

BAKER, JOHNSON & PARKER APARTMENTS  
BOX ELDER, SD 57719

PHONE: 605-545-0015

FAX: 605-721-3150

EMAIL: [foothillseast@midconetwork.com](mailto:foothillseast@midconetwork.com)

MAIL APPLICATIONS TO: BAKER, JOHNSON, PARKER APARTMENTS  
401 STURGIS STREET  
RAPID CITY, S.D. 57702

\*\*\*\*\*

## HOUSING APPLICATION PACKAGE



OCCUPANCY STANDARDS ARE GENERALLY BASED ON TWO (2) PERSONS  
PER BEDROOM WITH AN EXCEPTION FOR AN INFANT UNDER ONE YEAR OF  
AGE.

There may be an exception to this standard in the event the bedrooms are unusually large - more than 350 square feet - or there is an unusually spacious configuration or layout - such as extra rooms. The occupancy standards comply with Federal, State, and local fair housing and civil laws; Tenant-landlord laws; zoning restrictions; and HUD's Equal Opportunity and nondiscrimination requirements under HUD's administrative procedures.



# BAKER, JOHNSON & PARKER APARTMENTS

APPLICATION FEE OF \$25 WILL BE CHARGED FOR EACH APPLICANT 18 YEARS OF AGE AND OVER.

Please make sure to include this Fee in the form of a money order When you apply. This fee is non-refundable.

Our occupancy standards are 2 persons per bedroom in each unit. These apartments are 2 bedroom units with the exception of handicap accessible units that are 1 bedroom.

\*Please complete this application with as much information as possible. It is very important to include all names, phone numbers and income sources to be able to process in a timely manner.

\*When the application is turned into the office it is required that a current picture ID and social security card copy be provided for each household member over the age of 18. If they are not available your application will not be able to be processed. These items are needed to initially complete a background and credit check when your application reaches the top of the waiting list when a unit becomes available. If you have any contact information, residency or employment changes please notify the office.

Thank you.

## **SELECT COMPLEX APPLYING FOR:**

- BAKER APARTMENTS**
- JOHNSON APARTMENTS**
- PARKER APARTMENTS**
- ALL OF THE ABOVE (FIRST AVAILABLE)**





## APPLICANT REQUIREMENTS

When your name reaches the top of the waiting list, you will be notified a unit is available for you. You will be required to schedule an appointment and all adults are required to attend this interview. You must notify the Site Manager immediately of any change in your mailing address or phone number to insure you are contacted in a timely manner.

### DOCUMENTS NEEDED FOR INTERVIEW:

- Original birth certificates for all household members.
- Original social security cards for all household members.
- Income: All sources of income. (Social Security award letters, pension letters, TANF, child support, 6 consecutive pay stubs, etc.)
- Assets: Bank accounts. Name of Bank with any accounts (checking, savings, etc.) for all household members.
- Expenses: Name and address of Child Care Provider. If head of household is elderly (62 or older), list of medical facilities you are paying any out of pocket expenses.
- Proof of Citizenship: Immigration status.

NOTE: If applicant does not have birth certificates and/or social security cards at the time of the interview, you will be given ninety (90) days to provide these documents and your name will remain on the wait list until these documents are provided. You will then be notified when next available unit is available. If documents are not provided within the ninety (90) day time line, your name will be removed from the wait list and you will need to reapply.

### SCREENING PROCESS FOR ELIGIBILITY:

- Do not exceed income guidelines for household size set by HUD.
- Pass criminal background and registered sex offender check.
- Pass rental history.
- Pass Credit history.
- Be U.S. Citizen or have eligible immigration status.
- Meet requirements of Student Eligibility.
- Meet Occupancy Standards.

NOTE: If your application is denied you have the right to request an informal review to discuss the reason for denial. You may request a copy of our Resident Selection Plan from the Site Manager.

Lewis, Kirkeby & Hall Management, Inc. and its employees do not discriminate against any person because of race, religion, color, national origin, sex, handicap, creed, or familial status.

All agents and employees of Lewis, Kirkeby & Hall Management, Inc. represent the owner of the property in this and any other transaction.

~~Persons with disabilities who, as a result of their disabilities, cannot complete this application may request and will be provided alternative methods to complete the application process.~~

# BAKER, JOHNSON & PARKER APARTMENTS

## Housing Application for HUD Housing/RD Property

**FOR OFFICE USE ONLY**

HEAD OF HOUSEHOLD: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Client#: \_\_\_\_\_

### Instructions for Head of Household

1. The individual applying as Head of Household will complete the Rental Application. Each additional adult who will live in the apartment must sign the Rental Application, and must complete all applicable verifications forms.
2. Please print all information using ink. Do not leave any sections blank. If a section does not apply to your house-hold, enter "NONE". If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. White out is not acceptable.
3. It is important that all information on the Rental Application be legible, complete and correct. False, incomplete or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever any of the information in the Rental Application (i.e. your address, telephone number, income situation, or family size) changes. Failure to do so may result in your Rental Application being rejected.
5. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

If you require special unit features, the owner/agent must verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1 Chapter 3 \*\*3-28\*\*B. Check any of the following that is applicable:

- Wheelchair accessible unit     Visual-impaired unit     Hearing-impaired unit     Barrier-free unit

## HOUSEHOLD COMPOSITION

List ALL persons who will live with you when you receive housing assistance. Also, if you or a member of your household is expecting a child, list "unborn child" in one of the "minor" lines and give the expected due date in the column for date of birth. DO NOT list persons who will NOT be living with you when you are housed.

	Legal Last Name	First Name	MI	Relationship to Head	Date of Birth	M/F /R	SSN	Student Y/N	U.S. Veteran
Head									
Spouse/ Co-Head									
Minor									
Minor									
Minor									
Minor									
Minor									
Minor									
Minor									

Current Mailing address	Physical Street address/State & ZIP code	Home/Cell phone #	Work phone #
Email: _____			



## APPLICANT DECLARATION ON REQUESTED BEDROOMS

<p><b>OCCUPANCY STANDARD</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Number of Bedrooms</u></td> <td style="width: 33%;"><u>Number of Persons Minimum</u></td> <td style="width: 33%;"><u>Maximum</u></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	<u>Number of Bedrooms</u>	<u>Number of Persons Minimum</u>	<u>Maximum</u>	1	1	2	<p>Using the occupancy guidelines shown at left, I am requesting that provide me with housing assistance for a unit size of _____ bedrooms.</p>
<u>Number of Bedrooms</u>	<u>Number of Persons Minimum</u>	<u>Maximum</u>					
1	1	2					

## CURRENT EMPLOYMENT HISTORY

Provide complete information requested for everyone in the household.

Household member:	Current hourly rate of pay \$
Current Employer:	Average hours worked per week:
Employer Address:	Tips (weekly):                      Bonus (annually):
Employer Phone #:	Food allowance (per day):
Email:	Hire date:
Remarks:	From:    /    /    (date) to    /    /    (date)
	Remarks:
Household member:	Current hourly rate of pay \$
Current Employer:	Average hours worked per week:
Employer Address:	Tips (weekly):                      Bonus (annually):
Employer Phone #:	Food allowance (per day):
Email:	Hire date:
Remarks:	From:    /    /    (date) to    /    /    (date)
	Remarks:

ATTACH AN ADDITIONAL SHEET IF NEEDED

## WORK HISTORY – prior 3 years to current employment (for all adult household members)

Household Member	From (year)	To (year)	Employer

## OTHER INCOME IN THE HOUSEHOLD

	YES	NO	Monthly		YES	NO	Monthly
TANF			\$	Social Security			\$
Child Support			\$	SSI			\$
Spousal Support			\$	SSD			\$
Pension, retirement, etc.			\$	Disability Payments			\$
Unemployment			\$	Self Employed			\$
Other							

Revised 9/13



### ASSETS IN THE HOUSEHOLD

Does anyone own STOCKS, BONDS, CERTIFICATES OF DEPOSIT or OTHER ASSETS?  No  Yes

Does anyone own any REAL ESTATE?  No  Yes; describe: \_\_\_\_\_

Has any family member sold or disposed of any ASSETS, for less than fair market value, in the last 2 years?  No  Yes  
Describe: \_\_\_\_\_

Does any family member have a CHECKING ACCOUNT?  
 No  Yes  
Household member(s) on account: \_\_\_\_\_ Bank: \_\_\_\_\_

Does any family member have a SAVINGS ACCOUNT?  
 No  Yes  
Household member(s) on account: \_\_\_\_\_ Bank: \_\_\_\_\_

ANY WHOLE LIFE INSURANCE POLICIES?  No  Yes Cash Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

### ALLOWABLE EXPENSES

**Child Care: For minors 12 years of age or younger or disabled family member**

Child care provider's name: \_\_\_\_\_ Phone # of child care provider: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Amount paid by you per week: \$ \_\_\_\_\_ Number of children cared for: \_\_\_\_\_

**Medical and/or Handicap Expenses (elderly, handicapped disabled only) (OUT OF POCKET NOT REIMBURSED)**

Medicare	\$ _____	Per month
Supplemental health care insurance	\$ _____	Per month
Prescriptions (regular recurring, i.e., insulin)	\$ _____	Per month
Outstanding Doctor and hospital bills owed	\$ _____	Monthly Payment
Other, i.e., handicap equipment expenses	\$ _____	Monthly Payment

### PROGRAM INTEGRITY INFORMATION

Do you expect anyone to move in or out of your household during the next twelve months?  No  Yes

Does anyone live with you now who is not listed on this application?  No  Yes

Have you ever lived in assisted housing before?  No  Yes

If Yes: When? \_\_\_\_\_ Where (physical address, city, state, ZIP code)? \_\_\_\_\_

Under what name? \_\_\_\_\_

Who was head of household? \_\_\_\_\_

Name of agency: \_\_\_\_\_

Have you ever used a name other than the one you are using now?  No  Yes

If Yes: What name? \_\_\_\_\_

Have you ever used a social security number other than the one you have listed above?  No  Yes

If Yes: What is it? \_\_\_\_\_

Are any members of the household (over the age of 18) – full or part time students of higher education?  No  Yes

If Yes: Where? \_\_\_\_\_ (i.e. college, technical school etc.)

Are you currently receiving housing assistance?  No  Yes

Have you ever been evicted from Public or Assisted housing?  No  Yes

Have you ever violated a lease obligation in a HUD-assisted housing program?  No  Yes

Do you owe any money to a Landlord or Assisted Housing Agency?  No  Yes

Are you or any household member required to register as a sex offender? If Yes, Who? <b>NOTE: FAILURE TO RESPOND TO THIS QUESTION MAY JEOPARDIZE THE APPROVAL OF THE APPLICATION.</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone in your household ever been engaged in the use, sale, manufacturing or distribution of any controlled substance? If Yes: Who? _____ When? _____ What substance? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone in your household ever been arrested of any type of criminal activity? If Yes: Who? _____ Crime: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### CURRENT MONTHLY EXPENDITURES

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Auto Pmt \$	Cable \$	Credit Card \$
Gas \$	Auto Ins \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Other \$
Do you have any other regular monthly payments besides those above? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Specify: _____			

### PUBLIC HOUSING SUITABILITY SCREENING

List your addresses and landlords names, addresses or email address for the past three years.

ADDRESS OF UNIT	LANDLORD NAME & ADDRESS or EMAIL ADDRESS	FROM	TO	TELEPHONE
				( ) -
				( ) -
				( ) -
				( ) -

List all States you have lived in: \_\_\_\_\_

### CREDIT REFERENCES – List 3 credit references

COMPANY	ACCOUNT NUMBER	TELEPHONE
		( ) -
		( ) -
		( ) -

### Statements by all Household Members

I/We certify that all information given in this Rental Application and any and all attachments is true, complete and accurate to the best of my knowledge. I/We understand that management is relying on this information to verify the household's eligibility and that providing false information or making false statements may be grounds for denial of the application or termination of tenancy. I/We also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

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

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

<b>FOR OFFICE USE ONLY:</b> I have reviewed all answers and certifications with applicant(s): Signature of property representative: _____ Date: _____
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**Exhibit 17-1  
Student Status Verification**

Head of Household Name: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.
- C. \_\_\_\_\_ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

- |  |     |    |
|--|-----|----|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act?   | Yes | No |
| 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)   | Yes | No |
| 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) | Yes | No |
| 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?   | Yes | No |
| 5. Are the students married and entitled to file a joint tax return?   | Yes | No |

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Verification completed by: \_\_\_\_\_

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



## STUDENT STATUS CERTIFICATION

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Number \_\_\_\_\_ Property \_\_\_\_\_

### TO BE COMPLETED BY EACH ADULT APPLICANT/RESIDENT STUDENT

	YES	NO
Are you a student at an institution of higher education?	<input type="checkbox"/>	<input type="checkbox"/>
I am a student at the following educational institution: _____		

\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, please complete the following questions:**

	YES	NO
Are you a full time student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you disabled?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were you receiving Section 8 assistance as of November 30, 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Were you an orphan or a ward of the court through the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
If no:		
a. Are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any financial assistance to pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>
I have established a household separate from my parents or legal guardians for at least 12 consecutive months prior to my application.	<input type="checkbox"/>	<input type="checkbox"/>

### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 43 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Signature \_\_\_\_\_

Date \_\_\_\_\_

ADDENDUM FOR HOUSING APPLICATION FORM

Tenant Name: \_\_\_\_\_

Project Name and Unit #: \_\_\_\_\_

Are all members of the Household U.S. Citizens? Yes ( ) No ( )

If not, please explain: \_\_\_\_\_

- Race/Ethnicity of Head of Household: ( ) White, not Hispanic  
 ( ) Asian/Pacific Islander ( ) Black, not Hispanic Origin  
 ( ) Hispanic ( ) American Indian

The following question is optional. However, the information supplied may be used to determine any special needs you may have.

Are any family members disabled or handicapped ( ) Yes ( ) No

Which Member \_\_\_\_\_

Do you have any unusual expenses, such as care attendance or auxiliary apparatus for the disabled or handicapped family member? ( ) Yes ( ) No

Explain \_\_\_\_\_

Do you currently receive rental assistance? ( ) Yes ( ) No

\$Amount

If yes, are you receiving: Section 8 Certificate: ( ) \_\_\_\_\_

Section 8 Voucher ( ) \_\_\_\_\_

Other

( ) \_\_\_\_\_

Does any member of your household work for someone who pays them in cash? ( ) Yes ( ) No

Explain \_\_\_\_\_

Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? ( ) Yes ( ) No

Explain \_\_\_\_\_





**AUTHORIZATION**

Affordable Housing Programs (AHP) are required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy laws. After receiving the information covered by this notice of consent, AHP, the O/A and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

AHP, O/A & PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**TENANT RELEASE AND CONSENT**

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Lewis-Kirkeby-Hall Property Management, for all purposes of verifying information on my/our apartment rental. This information will only be used to determine my/our eligibility and/or amount of rental assistance in AHP.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but not limited to: employment, income & assets; medical or child care allowance. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

**GROUPS/INDIVIDUALS THAT MAY BE CONTACTED (INCLUDED BUT NOT LIMITED TO):**

- |                                     |   |
|-------------------------------------|---|
| *Present Employers                  | *Welfare Agencies                                       |
| *Veterans Administration            | *Previous Landlords (including public housing agencies) |
| *State Unemployment Agencies        | *Social Security Administration                         |
| *Retirement Systems                 | *Child Support and Alimony Providers                    |
| *Banks/Other Financial Institutions | *Medical & Child Care Providers                         |
| *Pharmacy Providers                 | *Credit/Background Reporting Agencies                   |

**\*\* Child Support Agencies:**

I/We authorize the Department of Child Support (DCS) to release a 12 month printout history of any and all cases filed with this department. I also authorize DCS to verify if a Court Order is in place for any/all cases.

**Conditions**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand I/We have the right to review this file and correct any information that is incorrect.

**Signatures:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**BLACK HILLS POWER, INC.**

**AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION**

I, \_\_\_\_\_, am a customer of  
Black Hills Power, Inc. (BHP) maintaining an electric account in my name at:

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

My BHP Account Number(s): \_\_\_\_\_  
\_\_\_\_\_

By my signature below, I authorize Black Hills Power, Inc. to release any and all oral and written information about my utility account(s) to the following person(s), agency or company:

\_\_\_\_\_  
LEWIS - KIRKEBY - HALL  
401 Sturgis Street  
Rapid City SD 57702  
Bus: (605) 348-1865  
Fax: (605) 348-7279  
\_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE PHONE NO.

I understand and agree that this authorization includes the release and discussion of all information concerning this account, to a third party, including, but not limited to, the billing and payment history. I hold Black Hills Power, Inc., their employees, officers, agents, parent companies and subsidiaries, harmless from any and all liability which may arise from information which is released as a result of this Authorization. I understand that I may cancel this authorization at any time by submitting a written request.

\_\_\_\_\_  
CUSTOMER'S PRINTED NAME

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
DATE

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.

--	--

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 this 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.

COPIES OF ALL ADULTS SOCIAL SECURITY CARDS

AND PICTURE ID'S MUST BE INCLUDED WITH THE

APPLICATION FOR PROCESSING.

INCOMPLETE APPLICATIONS AND/OR MISSING SS CARDS/ID'S

WILL RESULT IN DELAYING THE PROCESS.