

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 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.



ASSET CERTIFICATION STATEMENT

The following items are considered assets: checking accounts; savings accounts; money market funds; retirement accounts (IRA, 401k, etc.); trust funds; annuities; stocks; bonds; certificates of deposit (CDs); treasury bills; whole life insurance policies; real estate; personal property being held as an investment.

Please check the box that applies:

I certify that **no one** in my household has any assets.

I declare that my household has the following assets:

Member Name	Type of Asset	Current Balance/ Cash Value	Current Interest Rate	Name of Financial Institution
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

I certify that the information I have given is true and accurate to the best of my knowledge. I understand that misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of my housing assistance.

Signature of Head of Household

Date

Printed Name

Client Number

WARNING: Title 18, Section 101, 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 or Agency of the U.S. or the Department of Housing and Urban Development.

Child Support Declaration

Please complete one form per non-custodial parent. (A non-custodial parent is the mother/father of the below-listed child(ren) who is not listed in the approved household composition)

Name of Non-Custodial Parent: _____

Name of Child(ren): _____

Has there ever been a court order for child support? *If yes, a copy must be on file with the Reno Housing Authority.*

No Yes - Amount of order \$ _____

Are you currently receiving child support? This may include cash paid to you or items (diapers, food, clothing, etc.) purchased for the above-named child(ren). *If the non-custodial parent provides non-cash support, please give an estimate of the cost of the items provided.*

No Yes - Amount received \$ _____

Who sends you the payments?

Child Support Enforcement Agency. *Please provide their name and address on the following lines:*

The non-custodial parent sends the money directly to me or purchases items (diapers, food, clothing, etc.) for the above-referenced child(ren). *Please provide their address on the following lines:*

If you are NOT receiving child support, please explain why: _____

I certify that the answers I have given are true and accurate to the best of my knowledge. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance.

Signature of Head of Household _____ Date _____

WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.

PERSONAL DECLARATION

La Autoridad de Viviendas de Reno se ha comprometido a ofrecer accesibilidad a sus programas y actividades para todos los clientes elegibles, inclusive para aquellas personas limitadas en sus habilidades del manejo del idioma Ingles. Por favor informe a nuestro personal si requiere otra forma diferente de comunicaci3n que no sea verbal o por escrito en ingles.

This form must be completed **IN YOUR OWN HANDWRITING**. You must use the correct legal name for each member of your household as it appears on their social security card. **PLEASE PRINT**. All adult members of the household must sign the back of this form, certifying the information pertaining to them

1. HOUSEHOLD COMPOSITION: List ALL persons who are living in your home, with head of household first, other adults, then children. **If you need additional room, please print information on blank paper and attach.** **H/H = Head of household**

(Legal Name as it appears on Social Security Card)	Relation-ship to H/H	Social Security Number and Date of Birth	Disabled Yes or No	If student, school name	Name and address of minor's absent parent
	H/H				
					Name
					Address
					Name
					Address
					Name
					Address
					Name
					Address
					Name
					Address

2. PROGRAM INTEGRITY INFORMATION – Circle YES or NO and give details, if applicable.

1. Do you expect anyone to move in or out of your household?	YES	NO
2. Does anyone else live with you now who is not listed in the household composition section of this form?	YES	NO
3. Is any member of your household over the age of 18 attending school?	YES	NO
4. Has any member of your household ever used a social security number other than the one listed above? If yes, what is it? _____	YES	NO
5. Have you or has anyone in your household ever been convicted of the manufacture or production of methamphetamines (speed) on the premises of public or assisted housing? If yes, who? _____ When? _____ What? _____	YES	NO
6. Have you ever been convicted of a crime other than a traffic violation? If yes, what? _____ Year? _____	YES	NO
7. Are any household members required to register as a sex offender? If yes, who? _____	YES	NO

3. YOUR CURRENT MONTHLY EXPENDITURES

Rent	\$	Phone	\$	Medical	\$	Credit Card	\$	
Electric	\$	Auto Payment	\$	Cable	\$	Credit Card	\$	
Gas	\$	Auto Ins.	\$	Insurance	\$	Loan	\$	
Water	\$	Child Care	\$	Rentals	\$	Other	\$	
Do any household members have any other regular monthly payments besides those above? If yes, Specify							YES	NO
Is anyone outside your household paying any of these bills? If yes, Amount \$ _____							YES	NO

4. ASSETS – Circle YES or NO and give details, if applicable.

1. Does anyone in your household own or have an interest in any real estate, boat and/or mobile home?	YES	NO
2. Is anyone in your household retaining personal property (coin collection, antiques, etc.) as an investment? If yes, details: _____	YES	NO
3. Does anyone in your household own any stocks, bonds, treasury bills, certificates of deposit or money market funds?	YES	NO
4. Are there any retirement funds (IRA, 401k, annuities, etc.) available to your household? If yes, company name and address: _____	YES	NO
5. Are there any trust funds available to your household? If yes, trust fund name and address: _____	YES	NO
6. Does anyone in your household have a checking account?	YES	NO
7. Does anyone in your household have a savings account?	YES	NO
8. Has anyone in your household sold, disposed of, or otherwise transferred any assets for less than fair market value within the past two years? If yes, details: _____	YES	NO
9. Does anyone in your household have a whole life insurance policy? If yes, Policy # _____ Insurance Company name & address _____	YES	NO

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

Source of Income	Income	Name of Family Member(s)
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Self-employed	\$	
Unemployment	\$	
TANF	\$	
Food Stamps	\$	
Child Support for _____	\$	
Spousal Support	\$	
Military pay	\$	
Pension, retirement, Annuity, etc.	\$	
Social Security	\$	
SSI – Social Security Supplemental Income	\$	
SSD – Social Security Disability	\$	
Disability Payments - NOT through Social Security	\$	
Scholarships/Financial Aid	\$	
Cash contributions from someone outside household	\$	
Other (source: _____)	\$	
Earned Income of Minor		
Name:	Source:	\$
Name:	Source:	\$

6. ALLOWABLE EXPENSES – Child Care, for household members under the age of 13

Child care provider’s name:	Phone:
Complete mailing address:	
Amount paid by family per week: \$	Number of children cared for:
Cost of childcare per week: \$	

ELDERLY OR DISABLED ONLY -- Medical and/or Handicap Expenses – Refer to attached Medical Form.

I certify that the information given to the Reno Housing Authority (RHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing to RHA all changes in family composition, income, assets, and expenses of any family member(s) within thirty calendar (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of RHA and my landlord. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance. I further acknowledge the following warning:

WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.

Signature of Head of Household _____ Date _____

Signature of Spouse or Co-Tenant _____ Date _____

Signature of Other Adult _____ Date _____

Telephone Number _____ Alternate Number _____