

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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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.			
<input type="checkbox"/> 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.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the release to the Geauga Metropolitan Housing Authority of any information they may request to determine suitability for GMHA assistance. Information may include, but is not limited to, records maintained by employers, landlords, banks, credit agencies, courts and police departments.

I hereby waive any privileges I may have to said information only to the extent necessary to permit the release of this information to the Geauga Metropolitan Housing Authority.

GMHA is using a computerized search agency to check your background. You may be required to return for fingerprinting.

You are responsible to reveal all criminal convictions. This includes even those that result in a conviction for a minor misdemeanor. If you are not certain, ask for clarification!

Please answer **yes** or **no** to the following questions:

Have you been convicted for a DUI? ☐ No ☐ Yes

Have you been convicted of a misdemeanor crime? ☐ No ☐ Yes

Have you been convicted of a felony crime? ☐ No ☐ Yes

Have you been convicted of a drug offense? ☐ No ☐ Yes

Have you ever lived in Public or Section 8 housing? ☐ No ☐ Yes

If yes, where _____

Have you ever been evicted, or do you owe money to any other ☐ No ☐ Yes

Housing authority? If yes, where _____

Are you or any member of your household to a lifetime registered sex offender requirement *in any state*? ☐ No ☐ Yes If yes, who and what state(s) _____

List all states in which you have lived _____

If you answered yes to any of the above questions, please provide more information here. You may attach another sheet if necessary.

SECTION 1001 TITLE 18 U.S. CODE PROVIDES CRIMINAL PENALTIES FOR ANY MISREPRESENTATION OR FALSE STATEMENTS. Failure to disclose convictions will cause you to be deemed ineligible, or an eviction action shall be processed against you.

Signature

Date

APPLICANT TENANT CERTIFICATION & UNDERSTANDING

I/We certify that the information given to the Geauga Metropolitan Housing Authority on household composition, income, net family assets, and allowances and deductions is ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE & BELIEF. I/We understand that false statements or information are punishable under federal law and are also grounds for termination of housing assistance and termination of tenancy.

I/We understand this is an application and not an offer of housing. Should I be considered for housing, I further understand the above family information must be updated as well as verified, including but not limited to HUD 50058 and EIV systems. I agree to cooperate in securing any information needed to determine eligibility and to update my application as required. I understand this is not a contract and does not bind either party. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Signature

Date

Signature of other adult

Date

If you believe you have been discriminated against, you may call the Fair Housing & Equal Opportunity National Toll-free Hotline at 1-844-872-4681, or you may call 1-202-708-1112. TTY at 1-202-708-1455.