





**Community Development Authority
of the City of Madison**
Housing Operations Division
Madison Municipal Building, Suite 120
215 Martin Luther King, Jr. Boulevard
Madison, Wisconsin 53703-3348
608 266-4675 TextNet 1-866-704-2318
www.cityofmadison.com/housing/index.htm

OFFICE USE
BR/PTS: _____
APP NO: _____

Application for Low Rent Public Housing
Housing owned and operated by the City of Madison – CDA

Application assistance is available every Tuesday, Wednesday, and Thursday 8:30 am – 12 pm and 1 pm – 4 pm.

If you need an interpreter, materials in alternate formats, or other accommodations to access this service, activity or program, please contact the Housing Operations Division at 608-266-4675 or TextNet 1-866-704-2318.

**Please return completed application to 215 Martin Luther King, Jr. Blvd, Room 120
or mail to: CDA-Housing PO Box 1785 Madison, WI 53701-1785**

Along with the Application for Housing Assistance we must receive the following:

- Authorization for the Release of Information for each household member aged 18 and over (attached) - signed & dated.
- HUD Release of Information & Privacy Act Notice (attached) - signed & dated.
- Declaration of Citizenship (attached) - completed, signed & dated.
- Supplemental and Optional Contact Information, HUD-92006 – completed, signed & dated.
- Copy of Social Security Cards for each household member. Receipts for application of card NOT ACCEPTED.**
- Copy of certified birth certificates for all children. Keepsake certificates issued by hospital NOT ACCEPTED.**
- Copy of valid, current driver's license or government-issued picture ID for all adults.**
- Copy of the current year's Social Security Proof of Income letter, if applicable. Contact SSA at 1-800-772-1213.**
- Verification of eligible immigration status, if applicable. (Copies of I-94, I-327, I-551, I-571, I-688, I-688A, I-688B, I-766 OR unexpired foreign passport).**

If you are having difficulty obtaining the above documentation or have any questions, please contact us at 266-4675.

HOUSEHOLD COMPOSITION: List your name and the names of persons who will be living with you. Attach an additional sheet if necessary. Please list the head of household first.						
HOUSEHOLD MEMBERS (First-Middle Initial-Last)	SOCIAL SECURITY # (24 CFR 5.216)	RELATIONSHIP TO HEAD	SEX	RACE	BIRTH DATE	FULL-TIME COLLEGE STUDENT?
		HEAD				Y N
						Y N
						Y N
						Y N
						Y N
						Y N

Previous or other names used by adults in household: _____

Current Living Address

Mailing Address (if different)

Phone _____

Alternate Phone _____

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household.

Household Member _____

- Employment \$ _____/month Name of Employer _____ Phone _____
Address of Employer _____ City _____ State _____ Zip _____
- SSI/SSDI/Social Security Benefits \$ _____/month **SUBMIT CURRENT YEAR'S PROOF OF INCOME LETTER**
- Employer Disability Payments \$ _____/month Source: _____
- Child Support \$ _____/month Source: _____
- Retirement Benefits \$ _____/month Source: _____
- Veteran's Benefits \$ _____/month Source: _____
- Worker's Compensation \$ _____/month Source: _____
- W2/TANF \$ _____/month Source: _____
- Contributions \$ _____/month Source: _____
- Other \$ _____/month Source: _____

Household Member _____

- Employment \$ _____/month Name of Employer _____ Phone _____
Address of Employer _____ City _____ State _____ Zip _____
- SSI/SSDI/Social Security Benefits \$ _____/month **SUBMIT CURRENT YEAR'S PROOF OF INCOME LETTER**
- Employer Disability Payments \$ _____/month Source: _____
- Child Support \$ _____/month Source: _____
- Retirement Benefits \$ _____/month Source: _____
- Veteran's Benefits \$ _____/month Source: _____
- Worker's Compensation \$ _____/month Source: _____
- W2/TANF \$ _____/month Source: _____
- Contributions \$ _____/month Source: _____
- Other \$ _____/month Source: _____

ASSETS and account numbers for all family members (checking, savings, credit unions, money market funds, certificates of deposit, stocks, bonds, real estate, cash value of life insurance, etc.) **Attach additional sheets if necessary.** You must include any assets you have sold within the last 2 years.

Household Member	Name & Address of Financial Institution	Type of Asset	Account #	Value of Asset

Name of Household Member: _____

HOUSING HISTORY: Please provide housing history for all adults for the last **2 years (24 months)**. We need to know **everywhere** you and your adult household members have lived, even temporarily, for the last 2 years. Use the additional chart on the reverse of this page if necessary.

FROM (Month/ Year)	TO (Month/ Year)	YOUR ADDRESS (Complete address)	LANDLORD (Complete name, address and phone)	ARE/WERE YOU ON LEASE? (Yes or no)	IF NOT ON LEASE, LIST NAME, ADDRESS AND PHONE OF LEASEHOLDER	IF NOT ON LEASE, DID/DOES LANDLORD KNOW YOU STAY/STAYED? (Yes or no)
	NOW					

Name of Household Member: _____

HOUSING HISTORY: Please provide housing history for all adults for the last **2 years (24 months)**. We need to know **everywhere** you and your adult household members have lived, even temporarily, for the last 2 years.

FROM (Month/ Year)	TO (Month/ Year)	YOUR ADDRESS (Complete address)	LANDLORD (Complete name, address and phone)	ARE/WERE YOU ON LEASE? (Yes or no)	IF NOT ON LEASE, LIST NAME, ADDRESS AND PHONE OF LEASEHOLDER	IF NOT ON LEASE, DID/DOES LANDLORD KNOW YOU STAY/STAYED? (Yes or no)
	NOW					

Waiting List Preferences

Eligible applicants are assigned a place on the waiting list based upon their preferences and the date and time a complete application is received. Preferences are categories for people with special status or urgent housing needs and determine who will be placed at the top of the waiting list.

- Claiming a preference does not automatically grant you a preference on the wait list.
- Obtaining a preference does not guarantee admission or immediate housing.
- You must submit documentation proving you qualify for a preference.
- Applicants must meet all qualifications in order to receive assistance, regardless of preference status.
- You may claim a preference at the time of application, or at anytime prior to admission.

If your current situation fits into any of the following categories, you may move up more quickly on the waiting list:

Category 1 – Residency Preference

I live, work, have been hired to work, attend school, or participate in a training program in the City of Madison.

To claim a Residency Preference, you must provide documentation:

- If you live in the City of Madison, provide a copy of current lease or utility bill in your name.
- If you are hired to work in the City of Madison, provide written employer certification.
- If you are attending school in the City of Madison, provide current school registration records.

Category 2 – Family/Disabled/Elderly Preference *(These are all in one category and are equally weighted)*

My household includes one or more minor children under the age of 18 years old.

I am, or a member of my household is, 62 years of age or older.

I **DO**, or a member of my household **DOES**, qualify as an individual with a disability.

In accordance with the Americans with Disabilities Act, a "Disabled Person" means any person who:

1. Has a physical or mental impairment, which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such impairment.

Name of household member, who qualifies as a "Disabled Person" _____

____ Requires a wheelchair-accessible apartment.

____ Requires a live-in aide.

Medical Professional Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

To claim a Family/Disabled/Elderly Preference, you must provide documentation:

- Copy of certified birth certificates for each minor child in your household.
- Copy of current valid Driver's License or State issued I.D. Card for each household member 62 years of age or older.
- Copy of Social Security Proof of Income Letter for the current year or complete name, address and phone number of your Medical Professional.

Category 3 – Homeless/Victim of Domestic Abuse *(These are all in one category and are equally weighted)*

I am homeless.

I have been forced to move from my home because of a domestic-related crime.

To claim a Homeless/Victim of Domestic Abuse Preference, you must provide documentation:

- Written certification by a public or private facility providing shelter, the police, or a social services agency.
- If you are doubling-up, provide a copy of the lease of the head-of-household, at that residence.
- Copy of police report or written statement from Social Worker, Medical Professional, or D.A.I.S. Caseworker.

If you feel you qualify for any of the above preference categories and can't provide required documentation, please contact us at (608) 266-4675.

DO YOU HAVE AN ADVOCATE?

If you have someone who is helping you (a family member, social worker, etc.) please give the following:

Name/Agency _____ Phone _____

Address _____

City _____ State _____ Zip _____

DO YOU WANT CDA TO SEND COPIES OF LETTERS TO THE ABOVE PERSON?

- Yes
- No

CERTIFICATION

- Have you, or has anyone in your household, ever been convicted of manufacturing or producing methamphetamine, also known as “speed,” on the premises (any building, complex, common area, or grounds) of assisted housing? ___Yes ___No
- Are you, or anyone in your household, subject to a sex offender registration requirement under a State Sex Offender Registration Program? ___Yes ___No
- I certify that the information provided on this application is true and complete to the best of my knowledge.
- I understand that failure to supply required information may cause my application to be cancelled.
- I agree to inform the CDA of any changes in my address, household members, or income and I acknowledge the CDA’s right to rerank my position on any waiting list based on these changes.
- **WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or representations to any department or agency of the United States Government as to any matter within its jurisdiction. Wisconsin Law Act 173 makes fraud against a housing authority a crime punishable by up to a \$10,000 fine and up to two years imprisonment.

All household members, age 18 or over, must sign the application.

Signature Of Head Of Household	Date	Signature Of Spouse	Date
Signature Of Other Adult	Date	Signature Of Other Adult	Date

Please list “yes” or “no” on the lines below to indicate which locations of CDA Public Housing you are interested in:

___West, Southwest ___East ___Central (Triangle)

Please see the attached brochure for specific locations.

Your name will be placed on the waiting list when all required documents are received.

Your application date is the date all required documents are received.

How did you hear about CDA? (Please circle all that apply)

Bus Ad CDA Website Friend/Family Internet Newspaper Ad Other Agency/Advocate



CommunityDevelopmentAuthority

Madison Municipal Building, Suite 120
215 Martin Luther King, Jr. Boulevard
Madison, Wisconsin 53703
ph (608)266.4675 TextNet (866)704.2318 fx (608)264.9291
email housing@cityofmadison.com
mail P.O. Box 1785, Madison, WI 53701-1785

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby give my permission to the Community Development Authority to
(Printed Name)

obtain independent information about me and my family for the purpose of determining continued eligibility and the appropriate level of housing benefits. Specifically, I authorize release of information from:

Current and Former Landlords

Utility Companies

Current and Former Employers

Federal, State, Tribal or Local Benefit Agencies

Banks and other Financial Institutions

Credit Bureaus

The National Crime Information Center, Police Departments, and other law enforcement agencies

Courts

Welfare and other Social Service Agencies

Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe resident is currently engaged in illegal use of controlled substance)

Schools and Colleges

U.S. Social Security Administration

U.S. Department of Veteran Affairs

Providers of : Childcare
 Disability Assistance
 Medical Care

Other _____

I agree that CDA may use photocopies of this authorization to accompany its requests for information. I understand that CDA is soliciting documents to verify continued eligibility and level of benefits, including sources of income and assets, wages, and unemployment claims, tax return information, identification and composition of household, housing history.

Signature

Date

Social Security #

Date of Birth

I am Head of Household Spouse Adult in family Adult in Household

CDA acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's eligibility for housing assistance.

This form is valid for twelve (12) months from date of applicant's signature.

**SAME FORM ON BOTH SIDES
EACH ADULT IN HOUSEHOLD MUST SIGN ONE SIDE**



CommunityDevelopmentAuthority

Madison Municipal Building, Suite 120
215 Martin Luther King, Jr. Boulevard
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The National Crime Information Center, Police Departments, and other law enforcement agencies

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Welfare and other Social Service Agencies

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CDA acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's eligibility for housing assistance.

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**SAME FORM ON BOTH SIDES
EACH ADULT IN HOUSEHOLD MUST SIGN ONE SIDE**

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

COMMUNITY DEVELOPMENT AUTHORITY
PO BOX 1785
MADISON WI 53701

IHA requesting release of information: **(Cross out space if none)**
(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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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(I)(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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

**DECLARATION OF CITIZENSHIP
OR
IMMIGRATION STATUS**

I understand that the CDA will obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying immigration status of noncitizens with eligible immigration status only under HUD's assisted housing program(s).

Check one box per adult applicant

(Insert adult applicant's name in row below. Please print.) I attest, under penalty of perjury, that I,	am a citizen of the United States*	am a noncitizen with eligible immigration status*	am a noncitizen without eligible immigration status*	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult applicant's signature/date
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I, _____, have also used the names: _____

Check one box per child

(Insert child's name in row below. Please print.) I attest, under penalty of perjury, that I,	is a citizen of the United States*	is a noncitizen with eligible immigration status*	is a noncitizen without eligible immigration status*	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Guardian's signature/date
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***See reverse to determine what evidence must be submitted with this form.**

If you need an interpreter, materials in alternate formats, or other accommodations, to complete these actions, please contact CDA Housing Operations at 608-266-4675.

SUBMIT APPROPRIATE ITEMS BELOW ALONG WITH THIS SIGNED AND DATED CERTIFICATION:

1. **U. S. Citizens:** Submit only a signed Declaration of Citizenship.
2. **Noncitizens, who are 62 years of age or older,** and are receiving assistance as of June 19, 1995, submit:
 - A signed declaration of eligible immigration status; and
 - Proof of age document.
3. **Eligible Noncitizens** submit:
 - A **signed declaration** of eligible immigration status; and
 - One of the following INS documents:
 - (i) **Form I-551** Alien Registration Card
 - (ii) **Form I-94** Arrival Departure Record annotated with one of the following:
 - Admitted as Refugee pursuant to Section 207
 - Section 208 or Asylum
 - Section 243 (h) or Deportation stayed by Attorney General
 - Paroled pursuant to Section 212 (d)(5) of the INA
 - (iii) **Form I-94** Arrival Departure Record not annotated, must be accompanied by one of the following:
 - A final court decision granting asylum
 - A letter from the INS asylum officer, or from the INS district director granting asylum
 - A court decision granting withholding or deportation
 - A letter from an INS asylum officer granting withholding or deportation
 - (iv) **Form I-688** Temporary Resident Card annotated with Section 245A or Section 210
 - (v) **Form I-688B** Employment Authorization Card annotated with Provision of Law 274a.12(11) or Provision of Law 274a.12
4. **Ineligible Non-Citizens** submit:
 - A **signed declaration** indicating you are a noncitizen without eligible immigration status.

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.