



El Camino Real Housing Authority

Securing Affordable Housing & a Brighter Future for All

SECTION 8 HOUSING CHOICE VOUCHER APPLICATION

The Housing Authority will not accept incomplete applications.
Please read all Instructions carefully.

All Documents must be the original documents.

Please submit your application along with all items that apply to your.

All information is needed to receive Assistance through our program.

We will not make exceptions if you are missing requested documents.

If you applied previously and are re-applying, we do not keep pre-existing documents on file.

Thank you,

Mary Ann Chavez-Lopez
Executive Director

Main Office
301 Otero Avenue, Socorro, NM 87801
Tele: (575) 835-0196, Fax: (575) 835-3461
Email: maryann@socorrohousing.org
TTY: 1-800-659-8331

Mailing Address for all Counties is:
El Camino Real Housing Authority
P.O. Box 00
Socorro, NM 87801

Valencia Office:
719 S. Main, Belen, NM **Physical**
Telephone: 575-835-0196 x403 or x 409
Fax: 575-835-3461



APPLICATION INSTRUCTIONS

This form must be filled out in English. Please print neatly in ink. All fields are required.

Documents/Items to ***bring in with the application:***

-Identification

- Social Security card for all members
- Proof of Birth for all members
- Drivers License or ID for all adult members

Income/Money Received

- From all sources and for all members (such as employment, pension, Social Security/SSI, TANF, other contributions etc.)

Please see the following page for acceptable Identification and Income documents.

Personal information

We require applicants to identify a single head of household for each application. The head of household's Social Security number will be used to identify your family.

Address

We must have a current mailing address to contact you at all times. If we are unable to contact you by mail, you will be removed from the waiting list.

Race/Ethnicity

For statistical purposes only. The choices listed are the same as the federal government's statistical categories TCHA/NMHCDC collects data on ethnicity and race in accordance with federal regulations. People of various races may also be Hispanic ethnicity. Please indicate if you are Hispanic.

Elderly

Elderly means a family whose head or spouse or sole member is a person who is at least 62 years or older.

Disability or Handicap

Disabled means a person with disabilities over the age of 18. Please tell us if you need any disability-related Accommodations to apply or lease a unit.

List others who will live with you

List everyone who will be living with you, including any unborn children you are expecting. Include yourself in this list. If you have more than six people in your family Check the box provided and list additional members on a separate piece of paper.

Income and Assets

List all sources of money for all family members. This includes employment, TANF, contributions from outside the household, pension, Social Security/SSI, etc.

Assets:

include the following: cash held in savings and checking accounts or safety deposit boxes, it also includes stocks, bonds, mutual funds, retirement plans, 401K's, and/or revocable trusts.

Housing programs available

To apply for Low income Housing, you must choose a waiting list; you may choose as many lists as you are eligible for:

- Socorro County waiting list
- Torrance County waiting list
- Valencia County Waiting list

Certification of applicant

Please read this statement very carefully. By signing, you are agreeing to its terms. You must sign the form where indicated.

INSTRUCTIONS: WE REQUIRE A COPY OF THE FOLLOWING INFORMATION ON ALL HOUSEHOLD MEMBERS LISTED ON YOUR APPLICATION:

IDENTIFICATION VERIFICATION

PROOF OF BIRTH

Birth Certificates, Baptismal Certificates or other legal document showing U.S. citizenship/alien status and place of birth are required. These documents must contain the names of parents.

SOCIAL SECURITY NUMBERS

A Social Security Number is required for all household members. If a card is not available, a document with the social security number printed on it is acceptable (i.e., Medicaid card, Medicare card, etc.)

If you do not have a Social Security number, you need to request a form from the Social Security Administration Office (1-800-772-1213).

(If you are applying for the Rural Development 515 program, this document is not required.)

INSTRUCTIONS: THE FOLLOWING DOCUMENTATION IS REQUIRED FOR ANY SOURCES OF INCOME YOUR HOUSEHOLD RECEIVES AS LISTED ON YOUR APPLICATION.

VERIFICATION OF INCOME

If any household member over the age of 18 is working, we require a statement from your employer to include your pay per hour, average hours worked per week, overtime (if any), commissions and tips. We may ask that you sign an Income Verification Form.

If any member of your household receives TANF (welfare) or General Assistance (GA), we require a computer printout from your caseworker.

If any household member receives Child Support, we need a copy of your legal documents stating the amount of child support that is received. If this case is handled through the Child Support Enforcement Bureau, we need a computer printout from your caseworker.

If any household member receives Social Security benefits, SSI, VA Pension, or retirement pension, we need a statement from the agency from which you receive this income.

If any of your household members received any education grants or loans, we need a statement from the financial counselor to include the amount of the grant/loan and any expenses (i.e., tuition, books/supplies, transportation, etc.). If you do work study, we need a statement to include pay and hours.

If any of your household members are self-employed, we need copies of the prior year's Income Tax Records.

If any of your household members receive unemployment compensation or workmen's compensation, we need a statement from the agency from which you receive this income.

El Camino Real Housing Authority

The El Camino Real Housing Authority has adopted Local Preferences. These preferences are listed below. Please read through and if you feel you qualify for one of the 8 preferences, please mark the space with an "x" on the appropriated preference(s) and please submit the information needed for the preference.

LOCAL PREFERENCES

1. (4 Point Preference) Involuntary Displacement

- a. Involuntary Displacement is an applicant who is or will be involuntarily displaced due to a natural disaster or displaced by government action such as a home that has been condemned.

2. (5 Point Preference) Chronic Homelessness

- a. Chronically homeless families are defined as either (1) an unaccompanied homeless individual or family with a disabling condition and is considered disabled and who has been continuously homeless for a year or more, OR (2) an individual or family with a disabling condition and considered disabled who has had at least four episodes or homelessness in the past three years

3. (7 Point Preference) Elderly, Disabled, Employed FT, Veterans, Resident, Victim of Domestic Violence

- a. Elderly category: Must be 62 years old or older
- b. Disabled category: Award letter or current printout from Social Security or the VA or any other documentation that proves 100% disability.
- c. Full time employment category: Families with at least one adult who is employed at least 30 hours per week. Once this preference is declared, it must be met the entire time the applicant is on the waiting list.
- d. Veteran category: Applicant must be honorably discharged veteran or surviving spouse of an honorably discharged veteran. Required documentation is the DD214 Discharge Record.
- e. Must be a resident of the county they are applying in for the past year and be able to show a utility bill or other document to prove residency.
- f. Victim of Domestic Violence category: People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain permanent housing. Incidence of domestic violence must be verifiable either through police reports, social service organizations, or some other source that the ECRHA deems as reliable. The HA will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if these if proof that the family if currently living in a situation where they are being subjected to or victimized by violence in the home.

REMEMBER YOU MUST SUBMIT THE INFORMATION FOR YOUR LOCAL PREFERENCE WITH WRITTEN VERIFICATION

Signature

Date

Housing Assistance Application

Who is Head of Household? (Legal Name):		Sex	Social Security Number	Date of Birth	Age
Last	First	MI	M F		
Do you or anyone in your household require the features of a wheelchair accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you or anyone in your household require any modification of accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes If yes, please explain <input type="checkbox"/> No			

What is your present address?

Street address				
Street	City	State	Zip	
Mailing address				
Street	City	State	Zip	
Phone: Home () Work () Message () Email:				

Who is your current landlord and what is their address and phone number?

Name:	Phone:
Street address:	
Street	City State Zip

Household members: List the full legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No.	Legal Name	Sex M/F	Relation-ship to head	Social Security Number	Date of Birth	Place of Birth (City & State)	Race/ Ethnicity
1			Head				
2							
3							
4							



For Office Use Only	Received Date:	Received Time: am/pm
Eligibility Letter Sent?	<input type="checkbox"/> Yes	By:
Ineligible? Reason:	<input type="checkbox"/> Yes	

No.	Legal Name	Sex M/F	Relationship to head	Social Security Number	Date of Birth	Place of Birth (City & State)	Race/Ethnicity
5							
6							
7							
8							

Are you or any member in the household (over the age of 18) a student of an institution of higher education? YES NO

Income Information

Fam Mem	Employer /Source of Income	Wages/Amount	How often received? (hour/week/month/year)	# Hours worked/week
		\$		
		\$		
		\$		
		\$		

Did you file a Federal income tax return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No

If yes, explain:

Asset Information:

Fam Mem	Asset Description	Current/Disposed?	Market Value	Cash Value	Int. Rate	Annual Income
			\$	\$	%	\$
			\$	\$	%	\$
			\$	\$	%	\$

Banking Information:

Name of Bank	Account Number	Type	Joint/Indiv.	Balance	
				Current	6-mo. Avg.
				\$	\$
				\$	\$
				\$	\$

Disability Assistance Expenses

Fam Mem	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Criminal History

Please note that it is important that you answer these questions fully, accurately and honestly. Criminal history does not necessarily keep you from obtaining housing assistance. Attach additional paper if needed to explain your situation. Please

Circle "Yes" or "No" to the following questions.

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted or placed on probation for or had an adjudication withheld, or had charges dropped or nolle prossed in connection with drug related or violent criminal activity. Circle YES NO

If yes, who? _____

When and what was the outcome? _____

What city and state _____

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with any felony charge? Circle YES NO

If yes who? _____

What dates? _____

What was the outcome? _____

In what city and state? _____

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted or placed on probation for or had any adjudication withheld, or had charges dropped or nolle prossed in connection with committing fraud in a federally assisted housing program or has any household member been requested to repay money for knowingly misrepresenting information for such housing programs?

Circle YES NO

If yes who? _____

What Dates? _____

What was the outcome? _____

In what city or state? _____

Has any household member, including adults or minors, used drugs or alcohol in the last five years to the degree that it caused a problem?

Circle YES NO

If yes, who? _____

When? _____

Has any member of your household including adults and minors, ever engaged in, been cited, arrested, indicted, convicted or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with manufacturing or producing methamphetamine? Circle YES NO

If yes, who? _____

When? _____

In what city and state did the offense occur? _____

On what dates? _____

Has any member of your household, including adults and minors, ever been on parole or probation?

Circle YES NO

If yes, who? _____

When? _____

If you answered yes then is any family member still on parole or probation? Circle YES NO

Who? _____

Who is/was the probation officer and what is their contact number? _____

In what city and state did the offense occur? _____

What charges resulted in the parole or probation? _____

Has any member of your household, including adults and minors, ever been involved in drug court?

Circle YES NO

Who? _____

What incidents lead to their involvement in drug court? _____

On what dates did the incidents occur? _____

Is any household member, including adults and minors, currently involved with Department of Children, Youth and Families, mental health court, court coordinated services? Circle YES NO

Who? _____

What incidents lead to their involvement with CYFD, mental health court, court coordinated services, or DCF? _____

On what dates did the incidents occur? _____

Has any member of your household been required to register as a sex offender? Circle YES NO
 If yes, who? _____
 In what city and state did the offense occur? _____
 On what date(s)? _____

Current 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? Yes No
 If yes, specify: _____

Work History—Where was the last place of employment for all adult household members?

Fam Mem	From (year)	To (year)	Employer

Housing Suitability Screening

Have you ever been evicted? Yes No
 By whom? _____ When? _____ Why? _____

Have you ever lived in subsidized housing before? Yes No
 When? _____ Where? _____

Under what name? _____ Who was head of Household? _____
 Have you ever used a name other than the one you are using now? Yes No
 If yes, what name? _____

Have you ever violated a family obligation in a HUD-assisted housing program? Yes No
 Do you owe any money to a Public Housing Agency? Yes No

Do you expect anyone to move in or out of your household within the next 12 months? Yes No
 Does anyone live with you now who is not listed above? Yes No

In case of emergency, or if we were unable to reach you, whom could we contact locally?

Name	Phone ()
Mailing Address	Relation

Landlord References: List your landlords and their addresses for the past three years.

**Regional Dispatch Authority
NCIC/NMLETS - Terminal Agency**

DATE: _____

NAME OF APPLICANT _____ RACE _____

OTHER NAMES USED 1. _____ 2. _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # ____/____/____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

I.D. VERIFICATION _____ VERIFIED BY: _____

I, _____ DO HEREBY GIVE WRITTEN CONSENT TO THE REGIONAL DISPATCH AUTHORITY TO QUERY MY NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER THROUGH THE INTERSTATE IDENTIFICATION INDEX (III).

THIS AUTHORIZATION FOR INQUIRING INTO THE INTERSTATE IDENTIFICATION INDEX (III) IS FOR THE PURPOSE OF APPLICANT SCREENING.

THE PHA USER AGREES TO ABIDE BY ALL PRESENT AND FUTURE RULES, GUIDELINES, POLICIES AND PROCEDURES PURSUANT TO THE HOUSING OPPORTUNITY PROGRAM EXTENSION ACT, THE NEW MEXICO TELECOMMUNICATIONS SYSTEM (NMLETS) AND THE NATIONAL CRIME INFORMATION CENTER (NCIC) NCIC 200 OPERATIONS MANUAL, SECURITY AND CONFIDENTIAL SECTION 1.

I UNDERSTAND THAT THE RESULTS OF AN INCONCLUSIVE NAME CHECK CANNOT BE USED TO DENY AN APPLICANT ADMISSION TO PUBLIC HOUSING.

APPLICANT SIGNATURE

AUTHORIZED PHA REPRESENTATIVE

*****OFFICIAL USE ONLY*****

THE III TRANSACTION- CRIMINAL HISTORY INQUIRY HAS BEEN COMPLETED BY THE REGIONAL DISPATCH AUTHORITY. THE INFORMATION YOU REQUESTED IS AS FOLLOWS

THE INFORMATION PROVIDED BY THE HOUSING AUTHORITY DISPLAYS NO RECORD FOUND

THE INFORMATION MAY MATCH A CRIMINAL QUERY, SUBMIT FINGERPRINT CARDS

Operator I.D. Number _____

Date _____

**Regional Dispatch Authority
NCIC/NMLETS - Terminal Agency**

DATE: _____

NAME OF APPLICANT _____ RACE _____

OTHER NAMES USED 1. _____ 2. _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # ____/____/____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

I.D. VERICATION _____ VERIFIED BY: _____

I, _____ DO HEREBY GIVE WRITTEN CONSENT TO THE REGIONAL DISPATCH AUTHORITY TO QUERY MY NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER THROUGH THE INTERSTATE IDENTIFICATION INDEX (III).

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THE INFORMATION PROVIDED BY THE HOUSING AUTHORITY DISPLAYS NO RECORD FOUND

THE INFORMATION MAY MATCH A CRIMINAL QUERY, SUBMIT FINGERPRINT CARDS

Operator I.D. Number _____

Date _____

Exhibit 3-5: **Sample Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO _____

DATE OF _____

HEAD OF HOUSEHOLD _____

SEX _____

BIRTH _____

SOCIAL _____

ALIEN _____

SECURITY NO. _____

REGISTRATION NO. _____

ADMISSION NUMBER _____

if applicable (this is an 11-digit number

found on DHS Form I-94, *Departure Record*)

NATIONALITY _____

(Enter the foreign nation or country

to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____ (print or type first name, middle initial, last name):

____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

____ Signature _____

____ Date _____

Check here if adult signed for a child: _____

____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Exhibit 3-6: **Sample Verification Consent Form**

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the ****Citizenship**** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:

(print or type first name, middle initial, last name)

- 1, The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

- 2, The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

Optional and Supplemental 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.

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

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.	
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.