CORTLAND HOUSING AUTHORITY
42 CHURCH STREET
CORTLAND NY 13045
607-753-1771
607-753-7313 Fax

HOUSING CHOICE VOUCHER PROGRAM FREQUENTLY ASKED QUESTIONS

PLEASE KEEP THE INFORMATION SHEETS FOR FUTURE REFERENCE

What is the Housing Choice Voucher Program (Section 8)?

The Housing Choice Voucher Program (HCV) is a federal assistance program designed to assist eligible Persons to pay a portion of their rent to their landlords for affordable, decent, safe and sanitary apartments.

What happens after I submit the application?

Each application is stamped with the date and time when it is received in the Cortland Housing Authority (CHA) office. A preliminary eligibility determination is made based on the total annual income, household size and Federal Housing Assistance history. Eligible applications are placed on the waiting list in the order they are received and based on any preferences. A letter is sent to the applicant to notify them of whether or not they are eligible.

What are the preferences for the Cortland Housing Authority?

The Authority has established certain preference categories and all applicants meeting one or more of those preferences will be assisted before those applicants who do not have a preference. CHA preferences are: elderly, handicapped/disabled, families, and Cortland County residents.

Why does my application have to go on a waiting list?

The Cortland Housing Authority is given a limited number of vouchers to issue and is not allowed to issue more than that number. We do not have enough vouchers to issue to everyone who needs them, so applications are placed on the waiting list until there is a voucher available. It is not possible to tell you how long it will be before you are contacted with an offer of assistance.

What if you tell me my household is not eligible and I do not agree?

There is a review process for ineligible applicants. If your eligibility letter tells you that you are not eligible, the letter will also tell you how to request a review.

How is the rent calculated?

It is impossible to tell you at this point how much assistance you may receive. The calculation is based on a number of factors, which all have to be verified at the time that assistance begins. Assistance is based mainly on total household income and number of dependents, however, the amount of rent, and what utilities you have to pay for will also make a difference. A way to get a **rough estimate** of how much you will be required to pay toward rent and utilities is to calculate 30% of your total household monthly gross income. However, you must keep in mind that we make adjustments to income for certain things, and also the higher the rent is, the higher your payment is likely to be. So this is **ONLY** an **ESTIMATE**.

I Plan to move soon. Should I look for anything in particular at my new place?

Because there is no way of knowing how soon the Cortland Housing Authority will be able to assist you, we will **NOT** advise you as to what to look for in a new apartment until you are issued a voucher. You should proceed as you normally would to find a new place. When we have a voucher available for you, you will be required to attend a briefing, where we will give you information you will need and answer your questions.

What if my address, income or household composition changes?

You **must** notify the CHA, in writing, if your mailing address changes, because our notifications are done by mail. If we cannot reach you by mail, your application will be removed from the waiting list. You would then have to re-apply and be placed at the bottom of the list.

You should also notify the CHA, in writing, if your household composition changes, as this may affect your position on the waiting list.

In most cases changes in income **do not** need to be reported while you are on the waiting list, since income will be verified when you are called in off the waiting list. You only need to report a change in your income if you have met with someone from our office and they have told you to do so.

What if I am a victim of domestic violence?

Section 6 of the U.S. Housing Act of 1937 states:
"The Public Housing Agency shall not deny admission to our programs to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission, and that nothing in this section shall be construed to supersede any provision of any Federal, State or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking."

Confidentiality
Information you provide to the housing agency relating to the fact that you or another member of your household is a victim of domestic violence, dating violence, or stalking will be retained by the housing agency in confidence. This information will not be shared or disclosed by the agency without your consent except as necessary in an eviction proceeding or as otherwise required by law.

For help concerning Domestic Violence issues, please see the attached information.

Should I call the CHA to ask questions?

We ask that you save your questions about how the program works for the briefing session that you will attend when you are called in off the waiting list.

Please do not call to ask about your position on the waiting list. We do not give out waiting list numbers, and we cannot predict how long you will be on the list. When there is a voucher available you will be notified by mail.

You should call if you have not received an eligibility letter within three weeks of submitting your application.

We will periodically update our waiting list to determine if you remain interested in Section 8 Housing. It is your responsibility to respond to these mailings within the deadline date or your name will be removed from the waiting list.

Housing Choice Voucher Income Limits

Total number in household	Combined household income may not exceed
1	$ 32,300
2	$ 36,900
3	$ 41,500
4	$ 46,100
5	$ 49,800
6	$ 53,500
7	$ 57,200
8	$ 60,900

Cortland County Income limits effective 6/1/2025

ASSETS: We DO NOT have an asset limitation, but we do count interest from assets, and we do consider all assets to determine eligibility in all cases.

CORTLAND HOUSING AUTHORITY
42 CHURCH STREET
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607-753-1771

EQUAL HOUSING OPPORTUNITY

HOUSING CHOICE VOUCHER PROGRAM

Section 1: FAMILY HOUSEHOLD INFORMATION

Name of Head of Household	Gender	Relationship to head of Household	Social Security number	Date of birth	Are you Handicapped or disabled	Are you a U.S. citizen?
1.	□M □ F	SELF			□Y □ N	□Y □ N

(Optional , for statistical purposes only)

RACE: □ White □ Black □ Asian Pacific Islander □ American Indian/ Alaska Native **ETHNICITY**: □ Hispanic □ Non- Hispanic

Street Address:_____
Number and Street City County State Zip

Mailing Address:_____
Number and Street City County State Zip

E-Mail Address:_____

Telephone: _____ Message Phone: _____

TYPE OF HOUSING YOU ARE PRESENTLY LIVING IN:

□ Renting apt. □ Renting Home □ Renting Trailer □ Own home □ Own Trailer □ Sharing Apt. Living with: _____

Name of Current Landlord _____ Tel. Number _____
Landlord's address _____ How long have you lived here?_____

Total Monthly Rent/Mortgage Payment: _____ Utilities: Elec. $_____ Gas $_____ Other $ _____

Please list all family household members who will be living with you if you receive Housing Assistance

Other household members	Gender		Relationship to head	Social Security number	Date of birth	Handicapped or disabled?		U. S Citizen?	
2.	M	F				Y	N	Y	N
3.	M	F				Y	N	Y	N
4.	M	F				Y	N	Y	N
5.	M	F				Y	N	Y	N
6.	M	F				Y	N	Y	N
7.	M	F				Y	N	Y	N
8.	M	F				Y	N	Y	N

Does anyone live with you now who is not listed above? □ YES □ NO. If yes, please explain why this person(s) will not be living with you if you are approved for the Housing Choice Voucher Program _____

_____

_____

PAST PARTICIPATION

Have you or any household members received Section 8 rental assistance, lived in a Section 8 assisted household or lived in Public Housing? □ YES □ NO

If yes,

Who? _____ When? _____ Where? _____

Who? _____ When? _____ Where? _____

CURRENT PARTICIPATION

Are you or any household members currently receiving Section 8 rental assistance, living in a Section 8 assisted household or living in Public Housing? □ YES □ NO

If yes,

Who? _____ When? _____ Where? _____

Who? _____ When? _____ Where? _____

REASONABLE ACCOMMODATION

Does any household member who is disabled/handicapped require any Reasonable Accommodation due to the presence of a disability? □ YES □ NO

If yes, please identify the accommodation (s) needed. _____
_____

SECTION 2: FAMILY HOUSEHOLD INCOME AND BENEFITS

EMPLOYMENT: If you or any household member(s)over the age of 18 is employed, please complete the field(s) below.

□ **Please check this box if no household members are employed.**

List ALL wages including seasonal, sporadic and temporary wages.

Employed Household Member Name	Name and Address of Employer	Pay Rate
1.		$ per wk/mo
2.		$ per wk/mo
3.		$ per wk/mo
4.		$ per wk/mo

BENEFITS: If you or any household member(s) over the receive benefits from the following sources, please complete the field (s) below. Please check all boxes that apply to your household.

□ **Please check this box if no benefits are received.**

□ TANF/Public Assistance □ Food Stamps □ Tribal Per Capita Payments	□ Retirement/ Pension □ Child Support □ Rental Income	□ Social Security □ Supplemental Security Income (SSI) □ Student Financial Aid	□ VA Benefits □ Unemployment Compensation □ Other : _____

Received by (Full Name)	Received From (Source)	Benefit Amount
1.		$ per wk/mo
2.		$ per wk/mo
3.		$ per wk/mo
4.		$ per wk/mo

SECTION 3: FAMILY ASSETS

ASSETS: Do you or any member of your household possess/own any of the following assets? Please check all boxes that apply to your household.

□ **Please check this box if none apply.**

□ Checking Account	□ Savings Account	□ Stocks, Bonds, CD's	□ Insurance Policy	□ Property	□ Burial Account

Asset/ Account Holders Name	Asset Type	Estimated Balance/Value
1.		
2.		
3.		
4.		

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNTIED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

SIGNATURE_____DATE_____

FAILURE TO COMPLETE ALL SECTIONS MAY DELAY YOUR APPLICATION FROM BEING PROCESSED

****

FOR OFFICE USE ONLY:

DEBTS OWED ____ HTC ____ BADTEN ____ CURR TEN ____ COMP _____ PREF LEVEL □ 0 □ 1 □ 2 □ 3 □ 4

CLASSIFICATION A/E ____ I ____ BR SIZE_____ ANNUAL INCOME _____

COMMENTS: _____

CERTIFIED BY: _____ DATE _____

FINAL CLASSIFICATION: _____DATE_____ REASON_____

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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):

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

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

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

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

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

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

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

Signatures:

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

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

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

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

CORTLAND HOUSING AUTHORITY
42 CHURCH STREET
CORTLAND, NEW YORK 13045

Public Housing: (607) 753-1171
Section 8: (607) 753-9364
Fax: (607) 756-2808

ALL INDIVIDUALS 18 AND OVER MUST SIGN THIS CONSENT FORM

I authorize the Cortland Housing Authority to obtain information regarding my previous and/or current housing. I understand that my failure to sign this consent form may result in the denial of my application, or termination of my assistance.

Signature	Date	Social Security #
Signature	Date	Social Security #
Signature	Date	Social Security #
Signature	Date	Social Security #

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.
Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
	Signature **Date**
	Printed Name

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.