



UPCAP Housing Management

P.O. Box 606, Escanaba, Michigan 49829

"Providing guidance and support to U.P. residents since 1961"

Ph: (906) 786-4701 / Fax: (906) 789-5951

TDD: (906) 786-4706

www.upcap.org

Dear Applicant:

We are pleased you are considering one of UPCAP Housing Management's apartment properties for your next place to live! We strive to provide clean, safe, and affordable housing to residents of the Upper Peninsula.

Our apartments have eligibility requirements, and we would be happy to evaluate this for you. In order to do so, the following documents must be completed, signed, and returned as indicated on Page 4 of the ***Application for Residency***.

Enclosed:

- ☐ **Application for Residency**
- ☐ **Applicant Declaration Format*** *(1 for each family member)*
- ☐ **Criminal Background Check Release Form** *(1 for family member)*
- ☐ **Landlord Check Release Form** *(1 for each adult)*
- ☐ **HUD 92006 - Supplement to Application** *(1 for each adult)*

Also provide copies of :

- **Social Security cards** for all family members
- **Driver's License(s)** or other photo ID for all family members 18 or older
- **Birth Certificates*** for all family members

** Not used to determine eligibility for Bluffs Edge and Grand Marais.*

You will be notified of your status after the above information has been processed.

If you have any questions, please call:

(906) 786-4701 / Toll Free: 1-800-305-8137 / TDD (906) 786-4706



This Institution is an Equal Opportunity Provider and Employer

Nov2022



* blank *

UPCAP Housing Management

Office: PO Box 606, Escanaba, MI 49829

(906)786-4701 / 1-800-305-8137 / TDD (906) 786-4706 / Fax: (906) 789-5951

Application for Residency -Please Select Property

☐ Bluff's Edge Apartments (Norway, MI)

☐ Bridgewood (Escanaba, MI)

☐ Grand Marais Apts (Grand Marais, MI)

☐ Les Cheneaux Apartments (Escanaba, MI)

☐ Meadowbrook Apartments (Escanaba, MI)

☐ Northwoods Estates (Ironwood, MI)

☐ North Dickinson Apartments (Foster City, MI)

* For Official Use Only *

Rec'd -Date: _____ Time: _____

- By: _____ Unit Size: _____

☐ Riverview Heights Apartments (Republic, MI)

☐ Spring Valley Apartments (Caspian, MI)

☐ Westwood Apartments (Kingsford, MI)

☐ Willow Grove Townhomes (Escanaba, MI)

< Head of Household - General Information >

Applicant Name: _____ SS#: _____

Current Street Address: _____ DOB: _____

City: _____, State: _____, ZIP: _____

Home Ph#: _____, Alt. Ph#: _____

List name, address, and phone numbers of two (2) relatives or friends who generally know how to contact you:

Name: _____ Name: _____

Address: _____ Address: _____

Phone#: _____ Phone#: _____

< Current / Past Housing Information >

Current Landlord: _____, Landlord Ph#: _____

Landlord Address: _____

Your Current Monthly Rent: \$ _____ / month - Monthly Utilities except Phone: \$ _____

How Long You've Lived There: _____ Reason(s) for leaving: _____

☐ Substandard Housing: ☐ Unsafe (Verification by local government agency required)

☐ Homeless (Verification by local agency required)

☐ Economic ☐ Paying 50% of monthly income for shelter & utilities (Verification needed)

Former Landlord: _____ Ph#: _____

Address: _____

Reason for Leaving: _____

Past Residency History: List all states the applicant, co-applicant, and all household members have lived in:

< Household Composition & Characteristics >

Race: W = White
A = Amer Ind/Alaskan
AS = Asian
B=Black/African Amer
N=Ntv Hawaiian/Pisldr

List the head of the household and all other members who will be living in the unit.
Give the relationship of each family member to the head of the household listed.

Persons Who Will Occupy The Unit	DOB	Sex	SS#	Birth Place	Hispanic/Latino?	
					Yes	No
1. Head of Household						
2. Relationship to Head:						
3. Relationship to Head:						
4. Relationship to Head:						
5. Relationship to Head:						
6. Relationship to Head:						

Income: Family Member, Source, & Amount (*circle "per" period*)

1. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____
2. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____
3. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____
4. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____

Assets: Does any family member own:

Real Estate	\$ _____	<input type="radio"/> Y, <input type="radio"/> N
Land Contract	\$ _____	<input type="radio"/> Y, <input type="radio"/> N
Savings Acct	\$ _____	<input type="radio"/> Y, <input type="radio"/> N
Checking Acct	\$ _____	<input type="radio"/> Y, <input type="radio"/> N
Stocks / Bonds	\$ _____	<input type="radio"/> Y, <input type="radio"/> N
Other Assets	\$ _____	<input type="radio"/> Y, <input type="radio"/> N
Other Assets	\$ _____	<input type="radio"/> Y, <input type="radio"/> N

List all checking and savings accounts (*including IRA's, Keogh Accounts, and certificates of deposit*) of all household members, including amounts deposited during the past two years.

Family Member	Bank Name & Address	Current Balance
---------------	---------------------	-----------------

		\$
		\$
		\$
		\$

List value of all stocks, bonds, trusts, pension contributions, annuities, or other assets:

\$ _____

\$ _____

Do you own a home or other real estate? ☐ Yes, ☐ No

Have you sold or given away real property or other assets in the past two years? ☐ Yes, ☐ No

If "yes," what is the current market value of the asset? \$ _____

Does anyone live with you now, who is **not** listed above? ☐ No, ☐ Yes → Explain:

How many people live in your home now? _____ How many bedrooms do you have? _____

Do you plan to have anyone living with you in the future who is not listed above? ☐ No, ☐ Yes → Explain:

Are you being evicted? ☐ No, ☐ Yes → Explain circumstances:

Are you requesting a disability adjustment to income, or a special accessible unit, or both?

☐ No, ☐ Yes → ☐ 1 bdrm, ☐ 2 bdrm → Identify special housing needs required as a result of the disability:

Does any member of this family:	Yes	No	Amount	Per?	Verification
Receive child support or alimony?			\$		State: County FOC:
Pay child care to work or attend school?			\$		Provider:
Receive educational grants / scholarships?			\$		School: <input type="radio"/> Full Time, <input type="radio"/> Part Time
Pay medical expenses on a regular basis?			\$		Attach list if applicable

Have you ever lived in Subsidized housing before? ☐ No, ☐ Yes → Where: _____ When: _____

Are you now living in a government subsidized unit or project (FMHA, HUD, etc.)? ☐ Yes, ☐ No

Have you ever been evicted from housing? ☐ Yes, ☐ No

Was any household member 62 years old or older on January 31, 2020 and receiving HUD rental assistance at another location on this date? ☐ Yes, ☐ No

How did you hear about UPCAP Housing Services?

< Criminal History >

Are you currently using an illegal controlled substance? ☐ No, ☐ Yes → Explain:

Are any members of your family currently using an illegal controlled substance? ☐ No, ☐ Yes → Explain:

Has any member of your household been convicted of illegal usage, distribution, or manufacture of a controlled substance? ☐ No, ☐ Yes → Explain:

Have you or anyone in your household ever been convicted of any felony or misdemeanor other than traffic violations? ☐ No, ☐ Yes → Explain:

Are you or anyone in your household required to register as a criminal sex offender in any state? ☐ No, ☐ Yes → List household member & state of registration:

< Permanent Residence Certification >

☐ **Do you certify that the unit you are applying for will be your permanent residence and you will not maintain a separate subsidized rental unit in a different location?** ☐ Yes, ☐ No

Warning !! Title 18, section 1001 of the United States 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 & Urban Development.

Notice !! Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) **is a crime.**

We, the undersigned applicants, understand that we must contact the Landlord or Agent with current information concerning eligibility each six months, or when address, phone number, family income, or family size changes. Any change in family composition which alters the unit size is required. Failure to do so makes this application void, and another application must be submitted for the appropriate size unit.

We also understand that by signing this application, it does not give us a lease, and that other applications have been submitted ahead of ours. This application is being taken subject to approval and availability of an apartment of suitable size, based upon previous applications. The Landlord or Agent shall rely on any of the information supplied herein. By submitting this application, we agree to give the Landlord or Agent the authority to investigate our credit rating, and current and past rental history for rental purposes only.

We do, hereby, guarantee all information to be true and correct to the best of our knowledge.

Applicant Signature

Co- Applicant Signature

Date

Mail Applications to: UPCAP Housing Management, PO Box 606, Escanaba, MI 49829 Or
Ph: 906-786-4701 / 1-800-305-8137 / Fax: 906-789-5951 / TDD 906-786-4706 Email meunierk@upcap.org

PROPERTY	LOCATION	CONTACT INFORMATION
Bluff's Edge Apts.	N1955 Rochon Ln. Norway, MI 49870	Tricia Cahee 906-779-0847
Grand Marais Apts.	N14215 Harbor Place Grand Marais, MI 49839	Kari Meunier 906-217-3036
Les Cheneaux Apts.	825 S 26 th St Escanaba, MI 49829	Jeremy Hardwick 906-786-6918
Meadowbrook Senior Apts.	3610 8 th Ave South Escanaba, MI 49829	Jeremy Hardwick 906-233-0300
Northwoods Estates	E5117 MacDonald Ln. Ironwood, MI 49938	Kari Meunier 906-217-3036
North Dickinson Apts.	W2422 Cemetery Rd. Foster City, MI 49834	Tricia Cahee 906-779-0847
Riverview Heights	174 Willow Drive Republic, MI 49879	Shelly Koski 906-376-8133
Spring Valley Apts.	100 Spring Valley Ave. Iron Rive, MI 49935	Kari Meunier 906-217-3036
Westwood Apts.	205 S Westwood Kingsford, MI 49802	Tricia Cahee 906-789-0847
Willow Grove Townhomes	850 S. 38 th St Escanaba, MI 49829	Jeremy Hardwick 906-233-0300



This Institution is an Equal Opportunity Provider and Employer





P.O. Box 606
2501 14th Avenue, South
Escanaba, Michigan 49829
(906) 786-4701 - Fax: (906) 786-5853
TDD: 906-786-4706 -
www.UPCAP.org

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communications for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Services at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Send your completed form or letter to USDA by: (1) mail: at U.S. Department of Agriculture, Office of the Assistance Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider and employer.



UPCAP is an Equal Opportunity Employer and Provider



*** blank ***

Citizenship / Non-citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family/Household Summary Sheet

Last Name:		First Name:	
Relationship to Head of Household:		Sex:	Date of Birth:
Social Security #:		Alien Registration #:	
Admission #: if applicable, (11-digit number found on DHS Form I-94, Departure Record)			
Nationality: (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)			
Save Verification Number: (To be entered by owner if and when received.)			

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____, hereby declare, under penalty of perjury, that I am:
(Print or type first name, middle initial, last name)

1. A citizen or national of the United States - Sign and date below, and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: _____ Date: _____

☐ Check here if adult signed for a child

This Institution is an Equal Opportunity Provider and Employer

UPCAP Housing Management



2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

Note: If you checked this block and you are **62 years of age or older**, you need only submit a proof of age document together with this form, and sign below:

If you checked this block and you are **less than 62 years of age**, you should submit the following documents:

a. Verification Consent Format

AND

b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations: (a) "Admitted as Refugee Pursuant to Section 207"; (b) "Section 208" or "Asylum"; (c) "Section 243(h)" or "Deportation stayed by Attorney General"; (d) "Paroled Pursuant to Section 212 (d) (5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record* is not annotated, it must be accompanied by one of the following documents: (a) a final court decision granting asylum (but only if no appeal is taken); (b) a letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application filed before October 1, 1990); (c) a court decision granting withholding of deportation; or (d) a letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
- (5) **Other acceptable evidence.* If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register**

If this section is checked, sign and date below, and submit the documentation as required above with this format to: **UPCAP Housing Management, PO Box 606, Escanaba, MI 49829.** If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason the documents shown in Section 2.b above are not currently available, complete the *Request for Extension* block below.

Signature: _____ Date: _____

☐ Check here if adult signed for a child

This Institution is an Equal Opportunity Provider and Employer

UPCAP Housing Management



Request for Extension

I hereby certify that I am a non-citizen with eligible immigration status, as noted in Section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature: _____ Date: _____

☐ Check here if adult signed for a child

_____ **3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this section, no further information is required, and the person named above is not eligible for assistance. Sign and date below, and forward this format to UPCAP Housing Management, PO Box 606, Escanaba, MI 49829. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: _____ Date: _____

☐ Check here if adult signed for a child

This Institution is an Equal Opportunity Provider and Employer

UPCAP Housing Management



**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2011)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

- Blank -

UPCAP Housing Management

Bluff's Edge - Grand Marais - Les Cheneaux - Meadowbrook - Mill Trace
North Dickinson - Riverview Heights - Spring Valley - Westwood - Willow Grove

Office: PO Box 606, Escanaba, MI 49829

(906) 786-4701 / 1-800-305-8137 / Fax: (906) 789-5951 / TTY: (906-786-4706

Criminal Background Check

The person identified below has applied for housing through UPCAP Housing Management. Standard procedure before renting a unit is to run a reference and criminal background check. We would appreciate it if you would check this applicant and return the results to us on this form. A self-addressed, prepaid postage envelope is enclosed.

Release of Information

I have applied for housing through UPCAP Services Inc. Managed Housing.

I hereby authorize UPCAP Services to obtain character and criminal background checks.

I understand that this information will be kept confidential.

Date: _____ Applicant Signature: _____

Other Last Name(s) Used: _____

Project: _____ Applicant Printed Name: _____

Applicant SS#: _____ Applicant Date of Birth: _____

Driver's License #: _____

Former/Current Addresses: _____

A copy of my Social Security Card and Driver's License (or other photo ID Card) is attached.

Applicant fills out top portion only

Please complete the information below. Sign, date, and return this form to:

UPCAP Services, PO Box 606, Escanaba, MI 49829

- ☐ The applicant has no record
- ☐ The applicant has no record other than minor traffic violations. Date: _____
Type of violation: _____
- ☐ The applicant has a record consisting of: (Please explain) _____

Officer(s) _____

Know of this applicant and comments about him/her: _____

I feel this applicant would ☐, would not ☐, make a good tenant because: _____

Complete one for each household adult

Additional Comments: _____

Department Signature: _____ Date: _____

Title: _____ Ph#: _____

Address: _____



This Institution is an Equal Opportunity Provider and Employer



UPCAP Housing Management

Bluff's Edge - Grand Marais - Les Cheneaux - Meadowbrook - Mill Trace - North
Dickinson - Riverview Heights - Spring Valley - Westwood - Willow Grove

Office: PO Box 606, Escanaba, MI 49829
(906) 786-4701 / 1-800-305-8137 / Fax: (906) 789-5951 / TDD (906) 786-4706

Landlord Background History

The person identified below has applied for housing through UPCAP Housing Management, and has indicated to us that you are a current or past landlord. As indicated by this person's signature, the applicant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below and returning this form to us promptly in the return envelope, or fax: _____ Attn: _____

Release of Information: I hereby authorize UPCAP Housing Management to contact all current and former landlords and references to make inquiries regarding my rental payment history and any other problems I may have had with them. I understand that this information will be kept confidential.

Date: _____ Applicant Signature: _____
Project: _____ Applicant Printed Name: _____

***** Applicant: Complete top section ↑ only**

Ph#: _____
Fax#: _____

Landlord: Please complete the information below. Sign, date, and return this form to:
UPCAP Housing Management, PO Box 606, Escanaba, MI 49829.

1. What was the period of occupancy of this applicant? _____ to _____.
2. Was rent paid on time? ☐ Yes, ☐ No - If "no," how late was it? _____
Do they still owe you money? _____
3. If applicant has vacated unit, was proper notice given of intent to move? ☐ Yes, ☐ No
4. Was the conduct of the applicant and his/her visitors acceptable? ☐ Yes, ☐ No
If "no," please explain: _____
5. Are you aware of any problems affecting the applicant such as: alcohol abuse, violence, neighbor/neighborhood disturbances? ☐ Yes, ☐ No - If "yes," please explain: _____

6. Was the housekeeping acceptable? ☐ Yes, ☐ No - If "no," why not? _____

7. Did the applicant keep pets in violation of rental agreement? ☐ Yes, ☐ No

8. Were there any violations of your rental agreement by the applicant? ☐ Yes, ☐ No

If "yes," what was the nature of the violation(s)? _____

9. Did the applicant keep the property in good condition? ☐ Yes, ☐ No - If "no," please explain:

10. What previous address did the applicant give when they applied for housing with you?

11. What forwarding address did the applicant give when they moved?

12. Would you re-rent to this applicant? ☐ Yes, ☐ No - If "no," why not? _____

13. List the person(s) who lived in the unit with the applicant: _____

14. Additional comments: _____

Completed by: _____ Title: _____
(print)

_____ Date: _____
(signature)

Organization: _____ Ph#: _____

Address: _____

This Institution is an Equal Opportunity Provider and Employer



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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.

THE UNIVERSITY OF CHICAGO LIBRARY

1000 S. MICHIGAN AVE. CHICAGO, ILL. 60607

**** blank page ****

NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information: _____

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Signatures:

Head of Household

Date

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

"This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."



TDD/TTY 96-786-4706



Rev 1/2014

Form CD 123