



## Application Requirements

Thank you for your interest in Foothill Manor I Apartments when looking for your next home! HOPE Management is committed to providing the best service in order to assist you in choosing a housing complex that fits your needs. Please feel free to contact us at any time should you need assistance with completing this application at 650 North Main Street or stopping by our office during the hours of 9:00 a.m. to 2:00 p.m. Monday, Tuesday & Thursday.

Only one application per household is required regardless of marital status.

To ensure that you are able to have a quick and smooth move in, please be sure to do the following:

- ✓ Make sure all blanks are complete. If the question does not apply to you, fill in N/A.
- ✓ Please do not use white out ever.
- ✓ If you make a mistake, draw a single line through the mistake and initial next to it.
- ✓ Make sure that all adults sign and date the application.
- ✓ Bring copies of all household members' social security cards and all occupants who are over 18's identification at the time you drop off the application.

**Preliminary Approval and Further Verification:** Upon receiving your application, you will receive an initial application approval letter within 10 days. This preliminary approval is subject to further verification processes, including credit, criminal, and landlord reference checks, as well as income and student eligibility assessments. It is important to understand that the application may still be rejected after this initial approval.

For any inquiries or assistance with your application, feel free to reach out to us via:

- Email: [foothills@hopemanagement.net](mailto:foothills@hopemanagement.net)
- Phone: [\(435\) 734-2535](tel:(435)734-2535)
- Regular Mail: [650 North Main Street – Brigham City, UT 84302](#)

Eligibility will be determined based upon this property's Resident Selection Criteria (available upon request).

HOPE Property Management, LLC and the owner are committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA), or any status protected by Federal, State or Local Law, Regulation or Ordinance in the Leasing or Management of the units and residential community. If you require assistance in the form of readers, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at another accessible location near the rental office.



**HOUSEHOLD INFORMATION**

Desired Move-In Date: \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_  
 Current Physical Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Preferred method of contact:  Email  Mail

**Return Application to:**  
Foothill Manor I Apartments  
650 North Main Street  
Brigham City, UT 84302  
 \_\_\_\_\_  
 Phone: (435) 734-2535  
 Fax: (435) 734-9211  
 Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_

Apartment Bedroom Size Seeking:  One  
 Specially Equipped Handicap Unit (Specify) \_\_\_\_\_

Do you certify that, if eligible, this will be your primary residence?  Yes  No  
 Have you ever applied for or currently holding a Section 8 waiting Certificate or Voucher?  Yes  No  
 If Yes, do you currently have a Section 8 Voucher?  Yes  No  
 Are you currently residing in a HUD/RD Assisted unit?  Yes  No  
 Do you have a pet?  Yes  No  
 Are you:  Homeless  Disabled/Handicap  52 or Older  62 or Older  Victim of Domestic Violence  
 How did you hear about us?  Online  Publications  Referral  Other: \_\_\_\_\_

**Household Information**

1. List all occupants beginning with the Head of Household including Live in Aides, foster children and foster adults who will be occupying the house. (Head of Household is the person whose name is at the top of this Application. All other adults are Co-Heads)

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth	Age	Sex (optional) M/F	Social Security Number
#1 _____	Self	/ /			- -
#2 _____		/ /			- -
#3 _____		/ /			- -
#4 _____		/ /			- -
#5 _____		/ /			- -
#6 _____		/ /			- -
#7 _____		/ /			- -

2. Are there any anticipated changes to the number of people living in the household in the next 12 months?  Yes  No  
 If yes, please explain: \_\_\_\_\_

3. Is any adult member of your household separated, but not divorced? If Yes, who? \_\_\_\_\_  Yes  No

4. All occupants listed above who have attended (in the last calendar year) or will be attending an educational institution in the next 12 months. Please select Yes or No for each household member as listed/# above.

Member	Student Status	Educational Institution	Financial Assistance/Semester Amount?
#1	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#2	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#3	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#4	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#5	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#6	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#7	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____





## INCOME DECLARATION

### Passive Income Information

1. List all amounts of unearned income the household is currently receiving or anticipating receiving in the next 12 months:
- Social Security, SSI, SSDI:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Cash Assistance:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Food Stamps:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Unemployment Benefits:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Workman's Comp:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Child Support/Alimony:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Pension/Veterans' Benefits:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Student Income:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Family Support:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Trust Fund Payments:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Church Assistance:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Recurring Gift Support:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Rental Income:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Foster/Adoption Income:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Other: \_\_\_\_\_  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Other: \_\_\_\_\_  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_

### Employment Income Information

2. Is any household member **Currently employed**?  Yes  No If yes, list below: *If Self-Employed, complete next section*

Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		
Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		

3. Is any household member(s) **Self-Employed**? (e.g. home business, delivery services, online sales, odd jobs, etc.)  Yes  No  
*\*\* If Yes, previous year's tax returns or current income statements will be requested during move-in process*

Member Name	Income Source	Monthly Income	Additional Details if Necessary
		\$	
		\$	
		\$	

4. **Unemployed Adult Household Members:** Anticipating or Not Anticipating Income in the next 12 months:  
*\*\* If Yes, provide previous year's tax returns or income statements to support anticipated amount if available*

Member Name	Anticipating Income?	Anticipated Income Source	Anticipated Annual Income
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$





**ASSET DECLARATION**

1. All household members' assets including bank accounts, cash on hand, stocks, bonds, land and real estate. Select ALL that apply, average balance and list any additional assets not listed.

Asset Type	How Many	Cash Balance	% Rate	Asset Type	How Many	Cash Balance	% Rate
Checking Account(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Savings Accounts(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Cash on Hand	_____	\$ _____	_____	Safety Deposit Box	_____	\$ _____	_____
Deposit Card(s)	_____	\$ _____	_____	Govt. Benefits Card(s)	_____	\$ _____	_____
Money Market(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Deposit CD(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Retirement Account(s)	_____	\$ _____	_____	Provider Name(s)	_____		
Whole Life Insurance	_____	\$ _____	_____	Provider Name(s)	_____		
Stocks/Bonds	_____	\$ _____	_____	Bitcoin/Virtual Asset	_____	\$ _____	_____
Real Estate/Property	_____	\$ _____	_____	Land Contract(s)	_____	\$ _____	_____
Go Fund Me, etc.	_____	\$ _____	_____	Trust Fund(s)	_____	\$ _____	_____
Capital Investment(s)	_____	\$ _____	_____	Online Account(s)	_____	\$ _____	_____

2. List Personal Property exceeding basic necessities (i.e., 2<sup>nd</sup> car, RV/trailer, ATV, collections with value, gold, precious jewelry, etc.)

Asset Type	How Many	Cash Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Has any household member sold or given away assets for less than fair market value with the past two years?  Yes  No

Household Member: \_\_\_\_\_ Asset Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Household Member: \_\_\_\_\_ Asset Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**EXPENSE DECLARATION**

1. For Elderly or Disabled Households

Do you have Out of Pocket Medical Expenses?  Yes  No If YES, please request a Medical Expense Questionnaire to complete

2. For Households Paying Child Care for Children Under the Age of 13 that Allows Adult(s) to Work/Attend School

Child Care Provider \_\_\_\_\_ Phone: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

**CRIMINAL HISTORY DECLARATION**

1. Have you, or any member of your household, been convicted of a felony?  Yes  No

Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date parole or probation ends? \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Have you, or any member of your family, been convicted of illegal manufacture or distribution of a controlled substance?  Yes  No

Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date parole or probation ends? \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?  Yes  No

Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date parole or probation ends? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Is any member of your household, been convicted of a misdemeanor in the last 5 years?  Yes  No

Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Have you or any member of your household previously misrepresented information in the application or recertification process to any housing authority, apartment community or landlord?  Yes  No





**HOUSING AND RENTAL HISTORY – 5 YEARS COMPLETE HISTORY**

List the past residences of the last five years for all adult members. (Attach additional pages if necessary)

Have you, or any member of your household, ever been evicted from housing?  Yes  No

If yes, please explain: \_\_\_\_\_

List all states where each household member has lived, including current and previous residences:  
\_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_/\_\_\_/\_\_\_ Move Out \_\_\_/\_\_\_/\_\_\_

Current Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: (\_\_\_\_\_) \_\_\_\_\_ Landlord/Mortgage Fax: (\_\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_/\_\_\_/\_\_\_ Move Out \_\_\_/\_\_\_/\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: (\_\_\_\_\_) \_\_\_\_\_ Landlord/Mortgage Fax: (\_\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_/\_\_\_/\_\_\_ Move Out \_\_\_/\_\_\_/\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: (\_\_\_\_\_) \_\_\_\_\_ Landlord/Mortgage Fax: (\_\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_/\_\_\_/\_\_\_ Move Out \_\_\_/\_\_\_/\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: (\_\_\_\_\_) \_\_\_\_\_ Landlord/Mortgage Fax: (\_\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_/\_\_\_/\_\_\_ Move Out \_\_\_/\_\_\_/\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: (\_\_\_\_\_) \_\_\_\_\_ Landlord/Mortgage Fax: (\_\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_





**PROFESSIONAL CHARACTER REFERENCES**

If you have never rented or cannot provide a complete five years of rental history, please provide three professional references. (professional references can include co-workers, supervisors, community members, teachers, religious leaders, probation, etc.)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

**EMERGENCY CONTACT**

In case of Emergency, who do we have your permission to contact?

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move in occurs. I also certify that I will maintain no other place of residence. I understand that any additions to the household may only be done with management's approval through the application process. I agree to notify management in writing

I understand the Resident Selection Plan is available to me upon request, that it summarizes the procedures for processing applications, and I also understand that I must meet the requirements set-forth in the Resident Selection Plan.

\_\_\_\_\_  
Signature – Head of Household

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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





**AUTHORIZATION TO RELEASE INFORMATION TO HOUSING AGENCY**

RE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RETURN: \_\_\_\_\_  
 Foothill Manor I Apartments  
 650 North Main Street  
 Brigham City, UT 84302

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

\_\_\_\_\_  
 Resident Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Fax Number

Section B: Applicant(s): Sign and date.

**AUTHORIZATION TO RELEASE INFORMATION**  
All adult household members must sign below.

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

This form expires one year from date of signature.





**Gender, Race, & Ethnicity Appendix (RD)**

The following information is requested by USDA Rural Development (per instructions on HB-2-3560, Chapter 6, 6.18 A.):

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Please enter the appropriate number and letter in the columns below. To avoid entering each occupant name again, enter the Race, Ethnicity and Gender of each person in the order they are listed on Part 1 of the application. The first row is filled out for you as an example.

Occupant(s)	Race	Ethnicity	Gender	Disabled
<i>Example</i>	<i>5</i>	<i>A</i>	<i>For M</i>	<i>Y or N</i>
1.				
2.				
3.				
4.				
5.				
6.				

**Choices for Race are:**

- 1 – American Indian or Alaskan Native
- 2 – Asian
- 3 – Black or African American
- 4 – Native Hawaiian or Pacific Islander
- 5 – White
- N/A – Do not wish to answer

**Choices for Ethnicity are:**

- A – Hispanic/Latino
- B – Non-Hispanic/Latino
- N/A – Do not wish to answer

**Choices for Gender are:**

- M – Male
- F – Female
- N/A – Do not wish to answer

**Choices for Disabled According to the Fair Housing Act are:**

- Y – Disabled/Handicap
- N – Not Disabled or Handicap
- N/A – Do not wish to answer





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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