



BRAIDWOOD MANOR

336 N. Main St., Davison, MI 48423

Phone: (810) 653-1808 / Fax: (810) 653-4458

Email: braidwood@IMSTeam.net

Website: www.braidwoodmanor.com

Senior Apartment Community

Dear Applicants:

Thank you for your interest in Braidwood Manor, a subsidized housing community for seniors 62 years of age or older.

The enclosed application should be completed, signed, and returned to Braidwood Manor leasing office. When the completed application is received it is dated, stamped, and placed on our waitlist. You will be notified for an interview appointment to initiate the certification process.

Braidwood Manor is not a licensed care facility. Residents must assume responsibility for their own care, and the care of their apartment.

In determining whether an applicant is eligible for this facility, please be advised of the established guidelines to be verified prior to final approval of your application:

- Federal/State Requirements
- Household Size
- Criminal History
- Landlord References
- Misinformation/Fraud
- Illegal Drug History
- Income and Asset Levels
- Credit History
- Sex Offense History
- Age 62 or older
- Medical Expenses
- Eligible U.S. Citizen or permanent legal resident

Effective April 1st, 2021 income limits for section 8/202 Federal Housing Communities:

One Person	\$23,000
Two People	\$26,250

Should your address and/or telephone number change, it is the applicants' responsibility to inform the leasing office. Please do not hesitate to call if you have any questions while filling out your application.

Sincerely,

Braidwood Manor Management.



EQUAL HOUSING OPPORTUNITY



BRAIDWOOD MANOR
SENIOR APARTMENT COMMUNITY

336 N. Main St.
DAVISON, MICHIGAN 48423

(810)653-1808
Fax (810)653-4458

No Smoking Policy and Agreement

Due to the increased risk of fire, increased costs for maintenance, and the possible health effects of secondary smoke, Braidwood Manor (Landlord) is adopting the following No-Smoking policy, which covers all or part of the property located at 336 N. Main St., Davison, Michigan. The following terms, conditions and rules are hereby incorporated into the Rental Agreement.

1. PROPERTY SUBJECT TO NO-SMOKING POLICY

The entire property is no-smoking, including but not limited to all buildings, dwelling unit, yards, garages, parking areas and other common areas (collectively the "Property").

2. DEFINITION OF SMOKING

The term "smoking" means the process of inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, or other tobacco product or similar lighted product in any manner or any form.

3. NO-SMOKING PROPERTY

3.1 Complete Complex Resident agrees and acknowledges that the Property has been designated as a no-smoking living environment. Resident agrees they will not smoke anywhere on the Property or adjacent to and within 25 feet of any portion of the Property. Resident will not permit any guests or visitors of Resident to smoke on the Property. *A designated smoking area is located at the end of the building near Shoppers Alley. This is the ONLY section of the property to be used for smoking.*

3.2 Designated Portions of Property No-Smoking Resident agrees and acknowledges that designated proportions of the Property have been designated as no-smoking. Resident agrees that they will not smoke on the no-smoking portion of the Property and will not permit any guests or visitors of the Resident to do so.

3.3 Residents Agree to Inform All Guests or Visitors of the No-Smoking Policy and to require any guest or visitor who violates the Policy to leave. Resident is responsible for the actions of their guests or visitors.



EQUAL HOUSING OPPORTUNITY



4. LANDLORD NOT A GURANTOR OF SMOKE FREE ENVIRONMENT.

Resident acknowledges that Landlord's adoption of a No-Smoking Policy, and the efforts to designate all or some of the property as non-smoking do not make the Landlord or any of its managing agents the guarantor of Resident's health or of the smoke free condition of the non-smoking portions of the Property. However, Landlord will take reasonable steps to enforce the No-Smoking Policy. Landlord is not required to take steps in response to smoking unless Landlord has actual knowledge or proof of the smoking and the identity of the person and/or the responsible resident.

5. LANDLORD DISCLAIMER

Resident acknowledges that Landlord's adaption of a non-smoking environment, and the efforts to designate all or portions of the Property as non-smoking does not in any way change the standard of care that the Landlord has under applicable law to render the Property any safer, more habitable or improved in terms of air quality standards than any other rental premises. Landlord specifically disclaims any implied or express warranties that the Property will be free from secondary smoke. Resident acknowledges that Landlord's ability to police, monitor or enforce this Addendum is dependent in significant par on voluntary compliance by and Residents' guests or visitors. Residents with respiratory ailments, allergies or other conditions relating to smoke are put on notice that Landlord does not assume any higher duty of care to enforce this addendum than any other Landlord obligation under the rental agreement.

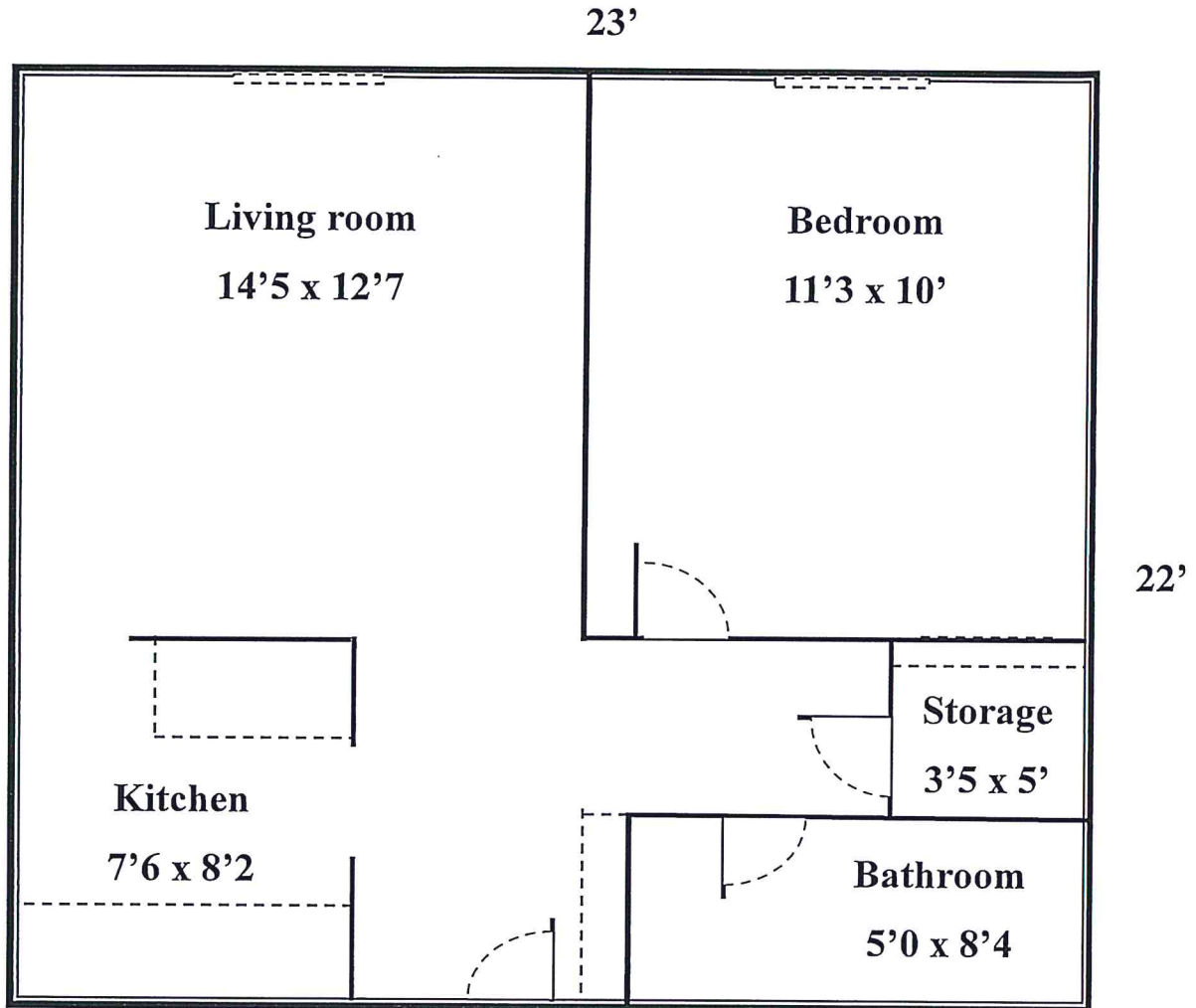
6. EFFECT OF BREACH

Resident understands and agrees with the conditions of this Addendum and that failure to adhere to any of the conditions of this Addendum will constitute both a material non-compliance with rental agreement and serious violation of the Rental Agreement. In addition, Resident will be responsible for all costs to remove smoke odor or residue upon any violation of this Addendum.



EQUAL HOUSING OPPORTUNITY





Standard Apartment Layout

Braidwood Manor

**506 total square foot*

ALL DIMENSIONS ARE APPROXIMATE

Applicant Name:	For Office Use Only Management Initials -	
Home Ph.:	Cell Ph.:	Application No. (Date and Time)
Email:	Date: / / Time: :	

- INSTRUCTIONS TO APPLICANT -

Please provide the following information:

- Everyone's drivers license or State I.D. card or alien registration card.
- Income Verification for the entire household (i.e., Check stubs, Social Security, SSI, ADC; etc.
- Verification of Social Security Numbers for all household members.
- Verification of age for all household members.

- Each household member 18 years of age and older must complete a separate application in its entirety.
- **ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.**
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Selection Criteria, your application will be declined.
- Management will conduct a full investigation of your application, including a credit, criminal check, sex offender query, terrorist alert query, and landlord verification.. After information is received and compiled you will be notified in writing of a scheduled informal interview with the manager, or you will be sent a denial letter.
- We will process your application according to our standard procedures which are summarized in the Resident Selection Plan, posted in the Management Office. Upon completion of processing your application, including the informal interview, you will receive a letter from our office notifying you of the decision on your application. If you are approved, you will be placed on the waiting list by the date and time of your application. TTY/TTD: 711
- **Failure to contact the office every six (6) months will result in your application being denied.**

- MANAGEMENT USE ONLY -

- Completed application received? Date _____ Time _____ Initials _____
- Credit Check received? Date: _____
- Criminal history verified? Date _____
- Would prior landlords rent to applicant again? _____
- Did applicant pay rent on time? _____
- All income and asset verifications received? Gross Annual Income= \$ _____
- Move-out verification from a Federal Assisting program confirmed? Yes No N/A
- EIV Existing Tenant Search Report produced on **ALL** household members.

X

Signed by Property Manager or Designate for Final Approval

Date _____

HOUSEHOLD INFORMATION

Full Name of Household as they appear on SS Card	Relationship	Sex (Optional)	Age	Date of Birth	Race/Ethnicity of Head of Household	Social Security No. or Alien Registration No.	Drivers License Number
1.	Head						
2.							
3.							
4.							
5.							
6.							

- Is any household member a U.S. Military Veteran? Yes No
- Are you seeking housing as a result of being displaced by government action or a Presidentially declared disaster? Yes No
- Are you currently receiving Section 8? Yes No
- Will any of the household members live anywhere except in your apartment? Yes No
- Is there a part or full-time student over age 18 in this household? Yes No
- Are there any other persons who will live in your apartment on a less than full-time basis? Yes No
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? Yes No
- If you answered "YES" to any question above, please explain: _____
- Were you 62 or older as of 1/31/2010 and do not have a SSN? If you answered "YES" to the question above, were you receiving HUD assistance at another location on 01/31/2010? Yes No
- How did you learn about this apartment community? _____
- Are you homeless, disabled, a domestic violence survivor or youth aging out of foster care? Yes No

RESIDENCE HISTORY

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

Present Address	Street Address:				From: ___/___/___	Landlord Name:			
	City:	County:	State:	Zip:	To: ___/___/___	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? Yes No				Amount of rent:		City:	State:	Zip:
Previous Address	Street Address:				From: ___/___/___	Landlord Name:			
	City:	County:	State:	Zip:	To: ___/___/___	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? Yes No				Amount of Rent:		City:	State:	Zip:
Previous Address	Street Address:				From: ___/___/___	Landlord Name:			
	City:	County:	State:	Zip:	To: ___/___/___	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? Yes No				Amount of Rent:		City:	State:	Zip:

You **must** report ALL states you have resided in. All Household Members are required to report this information.

State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:

- | | <u>No</u> | <u>Yes</u> | <u>If 'Yes' you must answer the following:</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------------------------|
| • Have you or any member of your household ever been evicted? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ Why? _____ |
| • Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ |
| • Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? | <input type="checkbox"/> | <input type="checkbox"/> | To Whom? _____
How Much? \$ _____ |
| • Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? | <input type="checkbox"/> | <input type="checkbox"/> | Explain: _____

_____ |

ASSET INFORMATION

You **must** report ALL Assets below. Use an additional sheet if necessary.

CHECKING	Name of Bank:	Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:		
	City: State Zip:	Bank Phone Number:	
SAVINGS	Name of Bank:	Current Balance:	Current Interest Rate:
Account No:	Address:		
	City: State Zip:	Bank Phone Number:	
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City: State Zip:	Institution Phone Number:	
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City: State Zip:	Institution Phone Number:	

- | | <u>No</u> | <u>Yes</u> | <u>If 'Yes' you must answer the following:</u> |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------|
| • Has any household member disposed of any assets for Less than Fair Market Value during the past two (2) years? | <input type="checkbox"/> | <input type="checkbox"/> | Date Disposed of: <u> / / </u>
Description of Asset: _____
_____ |
| • Has any household member sold any Real Estate in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> | Date Disposed of: <u> / / </u>
Description of Asset: _____
Sales Price: \$ _____ |
| • Does any household member have an interest in any Real Estate, Boat or Mobile Home? | <input type="checkbox"/> | <input type="checkbox"/> | Description of Asset: _____
Value: \$ _____
Annual Income from Asset: \$ _____ |

SOURCES OF INCOME

You **must** report income from **ALL** sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:		Street Address:		Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
				Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
				Amount you pay: \$ _____ per _____

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:		Street Address:		Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
				Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
				Amount you pay: \$ _____ per _____

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:		License Plate Number:	State:	Insurance Agent:		Phone:	
Color:	Year:	License Expiration Date:		Street Address:		Policy No:	
Name on Registration:		VIN #		City:	State:	Zip:	Expiration Date:
Make and Model Number:		License Plate Number:	State:	Insurance Agent:		Phone:	
Color:	Year:	License Expiration Date:		Street Address:		Policy No:	
Name on Registration:		VIN #		City:	State:	Zip:	Expiration Date:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance*. If you have coverage, please provide information below.

Insurance Agent:			Phone:		
Street Address:			Policy No:		
City:	State:	Zip:	Expiration Date:		

PERSONAL REFERENCES

List two (2) references (Not related to you).

Name:		Address:			
Phone No:		City:	State:	Zip:	
Name:		Address:			
Phone No:		City:	State:	Zip:	

EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:			
Phone No:	Relationship to you:	City:	State:	Zip:	
Name:		Address:			
Phone No:	Relationship to you:	City:	State:	Zip:	

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older Handicapped Disabled

My household requires an accessible (barrier-free) unit

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:		Description of Expense: _____
Phone:	Policy No:	City:	State Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____
Phone:	Policy No:	City:	State Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____
Phone:	Policy No:	City:	State Zip:	Amount you pay: \$ _____ per _____

PERSONAL & EVICTION HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of personal, eviction, and criminal history. **You must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	No	Yes	If 'Yes' you must answer the following:
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household subject to a lifetime sex offender registration in any state?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household an alcohol abuser whose behavior could interfere with others' health, safety, and right to peaceful enjoyment?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____

APPLICANT CERTIFICATION

1. We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize management to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental or credit screening services, any criminal background checks, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or Local agencies.
3. If your application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria, which summarizes the procedures for processing applications, is posted in the Management Office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages, and Security Deposits.
8. We authorized management to obtain one or more "Consumer Reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES; SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND, POLICE RECORDS, SEX OFFENDER REGISTRY, AND ALSO TERRORIST ALERT QUERY. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS. BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

WARNING:

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 FRAUDELENT 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 THE VERIFICATION FORMS ARE RESTRICTED TO THE PURPOSES CITED THEREIN. 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 \$5000. 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 OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENTALTY PROVISIONS FOR MISUSING THIS SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 208(A)(6),(7) AND (8). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 408 (A) (6), (7) AND (8).

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

I HAVE READ AND UNDERSTAND THE ABOVE.

APPLICANT SIGNATURE

Date

MANAGEMENT SIGNATURE

Date



The Owner does not discriminate against persons with disabilities.
Our Section 504 Coordinator is Michael Rigdon
14381 North Rd. Fenton, MI 48430. 810-750-7000
Equal Housing Opportunity



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.