLICATION

Office Use Only

Received/ Revised	Unit Size	Preference
_____	____	T P1 P2 P3 P4 P5 P6 P7
_____	____	T P1 P2 P3 P4 P5 P6 P7
_____	____	T P1 P2 P3 P4 P5 P6 P7

PLEASE COMPLETE THIS FORM AND RETURN TO:
Brown County Housing Authority
417 S. Monroe Ave, Suite 102; Green Bay, WI 54301

Name: _____

Mailing Address: _____
(You MUST provide a valid mailing address)

City, State, Zip: _____

Legal / Residential address:

_____

_____

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal /residential address (copy of Drivers License or State ID only), social security cards and birth certificates for all household members MUST accompany this form when returned. Preliminary applications returned without this evidence will be denied.

Please list all former/maiden names: _____

Email address: _____

Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number |__|__|__| |__|__| |__|__|__|__|

Date of Birth |__|__| |__|__| |__|__|__|__|

Sex ❑ Female ❑ Male

Are you willing to move when offered assistance ❑ Yes ❑ No

Are you Disabled ❑ Yes ❑ No

Home Telephone |__|__|__| |__|__|__| |__|__|__|__|

Other Telephone |__|__|__| |__|__|__| |__|__|__|__|

Other Telephone Type ❑ Work ❑ Other Specify: _____

Race (Check One Box)

❑ White
❑ Black/African American
❑ American Indian/ Alaska Native
❑ Asian
❑ Native Hawaiian/Other Pacific Islander

Ethnicity (Check One Box)

❑ Hispanic
❑ Not Hispanic

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	
					❑Y ❑N	

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages, List Address of Employer
_____	$ _____	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Yearly	_____
_____	$ _____	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Yearly	_____
_____	$ _____	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Yearly	_____
_____	$ _____	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Yearly	_____
_____	$ _____	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Earned from Asset
Checking Accounts	$ _____	$ _____
Savings Accounts	$ _____	$ _____
Stocks, Bonds, CDs, Investment	$ _____	$ _____
Real Estate	$ _____	$ _____
Other	$ _____	$ _____

Part 4: Eligibility and Preferences

Preferences (Check ALL applicable boxes for the preference you are claiming):
Documentation of preference(s) claimed must be included with application.

[ ] **Displaced due to a natural disaster or government action**: Statement from a government agency or service agency such as a city official or The Red Cross

[ ] **Homeless**: Certification from a local social service agency that is providing case management

[ ] **Veteran**: Copy of Form DD214 or Service Discharge Paperwork. Applicants for Veterans Manor who are referred by Center for Veterans Issues (CVI) will be given additional preference - please provide CVI referral form.

[ ] **Elderly (Age 62 or older)**: Copy of birth certificate, baptismal certificate, or state-issued ID Card

[ ] **Disability**: Copy of ORIGINAL Social Security/SSI benefit award letter

[ ] **Households with Children under 18 Years of Age** Copy of Birth Certificate, baptismal certificate, or state-issued ID Card

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

x _____ _____
Applicant Signature Date

Brown County Housing Authority

Preliminary Application Waiting List Selection Form

There are two types of vouchers administered by the Brown County Housing Authority. The Housing Choice Voucher Program is currently closed to new applicants. The Project Based Voucher Program waiting lists are open and accepting new applicants.

Please indicate which waiting list(s) you would like to be placed on by putting an "x" in the checkbox next to the name:

↓

Project Based Voucher Program:
Project Based units are specific units in Brown County that have a voucher assigned to them. A program participant receives rental assistance because they live in a unit with a Project Based Voucher. In most cases, the assistance remains with the unit after a client vacates that unit. However, a family *may* be able to receive a Housing Choice Voucher, enabling them to move with rental assistance after the initial 12 months of their lease (if vouchers are available).

Please review the following descriptions carefully to ensure you qualify based on resident requirements. Select the Project Based Voucher waiting list(s) you would like to be placed on:

☐ **Bay City Lofts:**
Bay City Lofts has 1, 2, and 3-bedroom Project Based Voucher units, located at 2510 University Ave in Green Bay. *To be eligible for these rental units, the household must meet the following criteria with the management company: the household must 1) be at/below 30% of the median family income for the area, 2) contain at least one person who is homeless or at-risk of homelessness, AND 3) contain at least one person who is disabled.*

☐ **The Bridge (Freedom House):**
The Bridge Project Based units are targeted toward homeless youth (18+) and families with children who are exiting shelter or a Rapid Re-Housing Program. *To be eligible for this waiting list, applicant must 1) submit a letter of referral to The Bridge from a local Rapid Re-Housing Agency or staff from a local shelter AND 2) submit a Preliminary Application to BCHA and select The Bridge waiting list on this form.*

☐ **Berkshire Ashwaubenon Apartments:**
Berkshire Ashwaubenon Apartments has 1, 2, and 3-bedroom Project Based Voucher units, located on, or adjacent to, Mike McCarthy Way. *To be eligible for the 1 or 2-bedroom units, applicants must be aged 55 or older.*

☐ **Ecumenical Partnership for Housing (EPH):**
EPH has Project Based units that are targeted toward homeless families with children who are exiting shelter or transitional housing. *To be eligible for this waiting list, applicant must 1) submit a letter of referral to EPH from a local shelter or transitional housing program, indicating that the family would be a good candidate for transitional case management AND 2) submit a Preliminary Application to BCHA and select the EPH waiting list on this form.*

☐ **Green Bay Housing Authority:**
The Green Bay Housing Authority has a wide variety of unit types (apartments, duplexes, single family homes) scattered across Brown County. The Green Bay Housing Authority also manages the Mason Manor apartment complex.

OVER →

☐ **Neighborhood Housing Services (NeighborWorks) - Managed by Main Street Management:**
Main Street Management offers a wide variety of unit types (apartments, duplexes, single family homes) scattered across Brown County.

☐ **Open Door Housing (House of Hope):**
Open Door Housing Project Based units are targeted toward homeless youth (18+) and families with children who are exiting a Rapid Re-Housing Program; if there are no eligible applicants meeting that criteria, applicants who are experiencing homelessness and are under 24 years of age, or families with minor children will be considered. *To be eligible for this waiting list, applicant must 1) submit a letter of referral to Open Door Housing from a local Rapid Re-Housing Agency or staff from a local shelter AND 2) submit a Preliminary Application to BCHA and select the Open Door Housing waiting list on this form.*

☐ **Printery Row Apartments:**
Printery Row Apartments has one- & two-bedroom units and is located in Pulaski. The development was formerly the Franciscan Publisher's Building and is on the National Register of Historic Places.

☐ **Pulaski Senior Homes/Parkside Apartments:**
Pulaski Senior Homes is a complex in Pulaski that serves seniors and persons with disabilities. *To be eligible for this waiting list, applicant must be over the age of 62 or provide verification of disability (copy of original SS/SSI benefit award letter).*

☐ **Veterans Manor:**
Veterans Manor is a Project Based development in east Green Bay that offers supportive living and on-site services for low-income Veterans. The property has 50 one-bedroom units. *To be eligible for this waiting list, applicant must provide a copy of form DD214.*

☐ **Woodland Park & Trail Creek Apartments:**
Woodland Park and Trail Creek are developments in east Green Bay that serve seniors and persons with disabilities. *To be eligible for this waiting list, applicant must be over the age of 62 or provide verification of disability (copy of original SS/SSI benefit award letter).*

_____ _____
Printed Name of Applicant Signature of Applicant

_____ _____
Social Security number of Applicant Date

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Brown County Housing Authority
417 S. Monroe Ave Suite 102
Green Bay, WI 54301

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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 record keeping 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 06/30/2026.

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 or such other period consistent with State Law.

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:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
Brown County Housing Authority (BCHA) 417 S. Monroe Ave Suite 102 Green Bay, WI 54301	**Signature** **Date** **Printed Name**

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

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.