



**The Neel Management Team, Inc.**

*Specializing in the Management of Affordable Housing*



### **SIUSLAW DUNES TENANT SELECTION CRITERIA**

1750 W. 43<sup>rd</sup> Street #4, Florence, OR 97439

Phone: (541) 997-6036 TDD 1-800-735-2900

#### **1. Application/Eligibility:**

The Neel Management Team, Inc. manages this apartment complex. The policy of The Neel Management Team, Inc. is one of equal housing opportunity for prospective applicants regardless of race, color, religion, sex, handicap, familial status or national origin.

All persons interested in an apartment must complete and submit an application for tenancy. **Applications must be filled out in full to be accepted and** will be returned if not filled out in full. This application will be used for subsidized and non-subsidized units.

This property is financed with funding from the Department of Housing and Urban Development (HUD). It is a 45 unit Family Complex. Section 8 rent subsidy is available for each unit. To be eligible for admission, applicants cannot have a gross annual income that exceeds the HUD very low income limits. If an applicant with gross annual income over the very low level is admitted for occupancy, that person will pay Market Rent. Applicants must be capable and willing to pay rent that is equal to 30% of their adjusted income, 10% of their gross monthly income, or the \$25.00 minimum rent; whichever is greater. Applicants must demonstrate the ability to pay monthly utilities and other essential living expenses in addition to rent.

Applicants with one or more members enrolled at an institution of higher education (students) are ineligible to receive assistance unless they are applying to live with their eligible parents/guardians, are 24 years of age, a veteran, are married, have one or more dependent children, and if the students parents are, individually or jointly, eligible for assistance, unless the student can demonstrate being independent from his/her parent as defined in the HUD regulations handbook 4350.3 Chapter 3 paragraph 3-13 (A)(3), (a), (b), (c) and (d).

If a student is accepted for occupancy, all educational financial assistance will be counted as income, less the cost of tuition and not to include loans. Educational financial assistance provided to those students who are over the age of 23, with dependent children, is exempt.

Eligibility for the unit size is based on HUD Handbook 4350.3 regulations. There are one, two and three bedroom units in this apartment complex. Occupancy guidelines are as follows:

<u>Bedroom Size</u>	<u>Minimum Occupants</u>	<u>Maximum Occupants</u>
1	1 person	3 persons
2	2 persons	5 persons
3	3 persons	7 persons

Applicants may be admitted to larger or smaller units if no qualified households are on the waiting list for that size unit and if the applicant agrees to later transfer to the appropriate size unit when one becomes available, and pay all costs associated with the transfer.

## **2. Waiting List:**

All applicants will be notified of the acceptance or rejection of their application. All applications are placed on a master waiting list by date and time received. Those determined ineligible due to income or occupancy status will be notified of the reason for their rejection, and their name will be removed from the waiting list.

Applicants with eligible income and occupancy levels are placed on the waiting list and categorized by bedroom size, date of application and whether or not they qualify for and desire to be housed in a handicap accessible unit. HUD regulations specify applicants must be selected chronologically from the waiting list and that at least 40% of all vacancies in a fiscal year must be rented to households with incomes that are at or below 30% of the area median income. As a result of this rule it is possible an applicant on the waiting list could be passed over if their household income exceeds 30% of the area median income.

All applicants may inquire as to their chronological place on the waiting list. All HUD priorities in regard to waiting lists and tenant selection, in addition to eligibility regulations for income and occupancy, will be explained to all applicants.

For applications to be accepted they must be completed in full (including income and asset documentation) and the applicant must supply references that can be checked. Management is available to answer any questions an applicant may have in regard to filling out their application.

## **3. Selection/Rejection:**

Applicants who meet the income/occupancy guidelines and have come to the top of the HUD income priority list will be notified their application is ready to be processed for residency. At this time, the applicant must come in for an interview and supply management with current income and asset documentation. Documentation must also be provided if a deduction to income for medical expenses is requested. In addition, at this point applicants must provide a written release and all information necessary for management to check rental and/or personal references and order a Criminal/Credit and Public Records check. Trans-Union Credit currently provides applicant credit checks, while Pacific Screening, Inc. provides the criminal and public records checks. Management will house no applicant without an interview and credit, criminal, public records and reference check. Some applicants may have no previous or current rental or credit references. In such cases the applicant will need to offer at least three personal, non-related references.

## **4. Criminal History Criteria:**

A conviction, guilty plea, or plea of no contest to any of the following offenses will be grounds for denial of your rental application:

- a) Felony involving injury, assault, kidnapping, death, arson, rape, sex crimes including molestation, extensive property damage, drug related offenses including manufacturing and/or distribution, delivery or possession with intent to sell, felony burglary or robbery at any time.
- b) Any other felony charge in which disposition or parole has occurred within the past eight years.
- c) Any misdemeanor involving assault, intimidation, sex or drug related, property damage or weapons charges in which release or parole has occurred within the past three years.
- d) Any misdemeanor involving criminal trespass, theft or prostitution in which release or parole has occurred within the past three years.

Pending charges or outstanding warrants for any of the above will cause the application to be suspended until the charges are resolved. No unit will be held awaiting the result of pending charges.

## **5. Credit History Criteria:**

Good credit will be required for an unconditional approval. If negative or adverse credit is reported, the following criteria will be used:

- a) Outstanding, delinquent debt of more than \$3,000 listed on the credit report will result in denial, unless the debts are verifiable medical expenses, or the debts were included in a bankruptcy filing and no negative, non-medical debts are reported since the bankruptcy was filed.
- b) Ten or more past-due accounts listed on the credit report will result in denial.

## **6. Public Records, Rental References:**

- a) Applicants who have been evicted from a residence within the past five years will be denied.
- b) Applicants who have been evicted from more than one residence, regardless of how long ago the evictions occurred will be denied.
- c) Rental references which indicate the applicant caused significant damage to the unit, vacated the unit owing rent, were late paying their rent on more than four occasions, caused disturbances at the property on more than one occasion or maintained their unit in an unsanitary condition could be grounds for denial.
- d) Applications will be denied if references indicate the applicant used the rental for illegal activities.
- e) Unsatisfied legal judgments of \$500 or more will be grounds for denial.

Applicants will be rejected if it is determined that their presence or the presence of any of their household members would likely result in a threat to the health and/or safety of any staff, residents, guests or anyone else frequenting Siuslaw Dunes. Rejection may also occur if the current living circumstances are determined to be unsanitary or the unit is damaged due to applicant abuse.

Knowingly submitting false information on the application for tenancy or to management will also result in rejection of an application.

## **7. Review Rights, Residency Requirements and other Application Requirements:**

If rejected, an applicant will have 14 days after he or she has received the rejection letter to request a review of the decision to reject their application. Management will answer the applicant's request within 5 days of receiving their request for a review of the rejection. Applicants will not be rejected on the basis of race, color, religion, sex, handicap, familial status or national origin.

By law, only U.S. citizens and eligible noncitizens may benefit from federal rental assistance. In order to comply with these laws, assistance will not be provided for members who are not U.S. Citizens or Nationals, or for non-citizens that do not have eligible immigration status. All applicants will be required to submit documentation of citizenship or eligible immigrant status for all prospective household members. All members, regardless of age, will be required to declare their citizenship status.

In order for a household to be admitted, the applicant must disclose social security numbers for all prospective household members who are age six or older, and provide proof of the numbers reported. If no social security number has been assigned to a particular member, the applicant must sign a certification stating that no social security number has been assigned to that member.

Handicap accessible units will be marketed to qualified handicap/disabled households who would benefit from the unit features. We will consider any request for reasonable accommodation, including alterations to non-accessible units. We will reply in writing to such requests. In the event no households apply who need the special unit features, HUD will be contacted for permission to house other households in these units. In this circumstance, tenants will sign a lease addendum agreeing to transfer (at their expense) to another unit should an appropriate unit become available and there are households needing the benefit of the handicap accessible unit now on the waiting list.

All tenants/applicants must be legally capable of entering into a lease agreement.

Should an applicant fail to come to two scheduled interviews, the application will be removed from the waiting list and the applicant will need to complete a new application in order to be considered for residency. Should an applicant be selected and refuse occupancy for reasons other than a medical emergency, that applicant's name will be removed from the waiting list. That applicant may reapply and will be placed on the waiting list by the new date of application.

The applicant must check in with the agent/site manager at least once every six months if he/she wishes to remain on the list. Failure to do so will result in automatic removal from the waiting list.

All accepted tenants must pay rent as determined on the Tenant Certification Form, and sign that form along with the apartment complex's HUD approved lease and attachments.

## INCOME LIMITS FOR SIUSLAW DUNES

	1 PER	2 PER	3 PER	4 PER	5 PER	6 PER	7 PER
30 %	\$12,000	\$13,700	\$15,450	\$17,150	\$18,500	\$19,900	\$21,250
VL	\$20,000	\$22,900	\$25,750	\$28,600	\$30,900	\$33,200	\$35,450

The Neel Management Team, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in it's federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Dan Dizney  
155 South 1<sup>st</sup> Street P.O. Box 760  
Creswell, OR 97426  
(541) 895-8801 voice (541) 895-8805 fax  
Oregon public TTY number: 711  
[mail@nmteam.com](mailto:mail@nmteam.com)



**THE NEEL MANAGEMENT TEAM, INC.**  
**TENANT APPLICATION FORM**  
**Oregon public TTY number: 711**

To be filled out in full by all prospective tenants and returned to the manager with income, employment, asset and asset income documents.

Applicant \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address/City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Have you ever lived in subsidized housing? \_\_\_\_\_

If yes, give name/address: \_\_\_\_\_

Would anyone in your household benefit from a handicap accessible unit? \_\_\_\_\_

Size of unit desired (1 Bedroom, 2 Bedroom, etc.) \_\_\_\_\_ (One person does not qualify for a two- bedroom unit.)

Will you take a smaller unit than desired if a vacancy exists? \_\_\_\_\_ Will you accept an upstairs unit if a vacancy exists? \_\_\_\_\_

**HOUSEHOLD MEMBERS** (List all members of household – applicant, co-applicant, dependents, care attendants, etc.)

Full Name	Sex	Relationship	Date of Birth	Social Security #	Occupation	Drivers Lic. #

**EMPLOYMENT STATUS:**

APPLICANT: Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Length of Employment \_\_\_\_\_

CO-APPLICANT Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Length of Employment \_\_\_\_\_

APPLICANT: Retired: \_\_\_\_\_ CO-APPLICANT: Retired: \_\_\_\_\_

**GIVE TWO PERSONAL REFERENCES: Two persons not related or living with you, whom you have known at least 1 yr.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**NEAREST RELATIVE: (for emergency contact)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Automobiles:**

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Lic # \_\_\_\_\_ State \_\_\_\_\_

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Lic # \_\_\_\_\_ State \_\_\_\_\_

Where did you hear about this apartment complex? Newspaper Ad \_\_\_\_\_ Phonebook \_\_\_\_\_ Posted Notice \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**INCOME INFORMATION**

Applicant employment (GROSS – BEFORE DEDUCTIONS) \_\_\_\_\_  
 Co-Applicant employment (GROSS – BEFORE DEDUCTIONS) \_\_\_\_\_  
 Applicant Social Security (ANNUALLY) – include Medicare \_\_\_\_\_  
 Co-Applicant Social Security (ANNUALLY) – include Medicare \_\_\_\_\_  
 Retirement Pensions (ANNUALLY) \_\_\_\_\_  
 Disability Income (ANNUALLY) \_\_\_\_\_  
 Unemployment (GROSS – BEFORE DEDUCTIONS) \_\_\_\_\_  
 Gifts given regularly (ANNUAL AMOUNT) \_\_\_\_\_  
 Other Income \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**ANNUAL INCOME**

**ASSET INFORMATION**

(For annual income, give amount of income from interest, principal payments, etc. For asset net worth, give current value.)

	ANNUAL INCOME	ASSET NET WORTH
Property (contracts on property that you are holding) _____	_____	_____
Checking Account(s) _____	_____	_____
Savings Account(s) _____	_____	_____
Time Certificates, Treasury Bills, Money Market Acct., etc. _____	_____	_____
Individual Retirement & Keogh Accounts _____	_____	_____
Other (Identify) _____	_____	_____
Other (Identify) _____	_____	_____
<b><u>TOTALS:</u></b>	_____	_____

Previously disposed of assets: Have you sold/disposed of any property/assets in the last 2 years? \_\_\_\_\_. If yes, type of property/assets: \_\_\_\_\_ Date sold/disposed of: \_\_\_\_\_ Amount received from property/asset: \_\_\_\_\_.  
 Have you given away any asset/property in the past 2 years? \_\_\_\_\_. If yes, what was the fair market value? \_\_\_\_\_.

**DEDUCTIONS:**

Is anyone in the household other than the applicant or co-applicant a full-time student and 18 years of age or older? \_\_\_\_\_. (To be a student, he/she must carry a subject load considered full-time by the institution attended.)

Does any tenant request an adjustment to income due to payment of child care which enables them to work or go to school? \_\_\_\_\_. (The amounts paid by the household for the care of minors under 13 may be deducted for expenses that are not reimbursed. Deductions for these expenses are permitted only when such care is necessary to enable a tenant to further his/her education or to be gainfully employed.) Expected annual expense: \$\_\_\_\_\_. Name & address of provider: \_\_\_\_\_

Does anyone in the household request a handicap/disability adjustment to income? \_\_\_\_\_. This deduction is allowed only if the applicant or co-applicant(s) is elderly (62 years or older), disabled or handicapped. If a medical deduction is requested (expenses **NOT** covered by Medicare or other insurance), please complete the following:

Amount of anticipated expense(s) for prescriptions and non-prescription items prescribed by a doctor the next 12 months:

<u>Place of Purchase</u>	<u>Expected Annual Expense</u>
_____	\$ _____
_____	\$ _____

Amount of anticipated expense for hospital, doctor, dentist, etc. for the next 12 months:

<u>Name of Provider</u>	<u>Expected Annual Expense</u>
_____	\$ _____
_____	\$ _____

Amount of anticipated expense for medical insurance for the next 12 months:

<u>Name of Provider</u>	<u>Expected Annual Expense</u>
_____	\$ _____
_____	\$ _____

1. Do you have pet(s)? \_\_\_\_\_ If yes, specify type and description \_\_\_\_\_
  2. Are you or a member of your household a current illegal user and/or distributor of a controlled substance? \_\_\_Yes \_\_\_No
  3. Have you or a member of your household been convicted of the illegal use or possession of a controlled substance? \_\_\_Yes \_\_\_No
  4. Have you or a member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? \_\_\_Yes \_\_\_No
  5. If you answered yes to questions 3, 4 or 5 above, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? \_\_\_Yes \_\_\_No
  7. Have you or any member of your household been convicted of a felony? \_\_\_Yes \_\_\_No
  8. Have you ever been bankrupt or have a bad credit history? \_\_\_Yes \_\_\_No
  9. Have you ever been evicted from a rented house or apartment? \_\_\_Yes \_\_\_No
  10. Are you or a member of your household a student or plan on becoming a student? \_\_\_Yes \_\_\_No
- Is there anything about yourself you would like to share with us? \_\_\_\_\_

I/We hereby certify that this apartment will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I/We agree to give the owner/owner's representative the authority to investigate and obtain my/our credit rating, current and past rental records, employment history and source of income to the household, current/past utility records, criminal records and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and will be held in confidence. My/our signature(s) below certifies that the statements made on this application are TRUE and CORRECT. I/We understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.

**GIVING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN EVICTION AFTER OCCUPANCY.**

**WARNING: Section 1001 of Title 18, United States code provides, "whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false or fraudulent statement or entry shall be fined or imprisoned not more than five years, or both."**

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address \_\_\_\_\_

Co-Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**Ethnicity:** Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

**Race:** (Mark one or more)

Applicant: White \_\_\_ Black or African American \_\_\_ American Indian / Alaska Native \_\_\_ Asian \_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_

Co-Applicant: White \_\_\_ Black or African American \_\_\_ American Indian / Alaska Native \_\_\_ Asian \_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_

**FOR OFFICIAL USE ONLY** (Keep application in file for \_\_\_\_\_ years.)

Date Received \_\_\_\_\_ Time of Day \_\_\_\_\_ Income Level (Entry Code) \_\_\_\_\_ Date applicant's name added to waiting list \_\_\_\_\_ Date letter sent informing applicant name placed on list \_\_\_\_\_ Date contacted for residency \_\_\_\_\_ Date approved for residency \_\_\_\_\_ Date rejected for residency \_\_\_\_\_ Reason for rejection \_\_\_\_\_ Date rejection letter sent \_\_\_\_\_ Reason for removal from list \_\_\_\_\_  
(found other housing, unable to contact, etc.)

The Neel Management Team, Inc. and this property do not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in it's federally assisted programs and activities, not do they discriminate on the basis of disability status in the admission or access to, or treatment or employment in it's federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8, dated June 2, 1988.)

Dan Dizney  
155 South 1<sup>st</sup> Street P.O. Box 760  
Creswell, OR 97426  
(541) 895-8801 voice (541) 895-8805 fax  
Oregon public TTY number: 711  
[mail@nmteam.com](mailto:mail@nmteam.com)

# THE NEEL MANAGEMENT TEAM, INC.

## RENTAL REFERENCES

Please fill out the following and do not leave blank spaces or leave gaps in rental history. Make sure the telephone numbers are current. We need at least 3 years of your most recent rental references, and more if you have them. If you need more room, please use the back of this form. **If applicants do not have the same rental history, please fill out separate rental reference forms** (available at office).

Name of applicant: \_\_\_\_\_

### Applicant's Current Address:

1. Name of Property Owner or Apartment Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Property Lived at: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(number of months & years) (date) (date)

Reason for moving: \_\_\_\_\_ Amount of Rent You Paid: \_\_\_\_\_

2. Name of Property Owner or Apartment Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Property Lived at: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(number of months & years) (date) (date)

Reason for moving: \_\_\_\_\_ Amount of Rent You Paid: \_\_\_\_\_

3. Name of Property Owner or Apartment Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Property Lived at: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
( number of months & years) (date) (date)

Reason for moving: \_\_\_\_\_ Amount of Rent You Paid: \_\_\_\_\_

4. Name of Property Owner or Apartment Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Property Lived at: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(number of months & years) (date) (date)

Reason for moving: \_\_\_\_\_ Amount of Rent You Paid: \_\_\_\_\_

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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