



Valley Pike Manor
1029 Franklin Street
Johnstown, PA 15905

Dear Applicant,

Please make sure you complete the attached application entirely. Do not skip any questions if nonapplicable please mark as such. If the application is not complete it will be mailed back to you for completion.

Please make sure that when completing the income section to use your **gross monthly income**. (i.e., Social Security before Medicare Part B taken out.) Also, please let us know if your assets are jointly owned.

We are available Monday thru Thursday 8:00 am to 3:30 pm to answer any questions. Thank you for your interest in residing at Valley Pike Manor.

Kimberly A. Helman
Property Manager
Valley Pike Manor

Phone (814) 536-1710 • Fax (814) 539-2488 • www.valleypikemanor.com

Atlas Realty Management Co., Inc. does not discriminate on the basis of race, color, religion, sex, ancestry, national origin, handicap status, disability, age or familial status in the admission or access to, or employment in its programs and activities. TTY: 800-855-1155

Application



Valley Pike Manor

1029 Franklin St
 Johnstown, PA 15905
www.valleypikemanor.com
 Email: khelman@atlas-rmc.com

Phone: 814-536-1710
 Fax: 814-539-2488
 TTD/TTY: 711 National Voice Relay

Please return this form to the address above.

For Office Use Only: Date application received	Time application received	By
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Applicant Name		First _____ Middle _____ Last _____
How did you hear about us?		<input type="checkbox"/> Newspaper <input type="checkbox"/> Friends/Family <input type="checkbox"/> Internet <input type="checkbox"/> HUD <input type="checkbox"/> Other _____
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
Citizenship Status		<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen
What is your relationship to the Head of household?		<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above
Current Address		
City, State, Zip		
Home Phone		Cell Phone
Work Phone		Email address
May we contact you at work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date	Age	Social Security Number
If you have no Social Security Number, you claim you are exempt because You are an ineligible non-citizen You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)		
If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled?		<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Are you currently using marijuana?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicated if the conviction(s) was a summary offense, felony, misdemeanor or check all boxes that apply to you.		<input type="checkbox"/> Summary <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes <input type="checkbox"/> No



Application

Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		

Please indicate each state where you and members of your household have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA
 ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH
 OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY Washington D.C

RENTAL HISTORY:

Have you previously rented with Atlas Realty Management Co., Inc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you currently homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Present Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long have you lived at this address			
Reason for leaving			

Were you ever asked to allow or participate in <u>professional extermination services</u> of pests other than regularly scheduled pest control? <i>(Includes bed bugs, roaches, etc.) An inspection by a licensed pest control person will be held within one week following move-in to verify. (Includes bed bugs, roaches, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? <i>(If Yes, continue to the next section. If No, complete the Information below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #1			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Application

Were you ever asked to allow or participate in professional extermination services of pests other than regularly scheduled pest control? <i>(Includes bed bugs, roaches, etc.) An inspection by a licensed pest control person will be held within one week following move-in to verify. (Includes bed bugs, roaches, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? <i>(If Yes, continue to the next section. If No, complete the Information below)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord #2			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in professional extermination services of pests other than regularly scheduled pest control? <i>(Includes bed bugs, roaches, etc.) An inspection by a licensed pest control person will be held within one week following move-in to verify. (Includes bed bugs, roaches, etc.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

UTILITY PROVIDERS: You may not live in the unit unless you can establish electric in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Do you receive any assistance to pay your utility bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is assistance provided under the Low-Income Home Energy Assistance Program (LIHEAP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
If no, the monthly amount you receive to assist with your utility bills.	\$	

PETS & ASSISTANCE/COMPANION ANIMALS: The property pet/assistance animal rules are available upon request. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC.)</i>	BREED (IF APPLICABLE)	HEIGHT (MEASURED AT WITHERS IF APPLICABLE)	WEIGHT



Application

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than two people will live in the unit. This application must include information about everyone who will live in the unit.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people will live in the unit?	Adults		Minors	

Member #2: Name:	
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>	
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C	

UNIT SIZE/FEATURES: The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/>

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.		
Employer #1		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?		\$

Employer #2		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?		\$

Do you currently have more than two employers? Yes No

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If yes, please provide additional employment information on a separate sheet.



How much do you expect to receive in other income in the next 12 months?				
<u>Please write in 0.00, NA or None if you will receive no income from these sources.</u>				
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.				
Monthly Social Security?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI? Please check which applies: Disability <input type="checkbox"/> Blind <input type="checkbox"/> Age 65+ <input type="checkbox"/>	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSP?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Public Assistance?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Child Support?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Disability Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Any Benefits for a Child?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$

Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Do you receive any assistance to pay your utility bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive Workers' Compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workers' Compensation amount	\$	
Do you receive income from any insurance policy or proceeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe insurance policy proceeds	\$	
Other?	\$	

Assets

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account? <i>Check here if this is a joint account: <input type="checkbox"/> Yes</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a savings account? <i>Check here if this is a joint account: <input type="checkbox"/> Yes</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Social Security Express Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	



Application

Do you own a home or other property? <i>Jointly?</i> <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a mortgage or home equity loan against your property? Other liens against the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		
\$		

Medical Expenses: Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$
Health Insurance - 2 – annual premium	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$
Prescription Drugs - annual out-of-pocket expense	\$
Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense (<i>i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis</i>)	\$
Personal use items annual out-of-pocket expense (<i>i.e. glasses, incontinent supplies, hearing aids</i>)	\$
Mileage to and from medical treatment/appointments	\$
Other	\$
Other	\$
Other	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	\$

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$	
Child's Name:		



Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. If no household member works, then the household does not qualify for a Disability Assistance Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? <i>e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law. A copy of our Tenant Selection Policy is available upon request.

Applicant Name (please print) _____

Signature **X** _____ Date _____

Signature **X** _____ Date _____

Will you need parking for your personal vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Consumer Notice:

Kimberly Helman hereby states that with respect to this property, I am acting as an agent of the owner pursuant to a property management agreement.

X _____

Signature(s) of consumer/applicant(s)



Atlas Realty Management Co., Inc. does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Please let us know if you need assistance in completing this form.

Optional and Supplemental 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

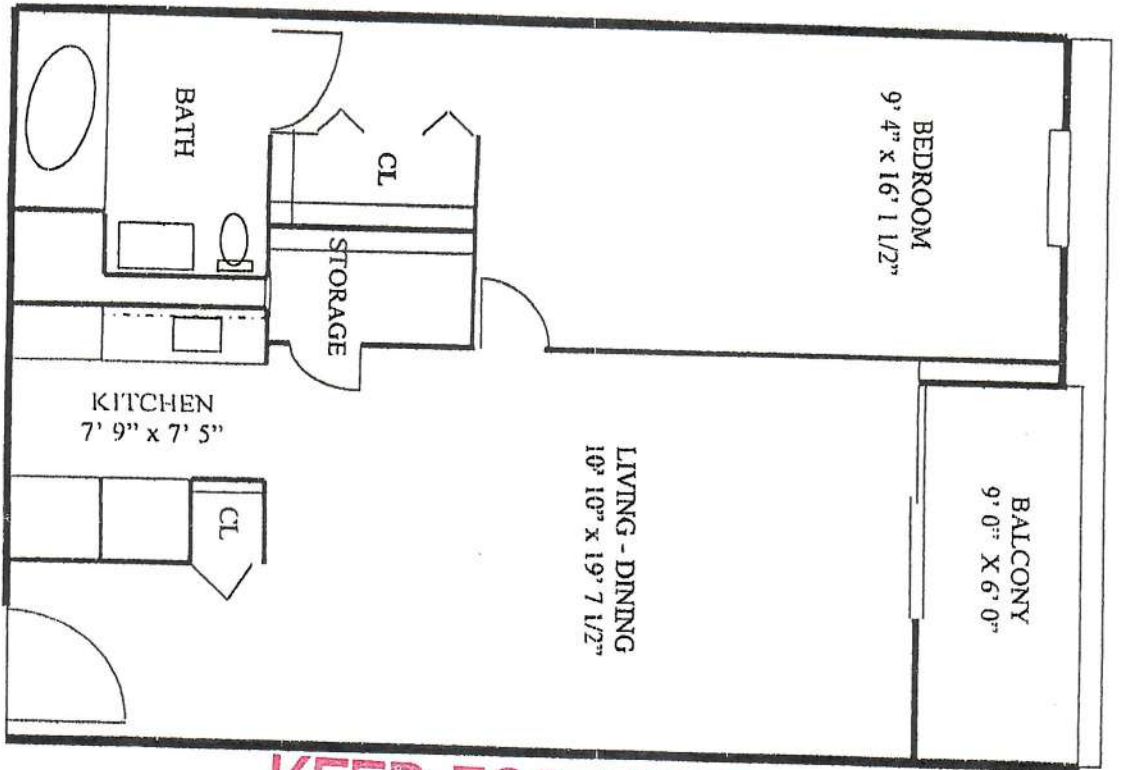
Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information 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.

Check this box if you choose not to provide the contact information.

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.	
Signature of Applicant	Date

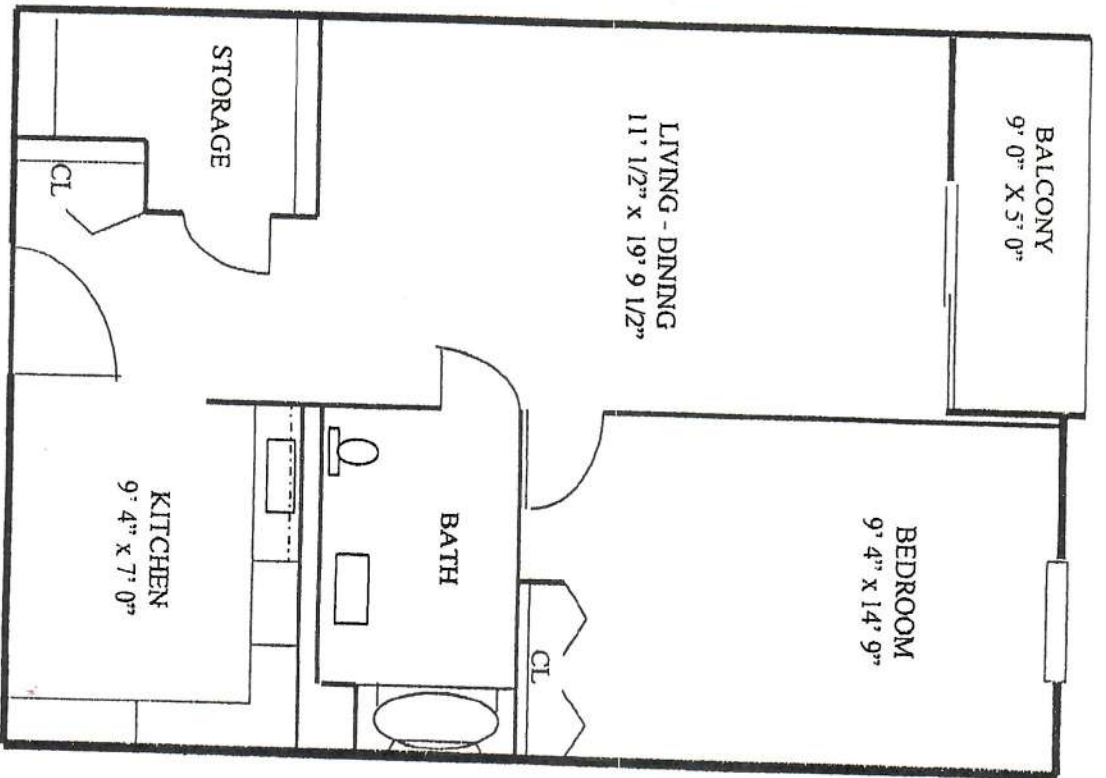
The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, 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.



ONE BEDROOM

KEEP FOR YOUR RECORDS



ONE BEDROOM ACCESSIBLE

Balcony Door
 80"W x 82"L
 Bedroom Window
 70"W x 52"L