

Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602

Phone: (802) 828-3295 or 1-800-820-5119 (messages)

Fax: (802) 828-2111 TTY: 1-800-798-3118



HOUSING PROGRAMS: ANNUAL OR INTERIM REEXAMINATION GETTING STARTED

Step-by-Step Re-exam Process

1. Complete this interim following the instructions below.

- ➔ Answer all questions completely and honestly. The information you provide will be verified. It's a violation of federal and state law to make false statements.
- ➔ Don't leave any question blank.
- ➔ If you need more space, attach additional pages.
- ➔ Unless indicated, each question applies to all household members.

2. Sign the Re-exam.

- ➔ The applicant must sign on page 6.

3. Attach copies of any required documents.

- ➔ Some questions ask for additional documents.

Other Important Facts

If you have limited English, we can provide free interpretation services to help you access our services.

If you have a disability, you may be entitled to reasonable¹ accommodations to help you apply. This could include:

- ➔ Providing information in accessible formats (e.g., large print or Braille).
- ➔ Giving you more time to gather any documents we need.
- ➔ Making an exception to our rules or policies to make it easier for you to participate in our programs.

To request an accommodation:

Call: (802) 828-3094

Write: Vermont State Housing Authority,
1 Prospect St., Montpelier, VT 05602

¹ *Reasonable* means an accommodation that doesn't present an undue financial or administrative burden and has an identifiable relationship to the person's disability.

List of Acceptable Documentation – Provided by Participant

For any household member who is employed:

1. If new employment:
 - a. A recent letter of hire showing the number of hours worked per week and the hourly rate of pay.
 - b. A payroll summary generated by the employer within the last 60 days which indicate the start date.
2. If existing employment: Copies of two recent consecutive paystubs (if paid bi-weekly), copies of four recent consecutive paystubs (if paid weekly).

For any household member who receives new Social Security Benefits or if there has been a change in the amount of your benefits:

1. A current SS award letter, which may be obtained by calling 1-800-772-1213

For any household member who receives Welfare/Reach Up/General Assistance:

1. A benefit statement or a benefit history issued by the Department of Economic Services.

For any household member who receives Unemployment Benefits:

1. Two consecutive check stubs OR the award letter stating the amount of the weekly benefit.

For Child Support paid directly to your household by the non-custodial parent:

1. A copy of the Child Support Order.

For Child Support paid through the Office of Child Support:

1. Two copies of recent check stubs OR the Child Support Order OR Correspondence from the Office of Child Support confirming the amount of support.

For any Assets held by a bank, broker, fund manager or other financial institution, including retirement, checking, savings, mutual fund or certificate of deposit, etc.

1. A copy of your most recent statement from the financial institution

For any Household member who is 18 or older and a student:

1. Documentation issued by the educational institution showing they are enrolled, and whether the enrollment is part or full time, and any financial aid documentation.

For and household member who is disabled and/or elderly and claiming medical expenses:

1. Copies of statements or receipts documenting the amount of your medical expenses, such as a printout from your pharmacy documenting your out-of-pocket costs for the past twelve (12) months. Please note: you may only claim medical expenses that are on-going.
2. If you are paying medical insurance, copies of recent statements from the providers showing the amount of your monthly premiums.

Housing Assistance Reexamination

Please print clearly and answer questions completely and honestly. Thank you!



1. Tell us about you, the head of household

First name, middle name, last name and suffix (Jr., Sr., III, etc.)		Date of birth (mm/dd/yyyy)
Social Security number	Phone number where you can be reached () -	Email
Mailing address (street address or PO box, city, state, zip code)		
Physical address (if different from mailing address)		
Ethnicity: (check <input checked="" type="checkbox"/> one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: (check <input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Legal Alien <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other

2. Tell us about all the other people living in your home.

Provide details for all household members. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		
OTHER PERSON 2	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		
OTHER PERSON 3	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

Continue listing other people on next page if needed.

2. Other people living in your home (continued)

OTHER PERSON 4	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

OTHER PERSON 5	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

OTHER PERSON 6	1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (mm/dd/yyyy):
	5. Ethnicity (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (check <input checked="" type="checkbox"/> all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:		

3. Answer the questions below about you, your household and its members.

a. Do you have at least 50% physical custody of all dependent children named above? If not please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Has any household member given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past 24 months? Examples: car, money, stock, land, home or something else of value.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does anyone outside of your household pay for, or provide money for, any of your household bills or living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If your household has no income, how are your daily living expenses being paid? Explain below.	
e. Is any household member subject to lifetime registration on any State's sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD ASSETS

Answer the questions on this page for everyone in your household, including children.

4. Does any household member (including children) own assets? See list below.

YES. Answer below  **NO.** Skip to next question 

Check the types of assets owned. Then, provide details about each asset in the spaces provided below.

<input type="checkbox"/> Bitcoin <input type="checkbox"/> Bonds/stocks/mutual funds <input type="checkbox"/> Certificate of deposit <input type="checkbox"/> Checking account <input type="checkbox"/> Christmas Club <input type="checkbox"/> Direct Express	<input type="checkbox"/> Inheritance <input type="checkbox"/> IRA/Keogh Plan/401K <input type="checkbox"/> Life insurance policy <input type="checkbox"/> Money market account <input type="checkbox"/> Pension	<input type="checkbox"/> Property (land) <input type="checkbox"/> Retirement account <input type="checkbox"/> Savings account <input type="checkbox"/> Savings bonds <input type="checkbox"/> Trusts <input type="checkbox"/> Other (describe below)
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DOCUMENTATION REQUIRED: Send a copy of a current statement verifying the value of each asset.

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification source name & address	

HOUSEHOLD INCOME

Include income for all household members, including children.

5. Household income

Check the types of income received. Then, provide the details in the spaces provided below.

<p>Earned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job wages & salaries <input type="checkbox"/> Internship/training stipends <input type="checkbox"/> Military pay <input type="checkbox"/> Self employment (e.g., childcare, farming, home party sales, lawn care, logging, odd jobs and selling scrap metal) <input type="checkbox"/> Social Security 	<p>Unearned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alimony <input type="checkbox"/> Child support <input type="checkbox"/> Disability benefits <input type="checkbox"/> Financial aid for school <input type="checkbox"/> Insurance payments <input type="checkbox"/> Pension <input type="checkbox"/> Public benefits (General Assistance, Reach Up) 	<p>Unearned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Royalties <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Veteran's retirement benefits <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Other (describe below)
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DOCUMENTATION REQUIRED: Send supporting documents to verify income for the past 4 weeks. This could include pay stubs, check stubs, checks, bank statements, benefit printouts, self-employment tax statements and verification letters. Send copies as originals will not be returned.

Member name	Income type	Monthly income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

HOUSEHOLD EXPENSES

Include expenses for everyone in your household, including children.

6. Is anyone age 18 or older a full-time student?

YES. Answer below **NO.** Skip to next question

First name, middle initial	Name of school	Contact information at school

DOCUMENTATION REQUIRED: Provide current enrollment & financial aid information from the registrar or admissions office.

7. Does anyone have unreimbursed (out-of-pocket) expenses for child (aged 12 or younger) or adult care? **YES.** Answer below ⬇️ **NO.** Skip to next question ➡️

Name of child or adult being cared for	Who is paying for the care	Who is providing child/adultcare	Amount paid weekly	Days of care per week	Why care is needed
			\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
			\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school

DOCUMENTATION REQUIRED: Provide documentation verifying the monthly payment for each child or adult care expense.

8. Does any family member in the household, if the head of household, spouse, or co-head has a disability or is aged 62 or older, have unreimbursed (out-of-pocket) medical expenses? For example: medical premiums, copays and deductibles, medical/dental/optical expenses, hospital care, nursing care and prescription, and over-the-counter medications.

YES. Answer below ⬇️ **NO.** Skip to next question ➡️

First name, middle initial	Type of service or product	Name of vendor or service provider	Amount paid & frequency (e.g., weekly, monthly, one time)

DOCUMENTATION REQUIRED: Provide documentation verifying the expenses listed above. This could include proof of health care premiums, co-pays, and deductibles; a printout from your pharmacy showing prescription copays and payments for over-the-counter medications, a printout of medical bills you're paying on; and receipts for other medical expenses.

SIGN HERE

Unsigned Reexaminations will be returned.

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 knowingly provide false or incomplete information.

Head of Household Signature _____ **Date** _____

Co-Head/Spouse Signature _____ **Date** _____



HUD/FEDERALLY MANDATED EXCLUDED INCOME

Although not included for purposes of eligibility or rent calculation, HUD requires that any income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member received one category, please list them separately.

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
Income from employment of children under 18	_____	_____
Payments received from Foster children or Foster adults	_____	_____
Lump sum additions to family assets (deferred payment, inheritance, capital gains insurance payments, etc.)	_____	_____
Medical Reimbursements	_____	_____
Income of Live-in Aide	_____	_____
Student Financial Aid	_____	_____
Special Armed Services Pay (when family member is exposed to hostile fire)	_____	_____
Resident Services Stipend (not to exceed \$200 per month)	_____	_____
Sporadic Income (gifts, pay of a census taker)	_____	_____
Holocaust reparation payments	_____	_____
Earnings for full time students (in excess of \$480) Doesn't include head or spouse	_____	_____
Adoption Assistance Payments	_____	_____
Development Disability Care Payment	_____	_____
Refunds and rebates for property taxes	_____	_____
PASS (plan for achieving self-support)	_____	_____
Other publicly funded programs (amounts specifically for reimbursement of out of pocket expenses to allow participation in a specific program)	_____	_____
HUD Funded training program	_____	_____
Americorps Living Allowance	_____	_____
Indian Settlements/Trust	_____	_____
Title IV of the Higher Education Act of 1965	_____	_____
Spina Bifida-any allowance paid under the provision of 38 U.S.C. 1805 to a child suffering from Spina Bifida who is a child of a Vietnam Veteran	_____	_____
Agent Orange Settlements	_____	_____
Child Care and Development Block Grant Act of 1990	_____	_____
Earned Income Tax Credit Refunds	_____	_____
Crime Victim Compensation	_____	_____
Title V of the older Americans Act (Senior community Service in Employment Program)	_____	_____

I hereby certify that the above information is true and correct to the best of my knowledge.

Head of household

Date

Applicant/Participant Certification

Giving True and Complete Information

I/We certify that all information provided on household composition, family assets, income and items for allowances and deductions, is/are accurate and complete to the best of my/our knowledge. I/We have reviewed the application for and certify that the information shown is true and correct.

Reporting Changes in Household Composition and Income

I/We know I/we am/are required to report, immediately in writing, changes in household composition and income. I/We understand the rules regarding guests/visitors and when I/we must report anyone who is staying with me/us.

Reporting on Prior Housing Assistance

I/We certify that I/we have disclosed where I/we received any previous federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/we did not commit fraud, knowingly misrepresent information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I/We certify that the house or apartment will be my/our principal residence and that I/we will not obtain duplicate federal housing assistance while I/we am/are participating in this current program. I/We will not live anywhere else without notifying the Housing Authority immediately in writing. I/We will not sublease my/our assisted residence.

Cooperation

I/We know that I/we am/are required to cooperate in supplying all information needed to determine my/our eligibility, level of benefits, or verify my/our current circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing the required forms. I/We understand failure or refusal to do so may result in delays and termination of assistance.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or State criminal law. I/We understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

Signature of Family Members:

Date Signed:

Head of Household: _____

Co-Head/Spouse: _____

Other Family Member over age 18: _____

Other Family Member over age 18: _____



Vermont State Housing Authority

1 Prospect Street, Montpelier VT 05602-3556
802-828-3295 (Voice) – 802-828-2111 (Fax)
800-820-5119 (Message)
www.vsha.org



VSHA Release of Information

I (please print your name) _____ authorize for Vermont State Housing Authority (VSHA) and the below named agencies to share information related to my rental assistance, housing needs, and receipt of social services including benefit/assistance amounts, child support payments, household composition, and household member identifying information (e.g., date of birth, social security number) to VSHA for the purpose of determining my initial or on-going program eligibility.

Sources of Information: (Groups or individuals that may be asked to release the authorized information include but are not limited to the following:

- Courts and Post Offices
- Schools and Colleges
- State Unemployment Agencies
- Banks and other Financial Institutions
- All Vermont State Housing Authority departments
- Past and Present Employers
- Medical and Child Care Providers
- State Social Service Agencies (Economic Services, Office of Child Support, etc.)

Additional people/agencies & phones able to share information:

This also includes information related to my criminal background check: YES NO

Name (Head of Household)	SSN (last 4 digits)	Date of Birth

Address	Phone Number



Signature of Head of Household: _____ Date: _____

Each member of your household who is 18 years of age or older must sign the consent form.

Other Family Member over age 18: _____ Date: _____

Other Family Member over age 18: _____ Date: _____

This consent form expires 12 months after being signed or at my request, whichever comes first.

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.