



WHERE WOULD YOU LIKE TO LIVE?

Pictures and property details are available at:

www.homesahead.org ~ Click on Rental Properties

Please check the properties you are interested in:

Properties for Persons 62 years of age OR handicapped/ disabled regardless of age (with or without children).

<input type="checkbox"/>	Groveton Housing**	6 Spring St. – Groveton	Studio & 1 bedroom
<input type="checkbox"/>	Lisbon Inn**	40 South Main St. – Lisbon	1 bedroom
<input type="checkbox"/>	Lincoln Green**	24 Lincoln Green Rd. – Lincoln	1 & 2 bedroom
<input type="checkbox"/>	McKee Inn**	186 Main St. – Lancaster	1 & 2 bedroom
<input type="checkbox"/>	Montebello Hill**	4621 Main St. – Newbury, VT	1 bedroom
<input type="checkbox"/>	Northern Lights Housing**	25 Success St. – Berlin	Studio, 1 & 2 bedroom
<input type="checkbox"/>	Opera Block**	65 Central St. – Woodsville	1 bedroom
<input type="checkbox"/>	Spear House Apartments**	69 Main St. North – Wells River, VT	1 bedroom
<input type="checkbox"/>	Spear House (<u>not subsidized</u>)	69 Main St. North – Wells River, VT	1 & 2 bedroom

Property for Persons 62 years of age or older only.

<input type="checkbox"/>	Beattie House**	268 Cottage St. – Littleton	1 bedroom
<input type="checkbox"/>	Notre Dame Apartments**	411 School St. – Berlin	1 bedroom

Note: If you apply for Notre Dame Apartments NHHFA requires additional documentation.

Other Properties (for all households)

<input type="checkbox"/>	Ammonoosuc Green**	163 Main Street, 40 and 51 Ammonoosuc St.- Littleton	1, 2, & 3 bedroom
<input type="checkbox"/>	Lisbon Family Housing**	High St., School St., South Main St., & Dickinson St., - Lisbon	2 & 3 bedroom
<input type="checkbox"/>	Bethlehem Pine Manor	13 and 15 Arlington St. – Bethlehem	2 & 3 bedroom
<input type="checkbox"/>	Franconia	147 Main St. – Franconia	3 & 4 bedroom
<input type="checkbox"/>	Littleton South-West	100 South St. & 139 West Main St. – Littleton	1, 2, & 3 bedroom
<input type="checkbox"/>	Littleton Town & Country I & II	Cottage St., Country Lane, and Ely St. – Littleton	2, 3, & 4 bedroom
<input type="checkbox"/>	Whitefield	10 Main St. – Whitefield	1 & 2 bedroom
<input type="checkbox"/>	Woodsville Maple-Walnut	Maple St., Walnut St., & Highland St. – Woodsville	1, 2, & 3 bedroom

****Indicates properties with a federal subsidy where rent amount is based on your income (subsidized housing)**



AHEAD Inc. is an equal housing opportunity provider.

NOTE: All properties managed by AHEAD Inc. are non-smoking properties.



Thank you for your interest in our quality, affordable housing. Please use the Checklist below to ensure that you have thoroughly completed the application and all required documentation has been provided. This will allow AHEAD to efficiently process your application.

All questions on the application must be completed. Sections of the application that do not apply to your household must be marked as N/A. Incomplete applications will be rejected and returned to the applicant for completion.

- Application has been signed and dated**
- Declaration of Citizenship Form** - One Declaration of Citizenship form is required for **each member of the household.** (If you need additional forms please contact our office @ 603-444-1377 or download the form from our website www.homesahead.org)
- Supplemental and Optional Contact Information Form** - You may choose to not complete this form, however you must check the box at the lower part of the form, sign and date

The following has been provided with the completed application:

- Evidence of Social Security Number** - Your application can be placed on the waiting list without evidence. You cannot be admitted to the housing program until social security numbers have been documented for all household members.
- Photocopies of a second form of Identification such as a driver’s license, Passport or birth certificate** - Mandatory for each member of the household.



**Pictures and property details can be found at: www.homesahead.org.
Click on Rental Properties**



- Copies of 2 forms of ID
- Declaration of Citizenship forms
- Contact information form

Date Received by AHEAD: _____ Time: _____ Staff Initials: _____



AHEAD Property Management
 262 Cottage Street, Suite 116
 Littleton, NH 03561
 603-444-1377 or 800-974-1377 or TTY 800-253-0191
BRINGING PEOPLE HOME



HOUSING APPLICATION

Be sure to complete all sections. If a question does not apply to you, please mark N/A on that line. **Please provide our office with a photocopy of all household members' social security cards and a copy of one the following, driver's license, passport or birth certificate.** AHEAD Property Management does not discriminate on the basis of race, color, national origin, religion, marital/familial status, age, sex, disability, or sexual orientation. "In compliance with HUD's Final Rule – Equal Access to Housing in HUD Programs regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status." AHEAD Property management will make every reasonable accommodation for persons with disabilities.

NUMBER OF BEDROOMS REQUESTED: 1st choice _____ 2nd choice _____

ELDERLY/DISABLED HOUSING ONLY: If you are not yet 62 years old; are you eligible for occupancy based on your status as an individual with handicaps or disabilities?
 Yes No

Name _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Number (where you can be reached) _____

E-Mail Address _____

HOUSEHOLD COMPOSITION (List all persons, including yourself, who will be living in the apartment. List the Head of Household (HOH) first.)

Name	Relationship to (HOH)	Date of Birth	Age	Sex	Social Sec. Number	Full/ Part Time Student
	(HOH)					FT PT NO
						FT PT NO
						FT PT NO
						FT PT NO
						FT PT NO

Note: Please list any additional names every household member has previously gone by. This includes aliases', maiden names, surnames, and nick names.

INCOME: All sources of regularly received income must be listed **regardless of recipient's age**. Please fill in each section, marking N/A to items that do not apply and check YES or NO. Use additional sheet of paper if necessary.

YES NO

Employment Wages or Salary

Household Member _____
Source _____
Gross Monthly Amount

YES NO

Self Employment

Household Member _____
Source _____
Gross Monthly Amount

YES NO

Regular Pay as a Member of the Armed Forces

Household Member _____
Source _____
Gross Monthly Amount

YES NO

Unemployment Benefits or Workman's Compensation

Household Member _____
Source _____
Gross Monthly Amount

YES NO

Public Assistance, General Relief, TANF, or AFDC

Household Member _____
Source _____
Gross Monthly Amount

YES NO

Child Support or Alimony

Household Member _____
Source _____
Gross Monthly Amount

INCOME: All sources of regularly received income must be listed **regardless of recipient's age**. Please fill in each section, marking N/A to items that do not apply and check YES or NO. Use additional sheet of paper if necessary

YES NO

Social Security, SSI or other payments from the Social Security Administration

Household Member

Source

Gross Monthly Amount

YES NO

Veteran's Benefits, Pensions, Retirement Benefits or Annuities

Household Member

Source

Gross Monthly Amount

YES NO

Regular Gifts or Payments from anyone outside the household

Household Member

Source

Gross Monthly Amount

YES NO

Education Grants, Scholarships or other student benefits

Household Member

Source

Gross Monthly Amount

YES NO

Payments from Rental Property, Land Contracts or other forms of Real Estate

Household Member

Source

Gross Monthly Amount

YES NO

Any Other Income Source or Types not listed

Household Member

Source

Gross Monthly Amount

ASSET(S) INFORMATION: Please check YES or NO for each item. Include assets for each member of the household regardless of the owner's age. Use additional sheet of paper if necessary.

YES NO **Checking or Savings Accounts**

<i>Person(s) on account</i>	<i>Bank</i>	<i>Account #</i>	<i>Balance</i>

YES NO **Certificate of Deposits (CD)**

<i>Person(s) on account</i>	<i>Bank</i>	<i>Account #</i>	<i>Balance</i>

YES NO **Stocks, Bonds, Securities, & Treasury Bills**

<i>Person(s) on account</i>	<i>Bank</i>	<i>Account #</i>	<i>Balance</i>

YES NO **Trust Funds**

<i>Person(s) on account</i>	<i>Bank</i>	<i>Account #</i>	<i>Balance</i>
<i>Is this an irrevocable trust? (Please Circle) YES or NO</i>			

YES NO **Retirement Accounts**

<i>Person(s) on account</i>	<i>Bank</i>	<i>Account #</i>	<i>Balance</i>
<i>Is there a penalty for early withdrawal? _____</i>			

YES NO **Whole Life Insurance Policies (Please do not list "term" insurance policies)**

<i>Person(s) on account</i>	<i>Bank</i>	<i>Account #</i>	<i>Balance</i>

YES NO **Annuities/ Mutual Funds**

<i>Person(s) on account</i>	<i>Bank</i>	<i>Account #</i>	<i>Balance</i>

REAL ESTATE OWNED - Do you currently own any property? YES NO

Complete for any real estate (land and/or building) which you currently own.

Description of Property: Mobile Home House Land Other

Location of Property: _____

Appraised Market Value: \$ _____

Tax Assessment: \$ _____

Mortgage (or Outstanding Loan) Balance: \$ _____

Is the property currently for sale? YES NO

If No, are you planning to sell the property in the near future? YES NO

HAVE YOU SOLD, DISPOSED OF, TRANSFERRED, OR GIVEN AWAY ANY ASSET(S) IN THE PAST TWO YEARS? YES NO

If YES, type of Asset (Money, Land, House etc.): _____

Cash Value when Sold/Disposed or Transferred: \$ _____

Amount Received: \$ _____ Date: _____

MEDICAL AND DISABILITY ASSISTANCE EXPENSES: Complete this section only if Head of Household or Spouse is 62 years or older, or a disabled adult. Only list out of pocket expenses that are not reimbursed by any other source. Please use additional sheets of paper if necessary.

HEALTH INSURANCE: (Medicare, BC/BS, AARP, etc.)

<u>Family Member</u>	<u>Insurance Company</u>	<u>Monthly Premium</u>
_____	_____	\$ _____
_____	_____	\$ _____

MEDICATION: (Prescription and over-the-counter Medicines)

<u>Family Member</u>	<u>Pharmacy/Address/Telephone</u>	<u>Monthly Expense Not Covered by Insurance</u>
_____	_____	\$ _____
_____	_____	\$ _____

MEDICAL EXPENSES: Do you see a physician regularly? YES NO

If YES: Anticipated cost not covered by insurance: \$ _____

Outstanding medical bills which you are making monthly payments:

Balance due: \$ _____ Paying: \$ _____ per month

Payments made to: (facility & Address): _____

Balance due: \$ _____ Paying: \$ _____ per month

Payments made to (Facility & Address): _____

DISABILITY ASSISTANCE EXPENSE: Complete only if a member of the household is able to work as a result of the assistance/apparatus provided.

Type of expense: _____ Weekly amount \$ _____

Paid to (Facility & Address) _____

Auxiliary Apparatus (includes items such as wheelchairs, ramps, special equipment for the blind, etc.):

Apparatus: _____ Cost \$: _____

CHILDCARE EXPENSES: (Complete for children 12 and younger. Only list amounts that are paid for out of pocket and are not reimbursed by any other agency.)

Child/Children's Name: _____ Weekly Cost for Child Care: \$ _____

Name & Address of Person/Agency caring for Children: _____

Would you or any member of your household benefit from a special apartment designed for person(s) with disabilities? YES NO Wheelchair Accessibility Other _____

Are **any** members of your household full/part-time students at an institution of higher education, or planning to be in the next twelve (12) months? YES NO

If yes, please answer #1-14:

- 1. Are you a full-time or part-time student? YES NO
- 2. Are you a graduate or professional student? YES NO
- 3. Are you at least 24 years of age? YES NO
- 4. Are you a veteran of the United States military? YES NO
- 5. Are you married and filing a joint tax return? YES NO
- 6. Are you receiving Social Security Title IV, IE: NHEP, RUFA or AFDC (Aid to Families with Dependent Children)? YES NO
- 7. Are you participating in a job training program with assistance? YES NO
- 8. Do you have a dependent child? YES NO
- 9. Do you have dependents other than a child or spouse? YES NO
- 10. Were you an orphan or a ward of the court through the age of 18? YES NO
- 11. Will you be living with your parents? YES NO
- 12. Are you claimed as a dependent on your parent's tax return? YES NO
- 13. Are you receiving any financial assistance to pay for your education? YES NO
- 14. NONE OF THE ABOVE

Are you or any member of your household a Veteran of the U.S. Military? YES NO
Who? _____

Have you ever resided in a federally assisted housing complex? YES NO
If Yes, when and where? _____

Have you ever been evicted? Were there ever any eviction proceedings started against you?
 YES NO - **If yes, please explain from where, when and why:** _____

How did you hear about the apartment for which you are applying?

Are you legally capable of entering into a lease agreement? YES NO
If No, please explain

Will you or anyone in your household be applying for or receiving a Section 8 rental assistance voucher at the time of move-in or within the next 12 months? YES NO

If yes, Name of Agency & Contact Person Amount \$ _____

Will you or anyone in your household require a live-in care attendant? YES NO

If yes, Name of Live-In Care, Attendant: _____

Relationship (if any): _____

Do you expect any additions to the household within the next 12 months? YES NO

Name & Relationship: _____

Explanation: _____

Do you have primary physical custody of all children listed under Household Composition on page one?

YES NO Explanation: _____

Are there any absent household members not listed in Household Composition on page one?

YES NO Explanation: _____

Do you or any of your household members currently own a pet or have a service/ assistance animal?

YES NO If yes, enter type and explanation: _____

List every state lived in since the age of 18; for all household members;

Why are you moving from your current residence? _____

Have you ever lived in a property infested with bed bugs? YES NO

If yes, when and where: _____

Have you or any member of your household ever been arrested and/or convicted of a felony or misdemeanor, or any conviction involving drugs or violence? YES NO

If yes, please explain, include dates: _____

Are you or any member of your household listed on the state sex offender registration program?

YES NO

If yes, please explain _____

REFERENCE INFORMATION

Have you ever lived an apartment managed or owned by NCMC or AHEAD? YES NO
If yes, enter address and dates: _____

HOUSING REFERENCES:

Current Address:	Length of time at Address:	Rent Amount:
_____	_____	_____
_____	Are utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____	If No, how much are utilities per month?	_____

Name, Address and Phone Number or Current Landlord:

Previous Address:	Length of time at Previous Address:	Rent Amount:
_____	_____	_____
_____	Are utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____	If NO, How much were utilities per month?	_____

Name, Address and Phone Number of Previous Landlord:

Previous Address:	Length of time at Previous Address:	Rent Amount:
_____	_____	_____
_____	Are utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____	If NO, How much were utilities per month?	_____

Name, Address and Phone Number of Previous Landlord:

PERSONAL REFERENCES: -List non-family members only.

Name/Address/Telephone #

1. _____

2. _____

3. _____

CREDIT REFERENCES: We may ask for credit references to determine eligibility, if necessary.

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION:

I/We certify that I/we do not and will not maintain a separate subsidized rental unit in another location. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the New Hampshire Housing, USDA Rural Development, Internal Revenue Service, or the Department of Housing and Urban Development’s eligibility criteria and AHEAD Property Management’s tenant selection criteria. I/we understand that this application in no way ensures occupancy.

I/we certify that the information given in this application is true and correct to the best of my/our knowledge. I/we understand that any false information is punishable by law and will be grounds for cancellation of this application or termination of residency after occupancy.

AHEAD Property Management is required to verify all information pertaining to all members of families applying for admission as tenants to properties managed by. We are required to re-examine and independently certify this information on an annual basis.

I/We authorize AHEAD Property Management and its staff to obtain any information and materials deemed necessary to determine eligibility for housing, including contacting agencies, offices, groups or organizations, that may provide information that could substantiate or verify information given in this application; for example, landlords, local police department, credit report agency, welfare agency, or senior service agency.

Print Name - Head of Household

Social Security Number

Signature

Date

Print Name – Co Head of Household

Social Security Number

Signature

Date

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 and the US Department of Housing and Urban Development, 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.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Gender:

- Male
- Female

Race:

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / other Pacific Islander
- White

Did you remember a copy of the Social Security Card
for each member of the household?

Did you remember a secondary form of ID
for each member of the house hold?
(drivers license, passport, birth certificate)

Did you complete a Citizen/ Non-citizen Disclosure form
for each member of the household?

Citizen/ Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

ALIEN REGISTRATION # _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Citizen Declaration

DECLARATION

I, _____ hereby declare, under
penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child,



Non-citizen Declaration

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child.



Non-citizen Declaration

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check here if adult signed for a child.

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 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.

Form HUD- 92006 (05/09)

