

Reg. No. \_\_\_\_\_

# Application HCV / RAD

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Head of Household: \_\_\_\_\_ SS #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_

FAMILY COMPOSITION					
Name (First & Last)	Age	Sex	Birthday	Employed (Yes/No)	Relationship

Income Source: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Currently HOMELESS:  YES  NO Referred by a Shelter:  YES  NO

Special Amenities:  YES  NO Classification:  Family  Sr. Cit.  Dis.  Hdcp.

*I verify that I have received a copy of the application and that I am fully responsible for reporting any changes on this application. I have reviewed the above information and certify it to be correct. I understand I must keep my copy of this form as proof of registration.*

Check One Of The Following: (Ethnic Origin)

White  Hispanic  American Indian/ Alaskan Native

Black  Other  Asian/ Pacific Islander

Signature: \_\_\_\_\_

# B R: \_\_\_\_\_

Intv. By: \_\_\_\_\_

HACY 095/ 04-00

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

## **Rental Assistance for Adult members with a Serious Mental Illness (SMI)**

Do you or a family member 18 years or older have a Serious Mental Illness?

YES  NO

Family Member's Name with Serious Mental Illness

Behavioral Health Agency's Name

Caseworker's Name

Phone Number

*If you are not currently enrolled with a Behavioral Health Provider or are not sure if you meet the criteria for having a Serious Mental Illness, contact a Behavioral Health Provider for further assistance.*

## **Asistencia de Renta para Adultos con una Discapacidad Seria Mental (SMI)**

Usted o algún miembro de familia mayor de 18 años de edad tiene una Discapacidad Seria Mental?

SI  NO

Nombre de miembro de la familia con Discapacidad Seria Mental

Nombre de Agencia de Salud Mental

Nombre de Trabajadora

Numero de Telefono

*Si usted no esta actualmente inscrito con una Agencia de Salud Mental o no está seguro si usted tiene los requisitos para calificar para una Discapacidad Seria mental, contacte a una Agencia de Salud Mental para mas asistencia.*