

PHELPS COUNTY



**Public
Housing
Agency**

Equal Opportunity Housing Agency
Serving Crawford, Dent, Gasconade,
Maries, Phelps and Washington Counties

Administered By:

Meramec Regional Planning Commission
#4 Industrial Drive
St. James, Missouri 65559
573-265-4200
Fax 573-265-3550
Hearing Impaired TDD Users
Call Relay MO First 1-800-735-2966

HOUSING CHOICE VOUCHER PROGRAM

WHAT IS THE HOUSING CHOICE VOUCHER PROGRAM?

The Phelps County Public Housing Agency (PHA) through the Department of Housing and Urban Development (HUD) Housing Choice Voucher program, can help pay rent for very-low income renters so that they can live in decent, safe and sanitary housing.

The rental assistance is based on your income. Generally, you will pay 30 percent of your income towards the rent and utilities. You will not pay more than 40 percent of your income at the initial lease signing.

HOW TO APPLY: Apply online at [phelpsco.housingmanager.com](https://www.phelpsco.housingmanager.com)

You may print the application from our website at <https://www.meramecregion.org/phelps-county-pha> or pick up an application at either entrance at the MRPC office at #4 Industrial Drive, St. James, Missouri 65559.

Paper applications will be received by U.S. Mail or dropped in the PHA drop box outside the south entrance at the MRPC office at #4 Industrial Drive, St. James, Missouri 65559. If the application is incomplete, it will be mailed back to the applicant to complete and return. Applications will be placed on the waiting list, by the date the completed application is submitted. All adult household members must sign where indicated.

Regular office hours are Monday through Friday, 8 a.m. to 4:30 p.m. The office is closed on Saturday, Sunday and Holidays.

WHERE DOES THE PHA PROVIDE THESE SERVICES?

The Phelps County PHA serves the counties of Crawford, Dent, Gasconade, Maries, Phelps and Washington and their cities, except the city of Rolla.

HOW DOES THE PROGRAM WORK?

Once you submit your application, you will be placed on the waiting list by the date and time your application is received. When funds become available, a letter will be mailed to you. You must reply to the letter within the time specified. An appointment will be scheduled for you to receive your Voucher. Once you have your Voucher, you will have 120 days to locate an eligible unit.

When you find an eligible unit, we will inspect it to make sure it meets HUD Housing Quality Standards (HQS). If the unit does not pass inspection, we will give the landlord time to bring the unit up to HQS. When the unit passes inspection, an appointment will be scheduled to complete the lease paperwork.

Steve Black, Crawford County
Vic Stratman, Maries County

Bonnie Prigge, Executive Director

Advisory Board Members
Gary Larson, Dent County
Joey Auxier, Phelps County

Donald Keeney, Housing Program Manager

Tim Schulte, Gasconade County
Vacant, Washington County

WHO IS ELIGIBLE FOR THE ASSISTANCE?

- Your income must be under the HUD income limit, listed below.

Income Limits Effective 04/01/2024								
	Number of Family Members							
	1	2	3	4	5	6	7	8
Crawford	\$24,750	\$28,300	\$31,850	\$35,350	\$38,200	\$41,050	\$43,850	\$46,700
Dent and Washington	\$24,750	\$28,250	\$31,800	\$35,300	\$38,150	\$40,950	\$43,800	\$46,600
Gasconade	\$28,850	\$33,000	\$37,100	\$41,200	\$44,500	\$47,800	\$51,100	\$54,400
Maries	\$27,250	\$31,150	\$35,050	\$38,900	\$42,050	\$45,150	\$48,250	\$51,350
Phelps	\$25,800	\$29,500	\$33,200	\$36,850	\$39,800	\$42,750	\$45,700	\$48,650
Sullivan, Crawford County	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

- Head of Household must be at least 18 years old. Some exceptions may apply.
- Other requirements may apply to your household.

WHO IS NOT ELIGIBLE FOR THE PROGRAM?

- A household member who has been involved in drug related and/or violent criminal activity within the past three years. The PHA will admit an otherwise-eligible family who, within the past 3 years for drug-related criminal activity, if the PHA is able to verify that the household member who engaged in the criminal activity has completed a supervised drug rehabilitation program approved by the PHA, or the person who committed the crime, is no longer living in the household.
- A household member who is subject to a lifetime registration requirement under a state sex offender registration program
- A household member who has been convicted of manufacturing methamphetamine in the past 5 years
- Someone who has interest in the rental property
- A household member who has left the Voucher program in bad standing within the past year
- A household member who owes money to any HUD Voucher, Section 8 or Public Housing Agency.
- Other restrictions may apply

WHAT ARE THE REQUIREMENTS A RENTAL UNIT MUST HAVE TO QUALIFY FOR RENTAL ASSISTANCE?

You can rent a single family house, apartment, duplex or mobile home, but it must qualify for the rental assistance program and comply with Housing Quality Standards. A complete list of common failing items is available upon request or may be viewed on the website www.meramecregion.org. Voucher holders will receive a copy of the common problem list at the briefing session.

WHEN WILL THE RENT START?

The effective date of the Housing Assistance Payments Contract will be determined as follows: If the unit passes inspection by the 15th of the month and the paperwork is completed in a timely manner, the assistance will be prorated for that month; if the paperwork is not completed in a timely manner, the assistance will start the first of the next month. If the unit passes after the 15th of the month, the assistance will start at the first of the next month. The rental assistance payments are sent the second working day of the month.

HOUSING AGENCY DISAPPROVAL OF OWNER

24 CODE OF FEDERAL REGULATIONS §982.306 (d) states: The HA must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.

VIOLENCE AGAINST WOMEN ACT (VAWA)

VAWA provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. If you otherwise qualify for assistance under Housing Choice Voucher Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

EQUAL OPPORTUNITY HOUSING AGENCY

The Phelps County Public Housing Agency is an Equal Opportunity Housing Agency serving Crawford, Dent, Gasconade, Maries, Phelps and Washington Counties, with the exception of the City of Rolla, which has its own Housing Authority.

REASONABLE ACCOMMODATION

If you or anyone in your family is a person with disabilities who requires a specific accommodation to fully utilize our programs and services, please contact Donald Keeney at 573-265-4200.

DIRECTIONS:

From I-44 - take exit #195 at St. James and go south on Hwy 68. Turn left on Rt. KK. Go 7/10th of a mile. Turn left on Springfield Road. Turn right on Industrial Drive.

From the south - take Hwy 68 to St. James, after crossing the railroad tracks, turn right at the stoplight onto Rt. KK. Go 7/10th of a mile. Turn left on Springfield Road. Turn right on Industrial Drive.

The PHA is located in the Meramec Regional Planning Commission building, the fourth building on the right. Please use the south entrance.

Other Information

Assistance is granted on a first come, first serve basis. There are no preferences.

A letter will be mailed to the address on your application as soon as we are able to assist you. You must conduct a phone interview by the deadline specified in the letter. Be sure to check your mail often and call us as soon as you receive the letter. If your mail is going to a message address notify the recipient that the letter is extremely important.

You are required to attend a group briefing session. We MUST have verification of Legal Identity/Age/Citizenship for each family member, Social Security cards, verification of all income and assets for ALL family members in order to issue you a voucher. Copies of State Certified Birth Certificates will be accepted. Missouri birth certificates can be obtained for \$15 at your local health department. We have applications available for birth certificates in other states or you may go to www.cdc.gov. If you need to send off for a birth certificate do so immediately, as these can take 2-3 months to receive. Receipts will not be accepted.

Social Security cards must be the original card issued by the Social Security Administration. Cards must be in the current name of each family member.

Failure to report all income is considered fraud. Your income will be computer matched with the HUD Enterprise Income Verification (EIV) system. You must disclose all sources of income, including earnings for cash.

Only those listed on the original application are eligible for assistance unless the member to be added is a spouse, child, or foster child of the head of household. Marriage license or proof of custody must be provided.

The PHA will complete a check for a history of drugs, violence, previous housing and the National Sex Offender Registry.

Report all changes in mailing address, household status and income by calling 573-265-4200 ext 132. Please do not call our office to inquire about your position on the waiting list. We are not able to give out this information.

Date received by PHA:

PHELPS COUNTY PHA PRE-APPLICATION

You must answer every question or write N/A if something does not apply to you.

Penalty under law if fraudulent information is given.

For Office Use Only	
D _____ T _____ VR Size _____ C _____	County you live in _____

Head of Household Name _____ SS# _____

Other last names used _____

Co-Head/Spouse Name _____ SS# _____

Co-Head other last names used _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Home – Cell – Message Name _____

Phone (_____) _____ Home – Cell – Message Name _____

Head of Household Email: _____

List all persons including yourself, who will live in the rental unit while you are on the program. List yourself first as head of household. If pregnant, list as unborn child and expected date of delivery.

First, Middle and Last Name	Date of Birth	Relationship	Soc Sec Number	Sex	Age	Race	Disabled?	Citizen?
							Y or N	Y or N
_____	_____	Self	_____	_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____	_____
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_____	_____		_____	_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____	_____

Do you have legal physical custody of all dependents in your household? Yes No N/A

Race Codes: White-W, Black-B, Asian-As, American Indian-AI, Alaskan-AL, Hawaiian or Pacific, HP, Hispanic or Latino-His

Failure to report all income is considered fraud. Your income will be computer matched with the HUD Enterprise Income Verification (EIV) system. You must disclose all sources of income, including earnings for cash.

Employment (Income from other sources, see below) List all full and/or part time employment for all household members (except children under 18). Include self-employed earnings and work completed for cash.

<u>Household Member</u>	<u>Date of Hire</u>	<u>Gross Earnings</u>	Do you receive checkstubs? _____
_____	_____	\$_____ per hour	Hours per week _____
Employer Name and Address _____			

<u>Household Member</u>	<u>Date of Hire</u>	<u>Gross Earnings</u>	Do you receive checkstubs? _____
_____	_____	\$_____ per hour	Hours per week _____
Employer Name and Address _____			

Other Sources of Income: (Examples: TANF, Social Security, SSI, pensions, disability compensation, unemployment compensation, interest, alimony, child support, annuities, dividends, income from rental property and money given to you by relatives and/or friends.)

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	\$_____ Per _____
_____	_____	\$_____ Per _____
_____	_____	\$_____ Per _____
_____	_____	\$_____ Per _____

If someone in your household is receiving child support through the MO Family Support Center, please provide case numbers, if known _____

Are any adults attending high school or college/university? Yes No
 If yes, list household member and name of school. _____

Does any household member pay for child care expenses while employed or in school? Yes No
 If yes, cost per week \$_____

Bank Account Bank Name _____	Type of account Checking or Savings	Amount _____
Bank Account Bank Name _____	Checking or Savings	Amount _____

Certificate of Deposit Bank Name _____ Amount _____

Does any household member own any stocks and/or bonds? Yes No
 If yes, what is the value \$_____

Does any household member own real estate (house, trailer, acreage)? Yes No
 If yes, what is the value? _____ If financed, amount owed against property \$_____

Has any household member sold, disposed, given away or turned over in a divorce, any property (house, mobile home, real estate, etc) in the past two years? Yes No

If yes, when. _____

Has any household member had any property foreclosed in the past two years? Yes No

If yes, when. _____

Does any household member have a Whole Life Insurance Policy? Yes No

If yes, cash-in value of policy \$ _____ Name of Insurance Company _____

Has any household member committed, been involved with, charged with, or convicted of any violent criminal activity in the past three years? This includes SIS and SES. Yes No

If yes, state household member's name, charges and dates _____

Location of crime – City _____ County _____ State _____

If yes, state household member's name, charges and dates _____

Location of crime – City _____ County _____ State _____

Has any household member committed, been involved with, charged with, or convicted of any drug-related criminal activity in the past three years? This includes SIS and SES. Yes No

If yes, state household member's name, charges and dates _____

Location of crime – City _____ County _____ State _____

If yes, state household member's name, charges and dates _____

Location of crime – City _____ County _____ State _____

Has any household member been involved with, charged with, or convicted of manufacturing meth in the past five years? This includes SIS and SES. Yes No

If yes, state household member's name, charges and dates _____

Location of crime – City _____ County _____ State _____

If yes, state household member's name, charges and dates _____

Location of crime – City _____ County _____ State _____

Has any household member, ever in their life, manufactured meth in federally assisted housing? Yes No

If yes, list household member's names _____

Is any household member subject to a lifetime registration requirement under a state sex offender registration program? Yes No

Does any child age 6 or under have an Elevated Blood Lead Level? N/A Yes No

Name of child(ren) with Elevated Blood Lead Level _____

Do you or anyone in your family have a disability that requires a specific accommodation in order to fully utilize our services? Yes No

If yes, list family member names that requires an accommodation _____

Has any household member ever participated in a rental assistance program through HUD Voucher, Section 8, or Public Housing? Yes No

Name of Agency _____ Phone _____

Agency Address _____

County unit located in _____ Move-out Date _____

What name(s) did you receive rental assistance under? _____

Name of Agency _____ Phone _____

Agency Address _____

County unit located in _____ Move-out Date _____

What name(s) did you receive rental assistance under? _____

Name of Agency _____ Phone _____

Address _____

County unit located in _____ Move-out Date _____

What name(s) did you receive rental assistance under? _____

Did someone help you complete this application? Yes No

If yes, name of person _____

Agency _____

I/we, do hereby authorize the Phelps County PHA, and its staff, to contact any agencies, offices, groups, or organizations, to obtain any information or materials which is deemed necessary to complete my application. All application information is true and complete to the best of my knowledge. I understand any false information stated, will result in immediate cancellation of rental assistance, and being banned from the waiting list for one year.

Signature: X _____

Date X _____

Signature: _____

Date _____

Signature: _____

Date _____

PHA Representative _____

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):

Phelps County PHA
#4 Industrial Drive
St. James, MO 65559

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:

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

Authorization for the Release of Information

Purpose: The U.S. Department of Housing and Urban Development and the named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Organization Requested To Provide Information

Date of Request: _____

Organization Requesting Information:

Phelps County PHA
#4 Industrial Drive
St. James, MO 65559
573-265-4200
573-265-3550 Fax

Who May Release Information:

Any individual or organization, including any governmental organization may be asked to release information. Some examples include, but are not limited to:

- | | |
|--|--------------------------|
| Banks and Other Financial Institutions | Courts |
| Sex Offender Registration | Law Enforcement Agencies |
| Prosecuting Attorney Offices | Credit Bureaus |
| Employers, Past and Present | Landlords |

Providers of:

Alimony, Childcare, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities, Schools & Colleges, U. S. Dept. of Veterans Affairs, Utility Companies, Welfare Agencies, Health Dept.

Other: _____

Inquiries May Be Made About:

Child Care Expense, Credit History, Criminal Activity, Family Composition, Employment, Income, Pensions, & Assets, Federal, State, Tribal, or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residence & Rental History

Other: _____

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs: Section 8 Housing Choice Voucher Program

I authorize the named organization and/or HUD to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

I authorize only HUD or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization I understand that my housing assistance may be denied or terminated.

X

Signature of Head of Household Date

X

Printed Name

X

Social Security #

Signature of Other Adult Date

Printed Name

Social Security #

Signature of Spouse or Other Adult Date

Printed Name

Social Security #

Signature of Other Adult Date

Printed Name

Social Security #

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

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.