



West Hotel

Tenderloin Neighborhood Development Corporation

141 Eddy Street; San Francisco, CA 94102

phone: (415) 561-9631

www.tndc.org

APPLICATION NOTICE

Notice - Right to Receive Free Interpreter Services

Please notify Building Manager if you need language assistance.

الحق في الحصول على خدمات مترجم شفوي مجاني - إشعار
الرجاء إبلاغ مدير المبنى إذا كنت بحاجة إلى مساعدة لغوية.

通告 - 有權獲得免費的翻譯服務
如果你需要語言協助請通知大廈經理

주의 사항 - 무료로 통역 서비스를 받을 권리가 있습니다
당신은 언어의 도움이 필요하면 알려 주시기 바랍니다

ВНИМАНИЕ - Право на получение бесплатно услуги переводчика
Пожалуйста, сообщите управдом, если вы нуждаетесь в помощи языка.

AVISO - Derecho a recibir servicios gratis de interpretación
Por favor notifique al administrador del edificio si necesita ayuda idioma.

PAUNAWA - Ikaw ay may karapatang na tumanggap ng libheng serbisyo ng interpreter
Mangyaring ipaalam Manager na kung kailangan mo tulong sa wika.

THÔNG BÁO - Ngay để nhận miễn phí dịch vụ thông dịch
Xin vui lòng thông báo cho người quản lý tòa nhà nếu bạn cần hỗ trợ ngôn ngữ.

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Section 504 Equal Access Statement

For mobility-impaired persons, this document is kept in the Tenderloin Neighborhood Development Corporation's (TNDC) Management Company office at **215 Taylor Street; San Francisco, CA 94102**. Documents may be examined from Monday through Friday between the hours of 8:30 AM and 5:00 PM. You must phone to make arrangements to examine this document. Please call **(415) 776-2151** and **TDD** users may dial **(415) 776-4819**.

For vision-impaired persons, **TNDC** will provide a staff person to assist a vision-impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For hearing-impaired persons, **TNDC** will provide assistance in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with disability. Please call the TDD number (415) 776-4819 to schedule an appointment.

Assistance to ensure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

POLICY OF NON-DISCRIMINATION ON THE BASIS OF HANDICAPPED STATUS

TNDC does not discriminate on the basis of disabled status in the admission or access to housing, services, or treatment or employment in, its federally assisted programs or activities.

The Section 504 Coordinator who has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988).

Section 504 Coordinator

Phone (415) 776-2151 • Fax (415) 409-8636 • TTY (415) 776-4819

E-mail: complianceteam@tndc.org

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NOTICE TO TENANTS, HOUSING APPLICANTS, AND AFFORDABLE HOUSING PROVIDERS



CITY AND COUNTY OF SAN FRANCISCO

San Francisco Police Code Article 49 (Fair Chance Ordinance) Protections for People with Prior Arrest or Conviction Records

Under Article 49, you have the right to:

- 1) Have your all of your other qualifications for affordable housing decided **BEFORE your housing provider knows anything about** your prior arrest or conviction record.¹
- 2) Not be asked about your prior record through a rental application form.
- 3) Be provided with a **copy of this notice before** your housing provider runs your background report.
- 4) Not have any of the following six “**off-limits**” categories requested or considered:
 - arrests that did not result in conviction
 - participation in a diversion or deferral judgment program
 - juvenile record
 - expunged, judicially dismissed, invalidated or otherwise inoperative convictions
 - an infraction
 - a conviction more than 7 years old
- 5) Have your record assessed individually, in which only the “**directly-related**”² convictions and unresolved arrests in your record are considered. (See footnote below for a definition of directly-related)
- 6) Be provided with a **copy of the background report** and told which conviction or unresolved arrest is the basis for the possible denial. You have **14 days** to **respond orally or in writing to show that you shouldn’t be denied. You can respond by:**
 - **Pointing out any inaccuracies** in the report.
 - **Providing evidence of rehabilitation.** Evidence of rehabilitation include satisfying parole/probation, receiving education/training, participating in alcohol/drug treatment programs, letters of recommendation, age you were convicted.
 - **Explaining any mitigating factors about the circumstances of the conviction.** Mitigating factors include physical or emotional abuse, coercion, untreated abuse/mental illness that led to the conviction.
- 7) **Call the Human Rights Commission to understand your rights or to file a complaint (within 60 days of violation)** without any negative action or **retaliation** taken against you by your Housing Provider.

Under Article 49, if housing providers use background checks, they must:

- 1) **Post this notice** prominently on a website and any location frequently visited by tenants or housing applicants.
- 2) **State in all advertisements** that the provider will consider qualified applicants with criminal histories.
- 3) Ensure that background checks do not contain any of the six “off-limits” categories reference above.
- 4) Conduct an **individualized assessment** and consider only “directly-related” convictions and unresolved arrests in light of time elapsed, any evidence of rehabilitation, mitigating factors, or inaccuracy in the report.
- 5) Before taking a negative action such as A) Eviction, B) Failing or refusing to rent or lease property to an individual, C) Failing or refusing to add a household member to an existing lease, or D) Reducing any tenant subsidy, the housing provider **MUST** give the individual **a copy of the background report and identify** the particular convictions or unresolved arrests on which the negative action is based.
- 6) **Give** the individual **14 days** to respond orally or in writing to provide evidence of rehabilitation, mitigating factors, or inaccuracy in the report, **delay any negative action** for a reasonable time, and **reconsider** in light of the applicant’s response. Notify the individual of any final negative action.
- 7) Retain tenant applications and pertinent data and records relating to this Ordinance for 3 years.

For more information, contact the Human Rights Commission at (415) 252-2500 or email hrc.info@sfgov.org

¹ A provider may run a criminal history report at the same time as a rental or credit history but may not look at it prior to determining the applicant is qualified.

² In considering whether a conviction/unresolved arrest is directly-related, the provider shall look at whether the conduct has a direct and specific negative bearing on the safety of persons or property, given the nature of the housing, whether the housing offers the opportunity for the same/similar offense to occur, whether circumstances leading to the conduct will recur in the housing, and whether supportive services that might reduce the likelihood of a recurrence are available on-site.



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Section 504 Coordinator

Phone (415) 776-2151 • Fax (415) 409-8636 • TTY (415) 776-4819

E-mail: acornett@tndc.org

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COVER PAGE APPLICATION FOR HOUSING

The below Resident Selection Policy has been established to reflect a condensed version of TNDC's qualifications of the Resident Selection Criteria, other qualification may apply. Being eligible is not an entitlement to housing; every applicant must meet the Resident Selection Criteria.

RESIDENT SELECTION POLICY

All applicants for housing will be screened as outlined in the property's Resident Selection Criteria – available at www.tndc.org or upon request at Tenderloin Neighborhood Development Corporation's (TNDC) Management Company office located at 215 Taylor Street; San Francisco, CA 94102

Applicants will ***first be income qualified*** as well as a residential history check; ***then past criminal/conviction history will be reviewed*** to determine final eligibility. TNDC considers qualified applicants with arrest or conviction records in a manner consistent with Article 49 of the San Francisco Police Code, the Fair Chance Ordinance (FCO).

Basic Eligibility Requirements:

- ***Household Income:***
 - Household annual income must not exceed the program income limits of the property the household is applying for;
 - In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying, please check what unit size you would want to be considered for;
 - Household annual income must be no less than two times the rent of the apartment the household is interested in renting (HUD and Section 8 voucher holders are exempt from this minimum income requirement).
- ***Residential History:***
 - No negative landlord references (documented lease violations) for current and prior 2 year housing history (ex: destruction of property, non-compliance with lease requirements, non-payment of rent).
 - No Unlawful detainer (eviction) in the past 3 years or two in the past 5 years.
- ***Criminal History*** (pursuant to FCO):
 - A household member who is not subject to lifetime registration requirement under a State Sex Offender Registration Program.
- ***Other Eligibility:***
 - No households where ALL household members are full-time students (unless household meets any applicable exemptions)

WEST HOTEL AFFORDABLE HOUSING OPORTUNITY

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Referral Source:

Date and Time Stamp Received:

Staff Initials

APPLICATION FOR HOUSING

This form must be filled out in English and in blue ink. TNDC does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS-related condition (ARC), mental disability, or any other arbitrary status.

Please list the property in which you are applying

West Hotel

One original application per property

SECTION A – HEAD OF HOUSEHOLD INFORMATION

Please complete all information pertaining to yourself, the Head of Household (HOH); if it does not pertain to you or you decline to respond, please put "N/A"

| | | | | | | | | |
|---|------|----------------|--------------|--|--|--|---|----------|
| 1 Name and Address of Head of Household | | | | 2 Personal Information | | | | |
| First Name | | Middle Initial | | a. Social Security Number | - | - | | |
| Last Name | | | | b. Date of Birth | | | | |
| | | | | c. Phone Number | () | - | | |
| Current Mailing Address | | | | Apt # | | City | State | Zip Code |
| | | | | Area Code | | Telephone Number | | |
| | | | | d. Marital Status | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | |
| Address where you are currently living (if different from above) | | | | Check Only One | | | | |
| | | | | <input type="checkbox"/> Widowed | <input type="checkbox"/> Legally Separated | | | |
| 3 Contact Information – Please provide 2 contacts where we can reach you | | | | e. Student Status | | | | |
| | | | | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> N/A | | | | |
| a. | Name | Relationship | Phone Number | f. Sex | <input type="checkbox"/> Male | g. Ethnicity | <input type="checkbox"/> 1-Hispanic | |
| | | | | | <input type="checkbox"/> Female | | <input type="checkbox"/> 2-Non-Hispanic | |
| | | | | | | | <input type="checkbox"/> 3-No Response | |
| b. | Name | Relationship | Phone Number | h. Race | <input type="checkbox"/> 1-White | <input type="checkbox"/> 2-Black/African American | | |
| | | | | | <input type="checkbox"/> 3-American Indian/Alaska Native | | | |
| | | | | | <input type="checkbox"/> 4-Asian | <input type="checkbox"/> 5-Pacific Islander/Hawaiian | | |
| | | | | | <input type="checkbox"/> 6-Other | <input type="checkbox"/> 7-No Response | | |
| 4 Disability Status | | | | i. Language(s) spoken at your home? | | | | |
| It is not necessary to give us details about your disability unless you are requesting an accommodation. | | | | | | | | |
| a. Do you claim a disability? | | | | Do you need an interpreter? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| b. Do you need an accommodation to complete the application process? | | | | If yes to any, please provide any specifics: | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| c. Do you need an accommodation in housing as a result of disability? | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| d. Does your household need a handicapped- accessible unit? | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| e. Does any household member require a wheelchair-accessible unit? | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| f. Does any household member require visual/hearing equipped unit? | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| g. Does any household member require a specifically designed location? | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |

SECTION B – HOUSEHOLD COMPOSITION

List others who will live with you – include unborn children. For Race & Ethnicity, use numbers from above Section 2.

APPLICATIONS RECEIVED WITH DUPLICATE HOUSEHOLD COMPOSITIONS WILL BE REJECTED.

| # | Relation | First Name | Last Name | MI | Sex (M/F) | Race | Ethnicity | Date of Birth | Disability (Y/N) | Student (Y/N) | Social Security Number |
|---|----------|------------|-----------|----|-----------|------|-----------|---------------|------------------|---------------|------------------------|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |

IS THERE A PERSONAL CARE ATTENDANT WHO WILL BE RESIDING IN THE UNIT? NO YES If yes, please complete information below.

| | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|
| Live-In Aide | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|

Proof of need for Live-In Attendant will be required during the eligibility process through the Reasonable Accommodation Process. He or she must show proof of Identification Card, Social Security Number, and a background verification check will be processed.

All live-in aides must meet housing program eligibility requirements including, but not limited to: (1) aide is there for the SOLE PURPOSE of providing supportive services essential to the member's care and well-being; and (2) aide would NOT OTHERWISE BE OCCUPYING THE UNIT except to provide necessary supportive services.

SECTION C – HOUSEHOLD INCOME

Please list all income information for the household. You may estimate.

a. Earned/Employment Income #1

| | | | | | |
|----------------------|------------------------|----------------|---------------------|--|--|
| Company | | Job Title | | | |
| Street Address | City, State & Zip Code | | | | |
| Company Contact | Phone Number | | | | |
| Title of Contact | Hours /Week | Pay Rate /Hour | Overtime Pay | | |
| Sporadic/ Seasonal ? | Weeks /Year | Monthly Income | Total Yearly Income | | |

Earned/Employment Income Source #2

| | | | | | |
|----------------------|------------------------|----------------|---------------------|--|--|
| Company | | Job Title | | | |
| Street Address | City, State & Zip Code | | | | |
| Company Contact | Phone Number | | | | |
| Title of Contact | Hours /Week | Pay Rate /Hour | Overtime Pay | | |
| Sporadic/ Seasonal ? | Weeks /Year | Monthly Income | Total Yearly Income | | |

b. Un-Earned/Financial Assistance Income – Amount per month for **entire household**

| | | | | | |
|------------------------|--------|---------------------|--------|---------------------------|--------|
| Social Security | /month | Unemployment | /month | General Assistance | /month |
| SSI / SDI | /month | AFDC | /month | Other Assistance | /month |

SECTION D – HOUSEHOLD ASSETS

Please list all asset information for the household. You may estimate.

a. Description of Asset #1:

| | | | |
|----------------|---------------------------------------|------------------------|--|
| Street Address | | City, State & Zip Code | |
| Current Value | Account Number <i>(if applicable)</i> | | |

Description of Asset #2:

| | | | |
|----------------|---------------------------------------|------------------------|--|
| Street Address | | City, State & Zip Code | |
| Current Value | Account Number <i>(if applicable)</i> | | |

Description of Asset #3:

| | | | |
|----------------|---------------------------------------|------------------------|--|
| Street Address | | City, State & Zip Code | |
| Current Value | Account Number <i>(if applicable)</i> | | |

SECTION E – HOUSING REFERENCES

Please list prior housing for the last two (2) years.

| | | | | | |
|------------------------|---------------|-------------------------|--|--|------------------|
| Landlord/ Shelter Name | | Is Landlord a relative? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly Rent | \$ |
| | | c. Phone Number | () | - | |
| Address | Apt # City | State | Zip Code | Area Code | Telephone Number |
| Landlord/ Shelter Name | | | Is Landlord a relative? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly Rent \$ |
| | | c. Phone Number | () | - | |
| Address | Apt # City | State | Zip Code | Area Code | Telephone Number |
| Landlord/ Shelter Name | | | Is Landlord a relative? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly Rent \$ |
| | | c. Phone Number | () | - | |
| Address | Apt # City | State | Zip Code | Area Code | Telephone Number |

SECTION F – PRIOR EVICTIONS

Have you or any household member ever been evicted from any residence for any reason? Yes No

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with re-certification procedures? Yes No

If Yes to either, please list when and why:

SECTION G – SERVICE/COMPANION ANIMALS

A service/companion animal of any kind may be kept within the unit or on the premises only with prior written reasonable accommodation request filled out by a Licensed Health Professional and approved by TNDC. Companion Animals owned by visitors will not be allowed on the premises **exception are service animals.**

If you have an assistive pet or animal please, provide the information below:

| Type of Animal | Weight of Animal | Description of Animal |
|----------------|------------------|-----------------------|
|----------------|------------------|-----------------------|

SECTION H – HOUSING SUBSIDIES

Does your household receive any rental assistance? Yes No
If yes, what type: Section 8 Other _____

If Section 8, check one:
 Tenant Voucher (Expires: _____)
 Project Based Assistance

SECTION I – ADDITIONAL INFORMATION

Do you have any of the following? HUD 221(d)(3) Preference (Presidentially-Declared-Disaster or Involuntarily displaced by Natural Disaster) Certificate of Preference Displaced Tenant Housing Preference Live or Work in City & County of San Francisco Homeless Accessible Unit Need
 Other; please list/explain: _____

Are you homeless or about to become homeless? Yes No
Are you displaced or about to become displaced? Yes No

Have you applied for housing with TNDC before? Yes No
If yes, where and when: _____

List all counties and states in which you and all adult household members have lived since the age of 18:

If you believe additional information would be helpful please write and/or attach any additional information which you feel will be helpful in evaluating your application:

SECTION J – CERTIFICATION

By signing below, each adult household member (18+) certifies the following statements.

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the information collected on the Application for housing is to determine my/our eligibility for residency.
3. I/we authorize the owner, its agents and employees to make any and all legal inquiries to verify information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for verification of information which may be released by appropriate federal, state, local agencies, or private persons to the management.
4. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S. Code Chapter 41, Subchapter III – Credit Reporting Agencies.
5. I/we understand, pursuant to San Francisco Police Code Article 49 "Fair Chance Ordinance" if I am considered housing eligible, I authorize the owner, its agents and employees to obtain information about my/our criminal background to see if there is any disqualifying criminal history, which may affect me/us from moving onto the property, in compliance with the Resident Selection Criterion.
6. I further understand that the owner has not inquired or required me to provide anything about my prior arrest or conviction record and has provided me with a copy of the Fair Chance Ordinance Notice - notice is supplement to this Application for Housing.
7. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
8. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.
9. I/we understand we must provide written notification of any changes to the information on this form.

Applicant #1 Signature & Date

Applicant #2 Signature & Date

Applicant #3 Signature & Date

SUPPLEMENTS TO APPLICATION

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. Form HUD- 92006 (05/09)