



PROPERTY MANAGEMENT • CONSTRUCTION • DEVELOPMENT

Thank you for your interest in becoming a resident with us!

In order to become a resident you must first qualify and be approved for the apartment. The qualification process includes submitting a completed application, providing all the mandatory documents, and passing the verification process.

The first step in the process is to fill out the attached application in full and submit to your community's property management office. This will put you on our waitlist. Once your name reaches the top of our list, a property representative will reach out by phone or email and ask you to submit all of the documents below by either dropping off at the community or US mail.

### **Application Form Instructions**

- All fields and questions must be completed
- Only one color ink may be used – blue or black color only
- No White-Out or ink correction tool may be used on the documents
- Must be signed by all household members 18 years of age or older

### **Identification Documents**

- Photo ID for all household members 18 years of age or older
- Birth Certificate **and** Social Security Card for all household members
- Divorce decree (if applicable)

### **Proof of Income Documents**

- Six (6) most recent consecutive paystubs
- Your most recent tax return and corresponding W-2's and 1099's (three (3) prior years of documents are required for self-employed individuals)
- Current social security award letter, TANF award letter, pension, annuity, or VA benefit statement
- Current print out of unemployment payments (if applicable)
- Child support print out showing payment history and obligation (if applicable)

### **Proof of Assets Documents**

- Current bank statements, IRA, 401k or other retirement accounts
- Current mortgage statement (if applicable)
- Copy of Direct Express Card, Eppi Card or any other money card, along with an ATM receipt showing current balance or an online statement showing current balance



Date & Time Stamp



Property: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
Set Aside: \_\_\_\_\_

## APPLICATION FOR HOUSING – LIHTC + S8/PUBLIC HOUSING

**NOTE TO APPLICANT:** In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal affordable housing program.

*PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING.*

Applicant Name:		Home Telephone Number: ( ) ( )
Address:	Apt . Number:	Cell Phone Number: ( ) ( )
		E-Mail address:
What size apartment are you applying for?    Studio   1 – 2 – 3 – 4 – 5    (circle one)		

## HOUSEHOLD COMPOSITION

*Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".*

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

*Please list household members starting with Head of household on line 1, then in order of oldest to youngest.*

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status: (Includes Elementary through Higher Education)		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

- 1) Do you anticipate any changes in the size of your household *within the next 12 months*?     YES     NO  
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)  
 If yes, please describe any changes here: \_\_\_\_\_
- 2) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months?     N/A     YES     NO  
 If yes, please explain here: \_\_\_\_\_
- 3) Does any member in your household have a disability and require a live-in care attendant?     YES     NO
- 4) Is any adult member of your household separated, but not divorced?     YES     NO
- 5) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?     YES     NO



**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**RENTAL HISTORY**

The questions regarding household rental history apply to all members of your household, including minors and those temporarily absent from the home.

**YES      NO**

- Have you or anyone else named on this application filed for bankruptcy?  
Please explain: \_\_\_\_\_
  
- Have you or anyone else named on the application been convicted of a drug related or other crime?  
Please explain: \_\_\_\_\_
  
- Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program?  
Please explain: \_\_\_\_\_
  
- Have you or anyone else named on the application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?  
Please explain: \_\_\_\_\_
  
- Are there any special needs or accommodations the household will require such as, grab bars or a unit for mobility impaired or hearing/vision impaired?  
Please explain: \_\_\_\_\_

**Head of Household Current Address:**

**Your Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Landlord's Name/Address/Phone**  
**(if applicable)**

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

**Own / Rent**

\_\_\_\_\_

**Dates**

From: \_\_\_\_\_  
To: \_\_\_\_\_

**Head of Household Previous Address:**

**Your Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Landlord's Name/Address/Phone**

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

**Own / Rent**

\_\_\_\_\_

**Dates**

From: \_\_\_\_\_  
To: \_\_\_\_\_

**Other Adult Current Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Landlord's Name/Address/Phone**

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

**Own / Rent**

\_\_\_\_\_

**Dates**

From: \_\_\_\_\_  
To: \_\_\_\_\_

**Other Adult Current Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Landlord's Name/Address/Phone**

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

**Own / Rent**

\_\_\_\_\_

**Dates**

From: \_\_\_\_\_  
To: \_\_\_\_\_



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## STUDENT ELIGIBILITY QUESTIONS

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- 6) Are **ALL** members of your household full-time students?  YES  NO
- 7) Will **ALL** members of your household be full-time students during any 5 months of this year?  
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)  YES  NO
- 8) Will **ALL** members of your household be full-time students during any 5 months of next year?  YES  NO
- 9) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education?  YES  NO  
If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_
- 10) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*?  YES  NO  
If yes, who will be enrolling in school? \_\_\_\_\_ Name of School \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

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## ALIMONY / CHILD SUPPORT INFORMATION

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- 11) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID # or #'s) \_\_\_\_\_  YES  NO

**IF "NO", SKIP TO QUESTION 12**

- a.) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
b.) Name of person(s) paying support / alimony: \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received?  YES  NO

If "**NO**", are you making efforts to collect the amounts due?  YES  NO

If "**YES**", please explain the efforts you're making here: \_\_\_\_\_

- 12) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.)  YES  NO

**IF "NO", SKIP TO NEXT SECTION**

a) Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b) Name of person(s) paying support / alimony:

\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_



**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**INCOME INFORMATION**

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>13) Is any member of the household employed?</b>	
		Job 1) Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		_____	
		Job 2) Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>14) Are any household members self-employed?</b>	
		Who is self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>15) Are any adult members of your household unemployed?</b>	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>16) Does any household member receive pay from the military?</b>	
		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>17) Does any household member receive any payments from the Social Security Administration? Which type:</b>	
		<input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other	AMT \$ _____
		Who receives payments from the Social Security Office? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>18) Does any household member receive severance pay or worker's compensation?</b>	
		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>19) Is any household member unemployed and receiving payments from an Unemployment Agency?</b>	
		Who is receiving unemployment benefits? _____	AMT \$ _____
		What State: _____ Contact Person: _____ Phone: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>20) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)</b>	
		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
		Caseworker: _____ Phone: _____	PER _____



## INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>21) Does any household member receive or expect to receive periodic payments from a pension, annuity or retirement benefit account in the next twelve months?</b> Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>22) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</b> What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>23) Is there any other source of income we haven't already asked about above that you receive?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>24) Does your household expect any changes in their income within the next 12 months?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>25) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?</b> Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>26) Do any adult members of your household have zero income?</b> Which adult members have zero income? _____	

***Please read each question carefully, answer each question completely and be prepared to verify items checked yes.***

## ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	ACCOUNT INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	<b>27) Does any household member have a Checking, Savings, CD or Money Market account?</b> Bank 1) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market Bank 2) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> Check if there are additional accounts of the above types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)



***Please read each question carefully, answer each question completely and be prepared to verify items checked yes.***

## ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO ACCOUNT INFORMATION

- 28) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy** (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds  Whole Life Insurance
- 29) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401K  Other: \_\_\_\_\_
- 30) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_
- 31) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)  
Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_  
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- 32) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc.)  
Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_
- 33) Does any household member have a Trust Account?**  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Is this account a Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_
- 34) Does any household member have any Treasury Bills or Government Savings Bonds?** ([www.savingsbonds.gov](http://www.savingsbonds.gov))  
Which household member: \_\_\_\_\_  
Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- 35) Does any household member have cash on hand or safe deposit boxes?**  
Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_
- 36) Does any household member have any accounts or assets that were not described above?** (Please DO NOT include personal use vehicles, furniture, clothing, etc.)  
What type of account or asset is this? \_\_\_\_\_  
What is the estimated value of this asset if you were to sell it today? \$ \_\_\_\_\_
- 37) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)  
What was the estimated value of this asset? \$ \_\_\_\_\_
- 38) Do any household members receive payments that are directly deposited into a Direct Express Debit Card, EPPI Card, Payroll Debit Card, etc., or have any other type of prepaid debit card?**  
Which household member/s? \_\_\_\_\_



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## RACE/ETHNICITY QUESTIONS

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**Race of Head of Household:**    I prefer not to answer    White    Black or African American  
 American Indian/Alaska Native    Asian/Pacific Islander

**Ethnicity of Head Household:**    Hispanic or Latino    Non-Hispanic or Latino

**What is your marital status?** Married, Single, Divorced, Separated, Widowed (Circle)

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## HOUSEHOLD CERTIFICATION

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I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, prior eviction filings, landlord references, ability to pay rent, etc.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

**CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.**

\_\_\_\_\_

\_\_\_\_\_

Head of Household

Date

\_\_\_\_\_

\_\_\_\_\_

Other Adult Member

Date

\_\_\_\_\_

\_\_\_\_\_

Other Adult Member

Date

\_\_\_\_\_

\_\_\_\_\_

Other Adult Member

Date

**MANAGEMENT SIGNATURE:**

This application /questionnaire accepted by:

\_\_\_\_\_

\_\_\_\_\_

Apartment Management / Owner's Agent

Date

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, OR FAMILIAL STATUS.**

Ingerman may charge an application fee as a condition of accepting your application. All application fees are nonrefundable. Additional security deposit may be charged before move-in.





***The following section is to be completed for Section 8 and Public Housing properties.***

**DEDUCTIONS AND ALLOWANCES**

**A.) Dependent Care Expenses:**

If you currently have childcare expenses for child/ren under age 13 paid directly by you and not reimbursed by an outside agency, and this childcare enables you to work, seek employment or attend school please list:

Provider's Name \_\_\_\_\_  
Provider's Address \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_

Provider's Name \_\_\_\_\_  
Provider's Address \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_

**B.) Medical Expenses:**

If you are 62 years of age or older, and are the head, co-head or spouse, or disabled, and you have medical expenses paid directly by you and not reimbursed by an outside agency (i.e. prescriptions, health insurance, doctor, hospital, non-prescription or over the counter medication that your doctor has requested you use on a regular basis) please list:

Provider's Name \_\_\_\_\_  
Provider's Address \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_

Provider's Name \_\_\_\_\_  
Provider's Address \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_

***The following section is to be completed for Section 8 properties only.***

**STUDENT INFORMATION**

Are you student at an institution of higher education? Yes    No  
   

*\*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, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be living with your parents?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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"/> |
| 4. Are you a graduate or professional student?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you at least 24 years of age?                                       | <input type="checkbox"/> | <input type="checkbox"/> |



***The following section is to be completed for Section 8 properties only.***

**STUDENT INFORMATION CONTINUED**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 6. Are you a veteran of the United States military?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you married?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a dependent child?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have dependents other than a child or spouse?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been independent of your parents for at least one year?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you disabled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving housing assistance as of 11/30/2005?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you receiving any financial assistance to pay for your education? | <input type="checkbox"/> | <input type="checkbox"/> |

If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

***The following section is to be completed for Section 8 properties only.***

**ADDITIONAL QUESTIONS RELATED TO THE HOUSEHOLD**

- 1) **If you or anyone else named on the application are subject to the lifetime registration requirement under a state sex offender registration program please list ALL states where ALL household members have lived below:**

- 2) **If you or any member of your household does not have a Social Security Number, do you/they qualify for one of the three allowable exceptions? Check applicable exception below or N/A:**

- Ineligible, non-citizen member – not contending eligible immigration status
- Household member was 62 as of January 31, 2010 and initial determination of eligibility began before January 31, 2010.
- Household member is under the age of six (6) and is eligible for a 90-day extension to provide their SSN, if added to the household within the last six (6) months.
- N/A – all members have Social Security Numbers.

YES      NO

- 3) **Is any member of the household a U.S. Military Veteran?**

Which household member/s? \_\_\_\_\_

YES      NO

- 4) **Are you or any household member receiving Dual Entitlement benefits from SSA?**

Which household member/s \_\_\_\_\_  
Benefit Claim Numbers \_\_\_\_\_



***The following section is to be completed for Section 8 and Public Housing properties.***

**HOUSEHOLD CERTIFICATION**

I understand that the information provided on this questionnaire will be used to determine my eligibility for Federally Assisted HUD and Section 42 compliant properties. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in Federally Assisted HUD and Section 42 housing programs.

**CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

**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 is 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).

**A DETERMINATION OF ELIBILITY FOR HOUSING UNDER THE SECTION 8 PROGRAM SHALL BE MADE IN ACCORDANCE WITH THE ELIGIBILITY REQUIREMENTS PROVIDED FOR BY HUD, AND SUCH HOUSING SHALL BE MADE AVAILABLE WITHOUT REGARD TO ACTUAL OR PERCEIVED SEXUAL ORIENTATION, GENDER IDENTITY, OR MARITAL STATUS.**

**IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, OR FAMILIAL STATUS.**

**THE OWNER 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 ACTIVITES. THE REGIONAL MANAGER HAS BEEN DESIGNATED TO COORDINATE COMPLIANCE WITH THE NONDISCRIMINATION REQUIREMENTS RELATED TO PERSONS WITH DISABILITES CONTAINED IN HUD'S REGULATIONS IMPLEMENTING SECTION 504 (24CFR, PART 8 DATED JUNE 2, 1988).**

**REGIONAL MANAGER CAN BE REACHED AT:  
INGERMAN  
5 POWELL LANE  
COLLINGSWOOD, NJ 08108  
856 662-1730**



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: (Check all that apply)</b>	
<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. 3501-3510). The public reporting burden is estimated to average 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. 11604) 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

Form HUD-92006 (05/09)

