



Chinatown Community
Development Center
華僑中心

TURK STREET FAMILY APARTMENTS

An Affordable Housing Community Professionally Managed by Chinatown Community Development Center

(415) 921-8695 • Fax: (415) 921-2739 • TTY: (415) 984-9910 • 201 Turk Street, San Francisco, California 94102 • www.chinatowncdc.org

July 1, 2010

Dear Applicant(s),

Thank you for your interest in applying at Turk Street Family Apartments. Turk Street Family Apartments, a 175-unit complex for families, is located at 201 Turk Street (on the corner of Turk Street and Jones Street along Market Street) and is conveniently located nearby the Powell Street Bart Station and is accessible near public transportation.

Please read the attached Flyer, Resident Selection Criteria and Application carefully and ensure that you have completed all pertinent information in its entirety. Incomplete and/or ineligible applications will be denied and notification will be sent informing you of the reason for denial.

All applications must be signed by each adult household member (18 years and older) and must be received and postmarked by July 30, 2010 at 201 Turk Street, San Francisco, CA 94102. We are not responsible for lost, late or mail deliveries sent to the wrong address.

The following will disqualify an applicant:

1. Sending in more than one application per household/family;
2. Incomplete and/or unsigned application;
3. Application returned by fax; and/or
4. See Resident Selection Criteria for additional information.

Each household may only submit one application. Duplicate household applications will be removed from the waiting list.

** Reasonable accommodations will be provided upon request.*

** Applicants are responsible for submitting any change in contact information in writing to the management office. We will not be able to process these change requests by phone.*

Thank you again for your interest in joining our community.

Sincerely,

Management Agent
Turk Street Family Apartments



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Turk Street Family Apartments, a 175-unit complex for families, is located at 201 Turk Street (on the corner of Turk Street and Jones Street along Market Street) and is conveniently located nearby the Powell Street Bart Station and is accessible near public transportation.

**Waiting List Open for:
3-Bedrooms**

Applications may be picked up from July 1st, 2010 through July 30th, 2010 at 201 Turk Street in San Francisco
And can also be obtained on our website at www.chinatowncdc.org

Completed applications must be received and postmarked no later than July 30th, 2010
Applications **must** be mailed to **201 Turk Street, San Francisco, CA 94102.**

RENT RANGES:
3-Bedroom - \$1,335

ELIGIBILITY REQUIREMENTS:

OCCUPANCY STANDARDS:

	<u>Minimum</u>	<u>Maximum</u>
3	4	7

*MINIMUM INCOME:

\$32,040/annually

*MAXIMUM INCOME:

2010 Approved Maximum Income Limits for San Francisco County

# of Persons in Household	4	5	6	7
Maximum Annual Income Limit	\$59,600	\$64,350	\$69,150	\$73,900

**** Income Limits subject to change annually and/or as income limits are established at the discretion of the California Tax Credit Allocation Committee (CTCAC).**

To view the current published income limits and/or maximum rent allowable established by CTCAC, please view on their website at: <http://www.treasurer.ca.gov/ctcac/compliance.asp>

(This property utilizes the current income limits as published by CTCAC according to its published effective date.)

Management will date and time stamp each application upon receipt. Applications will be placed on the waiting list in the order the application was received.

Reasonable Accommodations will be provided upon request.
Request for mailed applications must be made prior to 4pm on July 19th, 2010.

The CRS/TTY number is: (415) 984-9910.

*** Minimum and Maximum Income and Occupancy Limits Apply**

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Section 504 Equal Access Statement

For mobility impaired persons -- this document is kept in the office at Turk Street Family Apartments. This document may be examined from Monday through Friday between the hours of 8:30 AM 12:00 Noon and 1:00 P.M. and 5:00 PM. You must phone to make arrangements to examine this document. Please call (415) 921-8695 and TDD/CRS users may dial (415) 984-9910.

For vision impaired persons - Turk Street Family Apartments 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 the hearing impaired - Turk Street Family Apartments will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD/CRS number (415) 984-9910 for our number and to schedule an appointment.

Assistance to insure 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

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

Aleta Dwyer-Carpenter is the 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).

Aleta Dwyer-Carpenter, Section 504 Coordinator
Phone (415) 984-1450 • Fax (415) 362-7992 • TTY (415) 984-9910
E-mail: adcarpenter@chinatowncdc.org

PART I. APPLICANT/CO-APPLICANT INFORMATION

APPLICATION FOR OCCUPANCY



Chinatown Community Development Center
華協中心

TURK STREET FAMILY APARTMENTS

INSTRUCTIONS

Chinatown Community Development Center (CCDC) 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.

APPLICANT

First Name & Middle Initial _____ Last Name _____
Present Address _____ Apt. # _____
City/State/Zip _____
Mailing Address (if different) _____ City/Zip _____
Telephone: Home () _____ work () _____
Social Security #: _____ Date of Birth _____
Full-Time Student: Yes No
What size unit is your household applying for:
 Three Bedroom

CO-APPLICANT

First Name & Middle Initial _____ Last Name _____
Present Address _____ Apt # _____
City/State/Zip _____
Mailing Address (if different) _____ City/Zip _____
Telephone: Home () _____ Work () _____
Social Security #: _____ Date of Birth _____
Relationship to Applicant _____
Full-Time Student: Yes No

PART II. HOUSEHOLD MEMBER INFORMATION

HOUSEHOLD MEMBER

First Name & Middle Initial _____ Last Name _____
Relationship to Applicant _____ Date of Birth _____
Social Security #: _____ Now living with applicant? yes no
Full-Time Student: Yes No

HOUSEHOLD MEMBER

First Name & Middle Initial _____ Last Name _____
Relationship to Applicant _____ Date of Birth _____
Social Security #: _____ Now living with applicant? yes no
Full-Time Student: Yes No

HOUSEHOLD MEMBER

First Name & Middle Initial _____ Last Name _____
Relationship to Applicant _____ Date of Birth _____
Social Security #: _____ Now living with applicant? yes no
Full-Time Student: Yes No

HOUSEHOLD MEMBER

First Name & Middle Initial _____ Last Name _____
Relationship to Applicant _____ Date of Birth _____
Social Security #: _____ Now living with applicant? yes no
Full-Time Student: Yes No

HOUSING INCOME

Identify all income for all household members 18 years and older. This information will be used to verify household income.

EMPLOYMENT INCOME:

List the complete name and address of employer, job title and gross earnings (before taxes).

OTHER INCOME:

This can include Social Security, SSI disability, other forms of disability income, AFDC / General Assistance, alimony, child support, pensions, interest and dividends, unemployment benefits, workers' compensation, regular gifts or support from family and/or friends, or any other household income.

Do not list income received for foster child care and food stamps.

Complete disclosure of all household income is required, regardless of source. Failure to disclose complete information may disqualify your application.

ASSETS:

Assets include checking and savings accounts, 401K, CD Accounts and/or any other Money Market accounts, equity in real property, stocks, bonds and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

PART III. INCOME INFORMATION

APPLICANT:

EMPLOYMENT INCOME: Job Title _____
Company Name _____
Mailing Address _____ City/Zip _____
Contact Person _____ Telephone (____) _____
Gross Monthly Earnings \$ _____
Pay Rate \$ _____ Based on: (circle one) hourly weekly monthly yearly
Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____ City/Zip _____
Contact Person _____ Telephone (____) _____
Amount \$ _____ Income period: (circle one) weekly monthly yearly

TYPE OF ASSET: _____ Current Value \$ _____
Name of Financial Institution _____
Mailing Address _____ City/Zip _____
Account Number (if applicable) _____
TYPE OF ASSET: _____ Current Value \$ _____
Name of Financial Institution _____
Mailing Address _____ City/Zip _____
Account Number (if applicable) _____

CO-APPLICANT:

EMPLOYMENT INCOME: Job Title _____
Company Name _____
Mailing Address _____ City/Zip _____
Contact Person _____ Telephone (____) _____
Gross Monthly Earnings \$ _____
Pay Rate \$ _____ Based on: (circle one) hourly weekly monthly yearly
Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____ City/Zip _____
Contact Person _____ Telephone (____) _____
Amount \$ _____ Income period: (circle one) weekly monthly yearly

TYPE OF ASSET: _____ Current Value \$ _____
Name of Financial Institution _____
Mailing Address _____ City/Zip _____
Account Number (if applicable) _____
TYPE OF ASSET: _____ Current Value \$ _____
Name of Financial Institution _____
Mailing Address _____ City/Zip _____
Account Number (if applicable) _____

HOUSEHOLD MEMBER: NAME _____

EMPLOYMENT INCOME: Job Title _____
Company Name _____
Mailing Address _____ City/Zip _____
Contact Person _____ Telephone (____) _____
Gross Monthly Earnings \$ _____
Pay Rate \$ _____ Based on: (circle one) hourly weekly monthly yearly
Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____ City/Zip _____
Contact Person _____ Telephone (____) _____
Amount \$ _____ Income period: (circle one) weekly monthly yearly



INCOME INFORMATION

PART III. INCOME INFORMATION (Continued)

TYPE OF ASSET: _____ Current Value \$ _____
 Name of Financial Institution _____
 Mailing Address _____ City/Zip _____
 Account Number (if applicable) _____

TYPE OF ASSET: _____ Current Value \$ _____
 Name of Financial Institution _____
 Mailing Address _____ City/Zip _____
 Account Number (if applicable) _____

HOUSEHOLD MEMBER: NAME _____
EMPLOYMENT INCOME: Job Title _____
 Company Name _____
 Mailing Address _____ City/Zip _____
 Contact Person _____ Telephone () _____
 Gross Monthly Earnings \$ _____
 Pay Rate \$ _____ Based on: (circle one) hourly weekly monthly yearly
 Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME: Source _____
 Claim No. (if applicable) _____
 Agency _____
 Mailing Address _____ City/Zip _____
 Contact Person _____ Telephone () _____
 Amount \$ _____ Income period: (circle one) weekly monthly yearly

TYPE OF ASSET: _____ Current Value \$ _____
 Name of Financial Institution _____
 Mailing Address _____ City/Zip _____
 Account Number (if applicable) _____

TYPE OF ASSET: _____ Current Value \$ _____
 Name of Financial Institution _____
 Mailing Address _____ City/Zip _____
 Account Number (if applicable) _____

HOUSING REFERENCES

PART IV. HOUSING REFERENCES

List current and previous landlords for the last three years for all adult household members.

Failure to show complete information for the past five years may be grounds for disqualification of this application.

APPLICANT: Current Residence
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone () _____
 Is landlord a relative? yes no Do you have a transferable Section 8 voucher? Yes;
 If Yes, List Housing Authority or Program _____

Previous address _____ Apt. # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone () _____
 Is landlord a relative? yes no Do you have a transferable Section 8 voucher? Yes;
 If Yes, List Housing Authority or Program _____

Previous address _____ Apt. # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone () _____
 Is landlord a relative? yes no Do you have a transferable Section 8 voucher? Yes;
 If Yes, List Housing Authority or Program _____

USE ADDITIONAL SHEETS IF NECESSARY.



HOUSING REFERENCES

ALL OTHER ADULT HOUSEHOLD MEMBERS: Current Residence

Applicant Name _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone (____) _____
 Is landlord a relative? yes no Do you have a transferable Section 8 voucher? Yes;
 If Yes, List Housing Authority or Program _____

Applicant Name _____
 Monthly Rent \$ _____ Move-In Date _____
 Previous address _____ Apt. # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone (____) _____
 Is landlord a relative? yes no Do you have a transferable Section 8 voucher? Yes;
 If Yes, List Housing Authority or Program _____

Applicant Name _____
 Monthly Rent \$ _____ Move-In Date _____
 Previous address _____ Apt. # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone (____) _____
 Is landlord a relative? yes no Do you have a transferable Section 8 voucher? Yes;
 If Yes, List Housing Authority or Program _____

USE ADDITIONAL SHEETS IF NECESSARY.

PRIOR EVICTION

You will be required to sign the proper authorizations for verification of income, assets, credit, criminal and prior landlord history. A social search for all known addresses and check of court records on evictions will be completed as part of this application.

Failure to disclose information for any person listed on this application may result in the disqualification of this application.

_____; _____
 initial(s) here

PRIOR EVICTION

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, failure to comply with recertification procedures, or any type of criminal activity?

- Applicant: yes no
 If yes, when? _____ Why? _____
- Co-Applicant: yes no
 If yes, when? _____ Why? _____
- Household Member: yes no
 If yes, when? _____ Why? _____
- Household Member: yes no
 If yes, when? _____ Why? _____

PART V. ADDITIONAL INFORMATION

How did you find out about this property? _____

Are you an employee of CCDC? yes no

If yes, list position and location of employment? _____

Are you a relative of a CCDC employee? yes no

If yes, what is your relative's name? _____

Is there a care attendant who will be residing in the unit? yes no

If yes, please provide name: _____

** Proof of need for Live-In Attendant will be required during the eligibility process through the Reasonable Accommodation Process.*

Have you or any other household member disposed of any assets within the last 2 years for less than fair market value? yes no

Have you or any household member been arrested or convicted for drunk and disorderly behavior? yes no ; If yes, please explain:

Do you, or any other household member currently use any illegal drug or other illegal controlled substance? yes no; If yes, please explain:



Are you currently or have you ever used a controlled substance without benefit of a prescription? yes no; If **yes**, please explain:

Have you successfully completed an approved supervised drug rehabilitation program? yes no; If **yes**, please explain:

Have you or any household member ever been arrested? yes no; If **yes**, for what reason and when:

Were you convicted? yes no; If **yes**, Have the conditions that led to your arrest changed?

If you were previously denied housing because of a household member's criminal activity and you claim that your household is no longer involved in criminal activity, please be prepared to provide proof of this during the eligibility interview.

Are you or any household member required to register as a sex offender in any state? yes no; If **yes**, please list state and county of registration: _____

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

USE ADDITIONAL SHEETS IF NECESSARY.

CERTIFICATION

PART VII. CERTIFICATION

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 above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this 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 contract previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
3. 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. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property, in compliance with our tenant selection criterion.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.
7. I/we understand we must provide written notification of any changes to the information on this form.

I/we understand the project will acknowledge this application by mail.

Applicant signature _____ **Date** _____

Co-Applicant signature _____ **Date** _____

Other Applicant signature _____ **Date** _____

Other Applicant signature _____ **Date** _____

OPTIONAL INFORMATION

PART III. OPTIONAL INFORMATION



Chinatown Community Development Center requests your cooperation in reporting the ethnicity of residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part. Please check the one category which best describes your race/ethnicity:

- Alaskan Native/American Indian Pacific Islander/Asian African American
 Hispanic White Other (please specify) _____

Improving Access to Services for Persons with Limited English Proficiency (LEP). Executive Order (E.O.) 13166 requires Federal Agencies and grantees to take affirmative steps to communicate with persons who need services or information in a language other than English. This executive order requires housing owners to take reasonable steps to ensure meaningful access to the information and services they provide for persons with LEP. This may include interpreter services and/or written material translated into an alternative language. In order to assist us in complying with this order and to assist in serving your household, please check the following:

I speak:

- English Only English and an alternative language Cantonese Mandarin Russian
 Spanish Tagalog Russian Other _____

Please note that there is no penalty for not completing this section as this section is optional. Completing this section will not guarantee that all materials will be translated or that translation will be provided but will assist the Management Agent to take reasonable steps to be able to refer your household to acquire translation services to better assist you.

Notice to All Applicants:

Options for Applicants with Disabilities or Handicaps

This property is owned by Chinatown Community Development Center. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's screening criteria.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with Management, that is your right.

Explained by: _____ Date: _____
Management Agent Signature

Received by: _____ Date: _____
Applicant

Received by: _____ Date: _____
Applicant

Received by: _____ Date: _____
Applicant

Received by: _____ Date: _____
Applicant

Received by: _____ Date: _____
Applicant

SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be used with every person who applies for housing at Chinatown Community Development Center (CCDC) properties. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

I/We choose not to complete this form.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Applicant Name: _____ Applicant Signature: _____ Date: _____

Applicant Name: _____ Applicant Signature: _____ Date: _____

Applicant Name: _____ Applicant Signature: _____ Date: _____

Applicant Name: _____ Applicant Signature: _____ Date: _____

-OR-

1. Do you, or does any member of your family have a condition that requires:

A barrier-free apartment Unit for hearing impaired Other: _____
 Unit for vision impaired Unit on first floor

2. Will you or any of your family members require a live-in aide to assist you? Yes No

If yes, please explain: _____

3. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: _____

4. What is the name of the family member who needs the features identified above? _____

5. What is the name of the physician or social services agency to be contacted to verify your need for the features you have identified above?

Physician / Social Services Agency Name: _____

Mailing Address: _____

Phone number: _____

Supplemental and Optional Contact Information

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