

**Cheyenne Housing Authority,
Recertification Packet Checklist for Housing Choice Vouchers**

Included in this packet:

All household members 18 years and older must sign

Household Declaration (**EVERY QUESTION MUST BE ANSWERED, DO NOT LEAVE ANYTHING BLANK**)

Intent to Renew (MUST be signed by both landlord and tenant)

General Release of Information/Consent Form

Authorization for the Release of Information/Privacy Act Notice

Supplement to Application/Optional Contact (MUST be signed and either filled out with alternate contact information OR signed and box checked to decline giving alternate contact)

**ALL DOCUMENTS MUST BE COMPLETE AND ALL RELEVANT VERIFICATION SUBMITTED OR YOUR
VOUCHER HOUSING ASSISTANCE WILL BE AT RISK OF TERMINATION.**

- **Income:** Submit **two consecutive months of paystubs**. Submit **original third-party authentic documentation for any other income** such as unemployment, POWER/TANF, child support, pension/retirement income, gift income, etc. Income must be included for all members in the household including children.
- **Assets:** Submit the most **recent, 30-day statement** for each bank account. We do not accept summaries. Submit an **ATM balance print off** for any prepaid cards. Assets must be submitted for children in the household as well.
- **Childcare:** Submit **two consecutive months of receipts** or an **account ledger** from childcare provider showing amounts paid out-of-pocket.
- **Student Status and Financial Information:** This verification is required for students over the age of 18. If student is still in high school, submit verification letter from school. University students must submit **class schedule** or other proof of enrollment and a **summary of account** from the Financial Aid department showing tuition cost, fees, grants, and scholarships as well as a current account balance.
- **Disability:** Submit **proof of SSI or SSDI** or Verification of Disability form (pick up at the front desk). If you receive SSI/SSDI, the Verification of Disability form is not needed.
- **Medical Expenses (Only applies if the head, spouse, or cohead is at least age 62 or is a person with disabilities.):** Submit **printouts from doctors with an invoice showing payment** for ongoing medical care. Submit **printout from pharmacy**. Submit **insurance premiums** using invoice from provider. All submitted medical must be dated within the medical window: 12 months prior to the date of the recertification notice.

Cheyenne Housing Authority

HOUSEHOLD DECLARATION FORM

(for Public Housing, Section 8 - Housing Choice Voucher and Multi-family housing programs)

This form must be filled out completely. Mark "N/A" if not applicable

YOUR INFORMATION

NAME

AGE

SSN (last 4 digits)

XXX-XX-

PHONE#

EMAIL

ADDRESS

CITY

STATE

ZIP

DISABLED

Yes___ No ___

STUDENT

Yes___ No ___

IF YES

Full time ___ Part Time ___

MEMBERS OF YOUR HOUSEHOLD (PEOPLE WHO LIVE WITH YOU)

First Name	Last Name	AGE	Relationship (e.g. Spouse, son, live-in aide etc.)	Disabled (Yes or No)	Student (Yes or No)	If yes to student (FT or PT)
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _

Is anyone in the household 18 years old or older a student who is enrolled in an institution of higher education?

Yes _____ No _____

If Yes, who: _____

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.



Cheyenne Housing Authority

HOUSEHOLD DECLARATION FORM

(for Public Housing, Section 8 - Housing Choice Voucher and Multi-family housing programs)

HOUSEHOLD MEMBER'S INCOME

Please answer the following with Yes or No. Each Section must be filled out **completely**.

Source	Do you or anyone who lives with you gets money from this source? (Yes or no)	If No, Mark "N/A" If Yes, Monthly Amount
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Social Security (SSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
State SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Self-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Pension / Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Power / TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Per Capita	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Veterans Benefit (Retirement, Disability, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Gift Income (Examples: someone who does not live with you 1) pays your bills monthly 2) regularly gives you cash 3) regularly buys you groceries or clothes.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Student financial Aid / Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Other Income (Any and all income sources must be reported)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Child Support or Alimony	Is there a court ordered amount you are supposed to get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes How much \$ _____
	Do you get the full amount ordered? If not, how much do you actually get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes How much \$ _____



HOUSEHOLD MEMBER'S BANK ACCOUNTS

Please answer the following with Yes or NO. Each section must be filled out completely.

Do you or anyone who lives with you have any of the following assets (e.g. Bank Accounts)

Type of Account	Do you or anyone who lives with you have this type of account? (Yes or no)	Name of Bank Name of Prepaid Card If No, Mark "N/A"	Provide Amount If No, Mark "N/A"
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
IRA / Other Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Trust accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Whole Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Prepaid Cards (e.g. Direct Express)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	Direct express _____ Blue bird _____ Other _____	\$ _____ \$ _____ \$ _____
Real Estate	Do you own any Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____	
	If yes, what is the address of the property?	_____	
	Appraised Market Value	\$ _____	
	Mortgage or outstanding balance due	\$ _____	

❖ Has anyone disposed of any asset for less than fair market value within the last 2 years?

☐ YES ☐ NO If yes, how much did you dispose the asset for: \$ _____

If Yes, please explain (example: Selling a house for less than what it's worth).

HOUSEHOLD EXPENSESEach section **must be filled out completely.**

Does anyone pay childcare for children under 13 years of age?	Yes ____ No ____	Monthly Amount \$ _____
If yes: Is the amount reimbursed/paid for by an agency or another person who does not live with you?	Yes ____ No ____	
Does the childcare allow anyone to go to work, go to school or look for work?	Yes ____ No ____	
<p>Medical expenses must be anticipated, regular, ongoing expenses that a family expects to pay in the 12 months following examination or reexamination. Medical expenses for the previous year <i>may</i> be used as a basis for estimating the family's anticipated expenses for the coming year.</p> <p>The medical expense deduction is permitted <u>only for families in which the head, spouse, or cohead is at least age 62 or is a person with disabilities.</u> If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted to the extent they exceed three percent of annual income.</p>		
Does anyone pay medical expenses ?	Yes ____ No ____	Monthly Amount \$ _____

❖ Are you, or anyone who lives with you, required to register as a sex offender in any State?

☐ YES ☐ NO

❖ Have you, or anyone who lives with you, been convicted of any drug related or violent criminal activity since the last reexamination?

☐ YES ☐ NO

If yes, please explain:

❖ Currently, or at any time within the last 12 months, have you, or anyone who lives with you, received assistance at another location?

☐ YES ☐ NO If yes, who, where and when:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance/the lease and/or prosecution.

Signature of you and everyone who lives with you that is 18 years of age or older:

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

Cheyenne Housing Authority

INTENT TO RENEW OR TERMINATE EXISTING LEASE

Housing Choice Voucher Program Participants

Participant Name: _____ Last 4 of Social Security #: _____

Participant Address: _____

Property Owner/Manager Name: _____

Please check the appropriate statement:

_____ It is the intent of the Participant and the Property Owner/Manager to **renew the existing lease at the above address on a month to month basis.**

_____ It is the intent of the Participant and the Owner/Property Manager to **renew the existing lease at the above address for one year.**

(Please provide a copy of the lease addendum extending the lease.)

_____ It is the intent of the Participant to **terminate the lease effective** _____.

If the existing lease is being renewed, all covenants and conditions of the original lease shall remain the same and in full force and affect.

Participant Signature

Date

Owner/Property Manager Signature

Date

Revised: July 2024



CHEYENNE HOUSING AUTHORITY

General Release of Information / Consent Form

I authorize the Cheyenne Housing Authority (CHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive or continue to receive housing assistance or otherwise participate in programs operated by, administered by, or overseen by CHA. CHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, governmental entity, or organization that has, or may have, any information listed below. If CHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to abide by the rules of the lease, take care of rental property, and get along well with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- Information from employers regarding wages, salary and duration of employment.
- Criminal history information, including fingerprint submission where necessary to effect positive identification. This includes, but is not limited to, criminal history information generated, stored, accumulated, assembled, or reported by local, state, or federal law enforcement agencies or entities even if that information is otherwise restricted, confidential, or protected from release by local, state, or federal law;
- Information about or concerning me which has been created by or is in the possession of any state, local, or law enforcement agency or any prosecutorial entity (including, but not limited to such entities as district attorney's offices, city attorney's offices, or county attorney's offices) related to any suspected, investigated, alleged, charged, or convicted criminal activities. This release applies even if such information is otherwise restricted, confidential, or protected from release by local, state, or federal law. This information which I am authorizing the release of would include, but not be limited to, investigation reports, arrest reports, statements of witnesses, complaining parties, or other persons, photographs, recordings, documents and materials collected in the course of investigations or prosecutions, citations, tickets, referrals for charges, booking sheets, detention reports, charging documents, plea bargain paperwork, pleas, verdicts, transcripts, sentencing documents, probation documents, and all other such documents related to the topics referred to in this paragraph.
- Information on payment history and balances owed to utility companies;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verification;

- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private screening contractors;
- Outstanding debts to other housing agencies.

This Consent expires 15 months after I sign it. I may revoke this General Release of Information / Consent Form by notifying the CHA in writing. If I revoke this General Release of Information / Consent Form, I understand that future housing assistance may not be provided and/or that my participation in assistance or other programs may be denied or terminated. I hereby release any and all persons, businesses, governmental entities, or organizations that disclose, share, or otherwise provide information to the CHA and/or to HUD pursuant to this release from any and all claims or liability which would or might otherwise arise from the disclosure, sharing or providing of such information without such a release having been given by me. This Consent Form is being signed knowingly and voluntarily without coercion.

Head of Household (printed name)	Signature	Date
Co-Head (printed name)	Signature	Date
Other Adult 18 years of age or older	Signature	Date
Other Adult 18 years of age or older	Signature	Date

Who must sign the Consent Form: Each member of your household 18 years of age or older must sign the Consent Form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Criminal background checks will be run on anyone in the household 18 years of age or older.

Failure to sign Consent Form: Denial of eligibility or termination of benefits is subject to CHA's Housing Choice Voucher informal hearing/review procedures or Public Housing informal review/grievance process.

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including Social Security Numbers issued to you and all other household members age six years and older. Provision of Social Security Numbers of all household members is mandatory, failure to provide Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility application.

Penalties for misusing this Consent: HUD, CHA and any owner (or any employee of HUD, CHA or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the Consent Form. Use of the information collected based on this form is restricted to the purposes cited on the form. 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 appropriate relief against the officer or employee of HUD or the CHA.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Cheyenne Housing Authority
 3304 Sheridan Street
 Cheyenne WY 82009

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
 Housing Choice Voucher
 Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household		Date	
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) 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 form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.