

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Statesburg Apartments
	Address: 125 W. 10th St.
	Kaukauna, WI 54130
	Project: Statesburg Apartments South
	109 – 117 W. 11th St.
	Kaukauna, WI 54130
Please complete this application and return to:	Name: Kaukauna Rad, LLC.
	Address: 125 W. 10th St.
	Kaukauna, WI 54130
	Phone: 920-766-4772 FAX: 920-759-2733

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
 Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$

Bedroom size requested: Sm 1 BR Lg 1 BR Two BR Handicap BR

Are any members of the household a veteran? Yes No

Are any members of the household disabled? Yes No

B. HOUSEHOLD COMPOSITION						
	Name	Relationship to head	Birth Date	Gender	SS#	Student Y/N
Head		Self				
Co-H						
3.						
4.						

Will all listed minors be living in the unit at 100% of the time? Yes No

If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	Social Security	\$
14.	SSI Benefits	\$
15.	SSI Benefits	\$
16.	SSI Benefits	\$
17.	Pension (list source)	\$
18.	Pension (list source)	\$
19.	Veteran's Benefits (list claim #)	\$
20.	Veteran's Benefits (list claim #)	\$
21.	Unemployment Compensation	\$
22.	Unemployment Compensation	\$
23.	Public Assistance (Title IV/TANF etc.)	\$
24.	Contributions to the Household (monetary or not)	\$
25.	Full-Time Student Income (18 & Over Only)	\$
26.	Financial Aid (excluding loans)	\$
27.	Annuities (list sources)	\$
28.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
29.	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	

34.	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$

35.	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive formal/informal (money, items, etc.) child support? <i>If court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$

36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$

39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
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40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)	\$
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41. Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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42. Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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44. <i>If yes to any of the above, explain:</i>		
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45. Is the income received?

Yes

No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

48. Trust Account	#	Bank	Balance \$
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49. Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

50. Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

51. Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$

52. Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

53. Life Insurance Policy	#	Cash Value \$
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54. Life Insurance Policy	#	Cash Value \$
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55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$



	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
58. Investment Property				Appraised Value \$

59. Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
60. Location of property	
61. Appraised Market Value	\$
62. Mortgage or outstanding loans balance due	\$
63. Amount of annual insurance premium	\$
64. Amount of most recent tax bill	\$
65. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

66. Does any member of the household have an asset(s) owned jointly with a person who NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
67. Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

68. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
69. Market value when sold/disposed	\$
70. Amount sold/disposed for	\$
71. Date of transaction:	

72. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
73. Date of disposition:	
74. Amount disposed	\$

75. Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION

76. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
78. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
79. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
80. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

81. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
82. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
83. Credit Reference #1:		
Address:		
Account #:		Phone #:



84. Credit Reference #2:	
Address:	
Account #:	Phone #:
85. Credit Reference #3:	
Address:	
Account #:	Phone #:
86. Personal Reference #1:	
Address:	
Relationship:	Phone #:
87. Personal Reference #2:	
Address:	
Relationship:	Phone #:
88. Personal Reference #3:	
Address:	
Relationship:	Phone #:

89. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

90. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
91. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
92. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		

H. APPLICATION ASSISTANCE

93. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>		



CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date



**Kaukauna Rad, LLC.
Statesburg Apartments
Resident Selection Criteria**

A rental application must be completed and processed for all prospective residents 18 years of age or older (and under age 18 if spouse, or co-head of household).

Each applicant must provide a valid local, state or federal government issued photo identification at the point of application for verification purposes.

A non-refundable Application Fee of \$20.00 is required from each person 18 years of age or older.

Standard Lease Terms Eligibility Requirements:

- I. **Income** – Newly qualifying households applying for housing participating in an Affordable Housing Program are required to disclose all sources of income and unless prohibited by local governing agencies. Applicants applying for units that do not have a Project Based Voucher, need to meet the minimum requirement of approximately 2.5 times the household's portion of the rent, but not to exceed the annual income boundaries of the governing program. Sources of income must be verifiable through a 3rd party source whenever possible. In the absence of a 3rd party source, we may require such documents as four (4) consecutive and most recent paycheck stubs, six (6) consecutive and up to the present months' bank statements, the previous years' tax return, etc. Once moved in, if resident wishes to add an additional household member within the first six months of the lease, the household will have to qualify as if a new move-in.
- II. **Rental/Credit History** – Applicants must provide current residency information including any out of state residences during the past three years. Each applicant's rental and credit history must reflect an overall good standing. A lack of credit and/or rental history, as opposed to poor credit and/or rental history will not result in an automatic decline.
- III. **Preferences** – Annually, 20% of the projects available LIHTC units will be leased to households that the head or co-head are veterans and/or those at risk of homelessness. Applicants with preferences will be offered housing in order as listed below.
 - a. Elderly (age 62 years of age and older)
 - b. Disabled under the age of 62. A verification of disability is required.
 - c. Households with an adult family member enrolled in an employment training program or currently working or attending school on a full-time basis. This preference is extended to all elderly families and all families whose head of spouse is receiving income based on their inability to work.
 - i. Work or working is defined as; the head, spouse or sole member is employed by a third party for at least the minimum wage.
 - d. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.
- IV. During a lease-up of a new development, if you have leased more than 120 days in the future, we will do a second landlord reference no later than 60 days of scheduled move in date. This second reference may affect your acceptance into the property.
- V. **Public Records History** – Applicants must provide their full legal name and date of birth as well as any names the applicant may have been formerly known as. Each applicant's public records history must reflect an



overall good standing. A lack of having a public record, as opposed to having a public record and/or history involving physical violence to a person or property, or record of other acts which may endanger or be perceived to endanger the health, safety, welfare, business practices and/or reputation of ownership, management, it's personnel and/or other residents will not result in an automatic decline. If the findings of the overall review of information received on the applicant's consumer reports, rental application and during the interview related to eligibility are neither within the parameters for a Standard Lease Terms approval nor within the parameters for a Decline the applicant may remain eligible, under the direction of a Accept with Conditions.

Terms of an Accept with Conditions – Unless prohibited by local governing agencies, prior to the execution of the Lease Agreement the applicant in receipt of an Accept with Conditions outcome will need pay an additional Security Deposit.

Applicants may be declined for the following:

- A.** Falsification, misrepresentation or withholding of information or submission of inaccurate and/or incomplete information on any application or during the interview related to eligibility, award of preference for admission, family composition or rent.
- B.** For adverse information received during the interview related to eligibility, received on the application and/or received from information contained in a consumer credit report or a public records history report, including but not limited to the below:
 - i. Credit -**
 - a.** Credit score less than 500; reflecting delinquencies for housing related expenses, including but not limited to rent and utility payments in the past 3 years.
 - b.** Negative credit related solely to medical collections will be disregarded in the determination of applicant eligibility.
 - ii. Current and previous landlords -** Unfavorable references regarding tenancy history for any of the following within the past 3 years:
 - a.** Non-payment of rent;
 - b.** Failure to cooperate with the recertification process;
 - c.** Repeated violations of lease and/or house rules;
 - d.** History of disruptive or violent behavior;
 - e.** History of creating an unsafe or unhealthy environment including, but not limited to, damage to property, excess accumulation of trash, vermin infestation, or posing a health hazard to other residents.
 - f.** Judgement of eviction within the past 3 years.
 - g.** Criminal activities that threaten the health and safety of the residents or staff.
 - iii. Criminal History -**
 - a.** Any household member that has a conviction of illegally manufacturing or distributing a controlled substance as defined in sec 102 of the Controlled Substances Act (21 U.S.C. 802).
 - b.** Any household member of the household is subject to a lifetime sex offender registration requirement under a state sex offender registration program.
 - c.** Any household member convicted in last 5 years of any crime that shows a demonstrable risk to tenant safety and/or property you may be denied rental after consideration of the nature and severity of the crime, your age at the time of the conduct, and the amount of time that has passed since the criminal conduct occurred. Mitigating factors may be considered on a case-by-case basis. Applicant shall provide any mitigating information or documentation that he or she would like landlord to consider regarding any convictions.
- C.** Anyone currently in the process of filing bankruptcy.



- D. Anyone refusing to comply with housing program requirements, policies and/or procedures.
- E. Anyone not meeting the established income limits published annually to qualify for the LIHTC units.
- F. Applications will not be approved from un-emancipated minors and/or persons under the age of 18 as head of household.
- G. Applications will not be approved from those that are not a U.S. Citizen, National or a Non-citizen with eligible immigration status, unless prohibited by local governing agencies.
- H. The household may not exceed 2 occupants per bedroom.

If an applicant takes exception with the findings of the eligibility screening, the applicant is responsible for and has the right to contact the reporting agent/agencies. In the event the discrepancy can be cleared up, the applicant will be reconsidered on the basis of the new information. In order to appeal you must provide a letter stating your reason for appealing. We also ask that you provide any and all documentation (court paperwork, receipts, etc.) that supports your case.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER (AND UNDER AGE 18 IF SPOUSE OR CO- HEAD OF HOUSEHOLD) MUST COMPLETE THE FOLLOWING DECLARATIONS:

I/WE HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE TERMS AND CONDITIONS THEREOF FROM WHICH MY/OUR APPLICATION WILL BE PROCESSED.

I/WE AUTHORIZE THE COMMUNITY, IN WHICH I/WE HAVE APPLIED, THROUGH ITS EMPLOYEES AND DESIGNATED AGENTS, TO MAKE ANY AND ALL INQUIRIES, VERIFY AND OBTAIN DIRECTLY OR THROUGH INFORMATION EXCHANGED NOW OR LATER WITH RENTAL, CREDIT AND PUBLIC RECORD SCREENING SERVICES.

_____	_____
Prospective Resident	Date
_____	_____
Prospective Resident	Date
_____	_____
Owners Representative	Date

_____	_____
Prospective Resident	Date
_____	_____
Prospective Resident	Date



Kaukauna Rad, LLC., will not decline any applicant or prospective renter on the basis of race, color, sex, LGBT status, national origin, religion, familial status or handicap. Kaukauna Rad, LLC. hereby reaffirms our commitment to do business in accordance with the Federal Housing Law (Fair Housing Amendment Act of 1988) and the Fair Credit Reporting Act (FCRA) Amendments – October 1, 1997.



**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority Of City Of Kaukauna any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____		Date: _____
Spouse:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: Initial Annual Interim Occupancy Specialist

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)	
<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	
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.

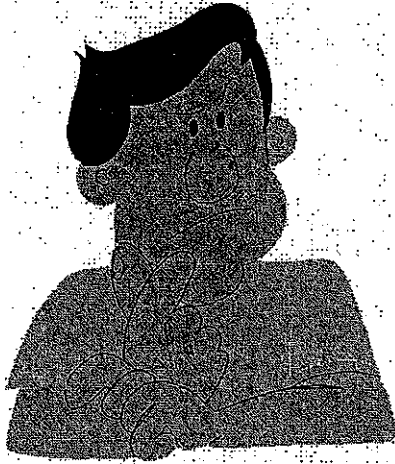
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Signature of Applicant

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.



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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410