



## PROCEDURE FOR APPLYING FOR AN APARTMENT

Thank you for your interest in Christ Church Harbor Apartments, Inc. This letter will help to introduce you to our building and provide information on how to apply for an apartment.

Christ Church Harbor Apartments, a 288-unit apartment building, is located in the beautiful Inner Harbor in Baltimore City. The building is handicapped accessible. Each unit has a kitchen, equipped with an electric range, frost-free refrigerator, garbage disposal and exhaust fans. Draperies are provided in the living room and bedroom and the apartment is fully carpeted.

Two types of apartments are available: efficiencies and one bedroom. Each apartment has sliding glass doors leading to a balcony. Coin operated washers and dryers are located on each floor as well as a trash chute. Resident lounges on each floor have a view of the Inner Harbor. Apartment maintenance and repair services are provided.

A multi-purpose room is located on the first floor for large group activities. Our Activity Committee provides for numerous social functions. Our monthly newsletter keeps you informed of the building activities and services. Package delivery and resident mailboxes are located on the first floor. The front reception desk is staffed 24 hours, 7 days a week.

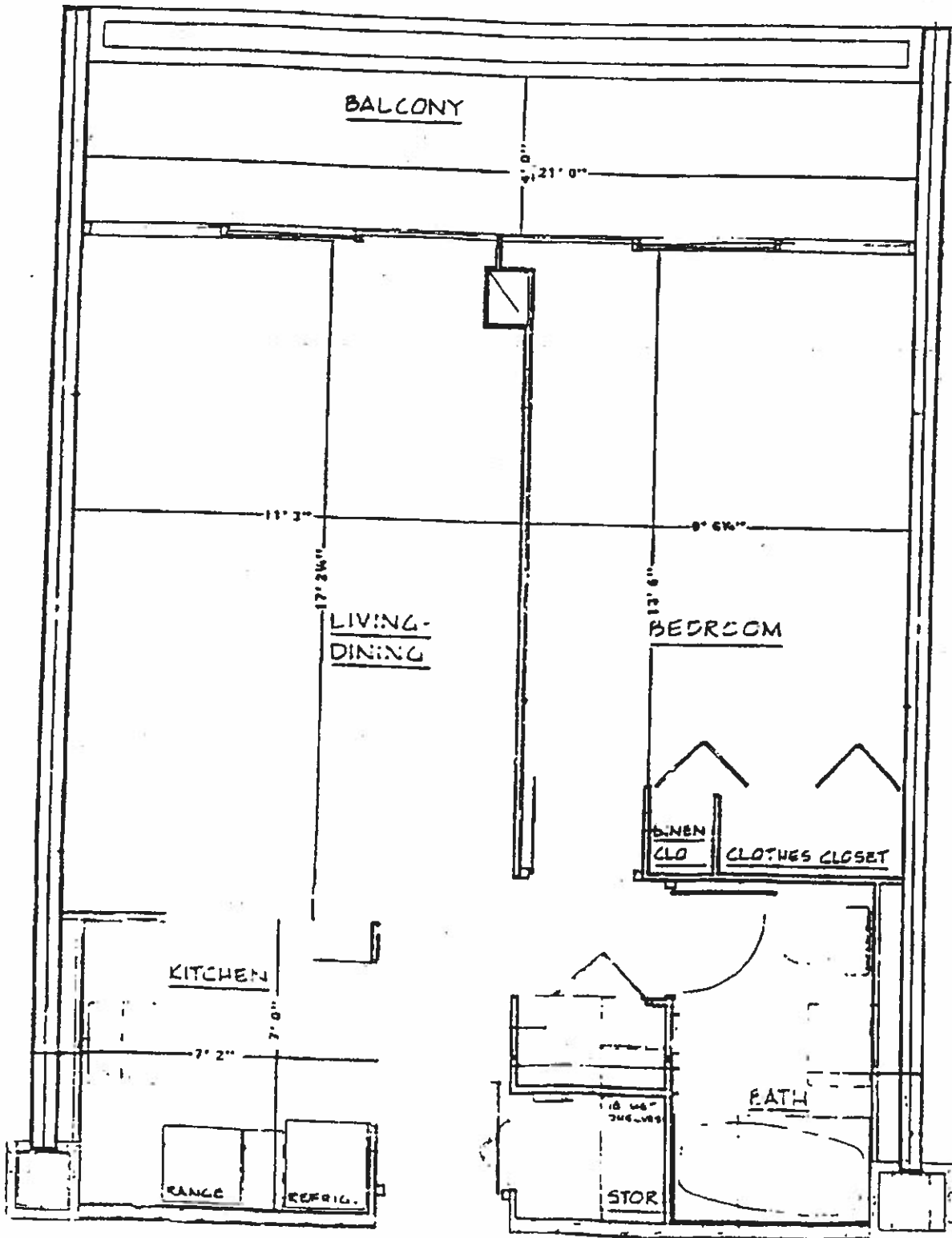
To qualify for an apartment at Christ Church Harbor Apartments you must be at least 62 years of age. Individuals whose annual income is not more than \$52,850 and couples whose annual income is not more than \$60,400 will meet the financial requirements. These rates are set by the Federal Government through the U.S. Department of Housing and Urban Development and are subject to change annually. Rental assistance subsidies are available. Applicants will not be denied apartments because of race, color, creed, religion, sex, national origin, age, familial status, handicap or socioeconomic class.

Please fill out the enclosed application and attachments and mail to this office. During the interview process we will need copies of a picture ID, proof of age (birth certificate or Driver's License) and a copy of your Social Security Card or a copy of your Social Security Letter with your social security number on it. You will also need proof of your income and medical expenses. (see last page of Tenant Selection Plan)

Revised 6/2019

# One Bedroom Apartments

These are marvels of efficiency. For a couple, two related or two unrelated persons of the same sex the One-Bedroom apartments provide ample living space, plus the privacy of a separate bedroom.



## TENANT SELECTION PLAN

Christ Church Harbor Apartments, Inc. (hereinafter “CCHA”) adheres to all federal FAIR HOUSING laws and all state and local regulations concerning non-discrimination in housing.

CCHA’s Affirmative Fair Housing Marketing Plan promotes equal housing choice for all prospective tenants regardless of race, color, creed, religion, sex, sexual orientation, gender, identity, disability, familial status, national origin and socioeconomic class. The purpose of the plan is to ensure that eligible families of similar income levels will have a similar range of housing opportunities. CCHA advertises in accordance with the HUD-approved Affirmative Fair Housing Marketing Plan.

CCHA will make reasonable accommodations and/or modifications to a unit to help any household member with a disability in accordance with Section 504 of the Rehabilitation Act of 1973. CCHA does not discriminate against persons with disabilities in its services and structures. CCHA provides equal opportunity to all persons with disabilities, and will make modifications to policies and/or structures upon request if the accommodation is both reasonable and financially feasible.

All requests for reasonable accommodations should be submitted in writing to the manager. Upon request, the applicant/resident will also need to provide the name, address, and telephone number of a third-party professional who will verify that the applicant/resident is a person with a disability who requires the requested accommodation because of the disability. Management will respond to the request as quickly as possible.

CCHA adheres to the Violence Against Women and Justice Department Reauthorization Act of 2013 (VAWA). The Act affords that no tenant or applicant will be evicted or denied housing if an incident of domestic violence is reported and confirmed through criminal and background checks. An applicant or tenants status as a victim of domestic violence, dating violence or stalking is not a basis for denial of rental assistance or for denial of admission or termination of tenancy.

All applicants, at the time of application, have the right to include as part of their application the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy or other organization. This individual or organization may be contacted to help in resolving issues that may arise during the applicant’s tenancy or to assist in providing special care or services the applicant may require as a tenant.

CCHA will provide persons with Limited English Proficiency (LEP) resources in order that they might be afforded equal access to all housing and housing related services. Management will take reasonable steps to ensure meaningful access to the information and services they provide for applicants with limited English proficiency. LEP applicants will be provided with written and/or verbal application-related information in their language upon request. Management will also take reasonable steps to ensure meaningful access to those that are Sensory Impaired (SI). This may require Management to assist persons with LEP in the application process including conducting the interview and completing the application. After determining how to communicate with the applicant, Management will secure the appropriate language assistance resource needed to communicate with the LEP/SI applicant.

## APPLICATIONS

- A. When the marketing of units generates an application pool such that the waiting list period is more than one year, CCHA may suspend the intake of preliminary applications by means of a public notice to that effect, posted in the office where applicants are interviewed.
- B. When the application pool diminishes to a point where the waiting list period is less than one year, CCHA will re-market pursuant to the provisions of the HUD-approved marketing plan.
- C. A permanent record will record all applicants who applied to CCHA.
- D. CCHA is responsible for determining eligibility of applicants in accordance with “selection of tenants” (Handbook 4350.3).
- E. All applications received will be dated and time stamped and kept in a chronological log.

## ELIGIBILITY REQUIREMENTS

- A. Occupancy of CCHA is limited to households and persons who have reached at least age 62 as defined below:
  - 1. A household is two people who need not be related, sharing residence whose income resources are available to meet financial needs (one member must be at least 62).
- B. Not more than two (2) persons may occupy a one-bedroom unit. Not more than two persons may occupy an efficiency unit, but both persons must be at least 18 years old.
- C. CCHA will notify ineligible persons or households in writing of the reason(s) for rejection and advise the same that they have the right, within fourteen (14) days of the date of the notice, to request a meeting with management (someone other than the person who issued the rejection) to discuss the determination. If the applicant responds in writing or a meeting is held, CCHA will advise the applicant in writing within five (5) days whether or not its position has changed. CCHA will keep the following materials on file at least three (3) years: application, initial rejection notice, any applicant reply, owner's final response, and all interview and verified information on which the rejection was based.
- D. Qualified residents for the Section 8 program will not pay more than 30% of their net income for rent. To qualify for Section 8 Subsidy, gross income of the household must not exceed the income limits for the current fiscal year as published by HUD and attached hereto as Attachment A
- E. CCHA provides housing assistance to U.S. citizens and eligible noncitizens. Financial assistance is contingent on submission and verification of citizenship or eligible immigration status. All family members must declare their citizenship or immigration status. Noncitizens (except those age 62 and older) must sign a Verification Consent Form

and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Noncitizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document.

From U.S. citizens, a signed declaration of citizenship is required. From noncitizens 62 years and older, a signed declaration of eligible noncitizen status and proof of age is required. Noncitizens under the age of 62 claiming eligible status must provide a signed declaration of eligible immigration status, a signed consent form and DHS-approved documents. Applicants must submit required documentation of citizenship/immigration status no later than the date the owner initiates verification of other eligibility factors.

Families receiving assistance under one of the programs covered by the non-citizen rules are eligible for temporary deferral of termination of assistance if the family has no eligible member or the mixed family qualifies for prorated assistance and chooses not to accept the partial assistance.

- F. All applicants must provide documentation of their social security numbers (SSN). Adequate documentation means a social security card issued by the Social Security Administration or other acceptable evidence of the SSN. Forms of documentation include, but are not limited to, identification cards issued by a federal, State, or local agency, a medical insurance provider, or an employer or trade union; earnings statement on payroll stubs; bank statement, 1099 form; benefit award letter; retirement benefit letter; life insurance policy; court records. If no SSN has been assigned to a particular family member, the applicant must sign a certification stating that no SSN has been assigned.

If the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of the SSN, the applicant may retain their place on the waiting list for a 60-day period during which the applicant is trying to obtain documentation.

When an applicant has a SSN but does not have the required documentation, the applicant may submit the SSN and certify that the number is accurate but that acceptable documentation could not be provided.

The use of security numbers for determining program eligibility do not apply to individuals in mixed families who do not contend eligible immigration status under HUD's noncitizen regulations.

- G. The student eligibility rule for Section 8 assistance at CCHA states, "if a student, is enrolled at an institution of higher education, is under the age of 24, is not a veteran, unmarried and does not have a dependent child, this student is individually ineligible for

assistance. This does not apply to dependent students living with their parents in a section 8 assisted unit or who reside with parents applying for Section 8 assistance.

Non-citizen students and their non-citizen families may not receive assistance. Non-citizen students are not eligible for continuation of assistance, prorated assistance, or

temporary deferral of termination of assistance. Assistance will not be prorated for an applicant household, containing ineligible student household members. Assistance will be terminated for existing households containing ineligible student household members.

### **TENANT SELECTION PROCESS**

- A. Tenants will be selected on a first-come, first-serve basis as they appear in the Master Control Log chronologically, taking into account all HUD criteria. An application will be taken from anyone who wants to submit one, unless the waiting list is closed. CCHA targets 40% of its tenants with extremely low incomes as defined by HUD

#### **EXCEPTIONS:**

1. An internal waiting list will be maintained for current residents who qualify for Section 8 rent subsidy.
2. When a vacancy occurs, first preference will be given to single persons/household already in occupancy who require a unit transfer because of a change in family composition, handicap or medical issues.
3. Any current resident paying 50% or more of their income for rent and utilities and any other current resident who qualifies for Section 8 will be given preference over applications on the Waiting List.
4. The Management of CCHA reserves the right to utilize a method other than first-come, first-served in the event that an Applicant or Tenant demonstrates that their case exhibits emergency or hardship criteria including but not limited to: the applicant's current housing situation is substandard or unsafe; the applicant is homeless; the applicant has been involuntarily displaced due to fire, flood, or such other disaster the nature of which has made the current housing uninhabitable.

If any additional vacancies remain, CCHA will then contact the next eligible applicant from the Waiting List, and all regular screening and certification procedures will then be completed. On determination of acceptability, the applicant will be allowed to sign a Lease.

- B. The procedures used for selection of tenants shall be designed to attain a tenant body in the project composed of persons with a broad range of incomes and rent paying ability, and to ensure the financial solvency and stability of CCHA. CCHA will evaluate each applicant to determine if they would be reasonably expected to have a detrimental effect on the other tenants or on CCHA environment. CCHA will deny admission to any applicant whose habits and practices may be expected to have a detrimental effect on other tenants or on the project environment. Criteria used in this determination include, but are not limited to:

1. Applicants who owe rent or other amounts to another housing authority in connection with Section 8 or Public Housing assistance under the United States Housing Act of 1973, as amended.
2. Applicants who have outstanding judgments or liens against them; foreclosure will not in and of itself be disqualifying.

3. Credit scores that come back with the recommendation “reject” will be evaluated on the basis of active delinquent accounts (excluding medical bills), the total amount of delinquency, and the number of delinquent accounts within the past five years.
4. Applicants whose conduct in present or prior housing has been such as would likely interfere with other tenants in such a manner as to diminish their enjoyment of the premises by adversely affecting their health, safety or welfare, or by affecting adversely the physical environment or financial stability of CCHA if the applicant were admitted to the Project. Relevant information regarding habits or practices to be considered may include, but is not limited to:
  - a. an applicant’s past performance in meeting financial obligations, especially rent; outstanding medical bills are not considered.
  - b. judgments for possession of property/evictions. (See paragraph e.)
  - c. a record of disturbance to neighbors, destruction of property, or living or housekeeping habits at present or prior residences which may adversely affect the health, safety, or welfare of other tenants. CCHA may order landlord references and visit an applicant’s current residence.
  - d. a record of any criminal activity involving acts of physical violence to persons or property, any drug-related and/or alcohol-related acts which would adversely affect the health, safety or welfare of other tenants, or the applicant(s). Records of arrests (but not convictions) will not alone be grounds for rejecting an applicant.
  - e. In evaluating the rental and criminal background of an applicant CCHA will apply the following guidelines:

(i)Judgments for possession/evictions will disqualify applicants if they occurred within the previous five years. After five years, they may disqualify applicants, but will be evaluated in conjunction with other factors. However, if combined with (ii) or (iii), they will disqualify applicants.

(ii)Violent felony and sex offense convictions will disqualify applicants if they occurred within the previous 25 years. If they occurred more than 25 years ago, they may disqualify applicants, but will be evaluated in conjunction with other factors. However, if combined with (i) or (iii), they will disqualify applicants.

(iii)Theft, misdemeanor, drug, and non-violent convictions may disqualify applicants if they occurred within the past 10 years, and will be evaluated in conjunction with other factors. However, if combined with (i) or (ii), they will disqualify applicants.

- f. Applicants who are incapable of keeping their units in a safe and sanitary condition.
- C. Every six (6) months every applicant will receive a waiting update letter. No response to the requested update letter will result in removal of the name from the waiting list. It is the applicant's responsibility to notify CCHA of any address change. Should an applicant no longer meet the eligibility requirements for the property, your name will be removed from the waiting list.

### **INTERVIEW REQUIREMENTS**

A. For the interview, the applicant must provide the following information:

1. Social Security Entitlements (Current benefits letter from Social Security)
2. Amount of Social Security Income (Award Letter)
3. Any and all pensions and annuities
4. All assets including stocks, bonds, property, savings, etc. including current interest statements.
5. Checking and Savings accounts statements for the last three consecutive current months.
6. Medical expenses not covered by insurance for the last 12 months
7. Proof of date of birth (Birth and/or Baptismal Certificate)
8. Documentation of Social Security number
9. Picture identification
10. Landlord name, address, telephone number

As part of the interview applicants will be asked to sign releases on verification forms, including a release form to obtain credit records, landlord references and a criminal background check.

Upon approval of an application, the applicant will be required to sign an annual lease, and at the time of admission, will pay the cost of one month's rent and a security deposit equal to one month's rent.

Because a tenant's income and family composition can change over time, program requirements establish procedures for addressing these changes. Such changes are examined and implemented through the recertification process. Interim recertifications are performed when a tenant experiences a change in income or family composition between annual recertifications. Under program requirements, tenants have responsibilities for providing timely information about these changes. Tenants will be required to recertify their income annually. Changes in annual income will change the monthly rental. If upon recertification the total household income ever exceeds the maximum limits established by HUD, tenants will be given the option to vacate the unit or pay the full (non-subsidized) rental rate (market rate).

The Management of CCHA uses the Enterprise Income Verification (EIV) System to obtain income and employment information on individuals participating in HUD's rental assistance programs. The EIV system provides the owner and/or manager of the property



income information and employment history. Management is able to use the EIV system to determine if an applicant/tenant:

- correctly reported income;
- used a false social security number;
- failed to report or under reported the income of a spouse or other household member;
- receive rental assistance at another property.

Applicants who sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, are giving consent for HUD and the Manager to obtain information to verify employment and/or income and determine eligibility for HUD rental assistance. Failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

The Management of CCHA reserves the right to inspect all possessions brought into the building for bedbugs or other bug infestations.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



Christ Church



Harbor Apartments

OFFICE USE ONLY

DATE REC'D \_\_\_\_\_

TIME REC'D \_\_\_\_\_

**PRE-APPLICATION**

Applicant \_\_\_\_\_

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Co-Applicant/Spouse \_\_\_\_\_

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_ SS # \_\_\_\_\_

Co-Applicant/  
Spouse DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_ SS # \_\_\_\_\_

**ALL FINANCIAL INFORMATION IS CONFIDENTIAL**

	Monthly <u>GROSS</u> Income		Total Value of Assets
Employment	\$ _____	Checking	\$ _____
Social Security	\$ _____	Savings	\$ _____
Pension/Alimony	\$ _____	Bonds/CDs	\$ _____
Dividends	\$ _____	Real Estate	\$ _____
Other	\$ _____	Other	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

Medical Expenses: Blue Cross/Blue Shield \$ \_\_\_\_\_ Other Insurance \$ \_\_\_\_\_

Medicare \$ \_\_\_\_\_ RX/Medical \$ \_\_\_\_\_

Primary Person to Notify in Emergency: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Do you currently have a lease? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Landlord Name and Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Possible Move In \_\_\_\_\_

Type of Unit – One Bedroom \_\_\_\_\_ Efficiency \_\_\_\_\_

PRE-APPLICATION

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How did you hear about our property?

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Are you or a member of your household a Military person, Veteran or a victim of a presidentially declared disaster?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, identify which person qualifies as a member of the  
military/veteran or victim of a presidentially declared disaster. \_\_\_\_\_

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What other states have you lived in? List all \_\_\_\_\_

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Do you or your co-applicant/spouse have a condition that requires a special accommodation? Please list below:

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Who should be contacted to verify your need for the features you have identified above (e.g., a doctor or social service agency).

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I declare that the statements contained in this pre-application are true and complete to the best of my knowledge. I understand that false statements or misrepresentation are a criminal offense punishable under Federal Law. I further understand and agree that a false statement herein is grounds for denial of housing or basis for eviction, increase in HUD approved rents, loss of financial assistance, as the HUD regulations may require.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant/Spouse: \_\_\_\_\_ Date \_\_\_\_\_



## CRIMINAL HISTORY/SEX OFFENDER AFFIDAVIT

As part of the screening process for the housing assistance program, all adult household members (18 years and older) are required to complete this affidavit. The answers provided on this affidavit are used to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). As part of the screening process, any answers or documentation you provide as part of the application or recertification process, are subject to verification. Failure to disclose any information and/or answer all questions in the application, including questions on this form, fully and truthfully, may constitute grounds for denial or rejection of your application. In addition, making false statements on this affidavit is a crime and may result in CRIMINAL PROSECUTION.

FULL LEGAL NAME \_\_\_\_\_

ANY MAIDEN NAMES OR ALIASES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### CURRENT HOME ADDRESS

### PREVIOUS HOME ADDRESS

Property Name: \_\_\_\_\_

Property Name: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

State, Zip: \_\_\_\_\_

1. Have you ever been cited, arrested, or charged, for any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
2. Do you have a case pending for any crime (misdemeanor or felony), other than traffic violations? \_\_\_\_\_
3. Are you under indictment for any crime? \_\_\_\_\_
4. Have you ever been convicted of any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
5. Are you a fugitive from justice? \_\_\_\_\_
6. If you answered "yes" to any of the questions listed above, do any of the charges, pending charges, indictments, arrests, or convictions include drug-related or violent crime-related offenses? \_\_\_\_\_

7. In the past five (5) years, have you ever been evicted or asked to vacate public housing or any other subsidized housing due to: (a) drug activity (b) alcohol abuse (c) criminal activity (d) gang activity or (e) interfering with the health, safety, or the right to peaceful enjoyment of the premises by other residents? \_\_\_\_\_

8. Are you currently on parole, probation, or court supervision? \_\_\_\_\_

9. Are you subject to registration as a sex offender? \_\_\_\_\_

10. Have you ever committed fraud in connection with any federally funded program (i.e. housing, Social Security, Veterans Affairs, Medicaid/Medicare, welfare, food stamps, etc.)?  
\_\_\_\_\_

11. Have you ever had to repay money to such a program or agency due to misrepresenting information? \_\_\_\_\_ Are you still paying? \_\_\_\_\_

12. Have you lost your assistance from such a program due to engaging in threatening or abusive or violent behavior toward the agency's personnel? \_\_\_\_\_

**IF YOU ANSWERED "YES" TO ANY QUESTION ABOVE, EXPLAIN IN DETAIL:**

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**WARNING:** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE DISTRICT OF COLUMBIA.

I certify under penalty of perjury, that all of the information contained in this affidavit is true and correct. I understand and acknowledge that falsifying information on this affidavit may result in denial of admission into the subsidized housing program or immediate termination of my housing assistance subsidy and/or criminal prosecution.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**YOUR SIGNATURE IS REQUIRED TO COMPLETE THIS AFFIDAVIT**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.