



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

December 2005



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"> ▫ Evicted from your apartment or house: ▫ Required to repay all overpaid rental assistance you received: ▫ Fined up to \$ 10,000: ▫ Imprisoned for up to 5 years; and/or ▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"> ▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.): ▫ Any money you receive on behalf of your children (child support, social security for children, etc.); ▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.); ▫ Earnings from second job or part time job; ▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none"> ▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



SRO



Bloomington Housing Authority
1007 N. Summit St. Bloomington, IN 47404
(812) 339-3491 (ext. 111) www.bhaindiana.net

PLEASE READ CAREFULLY AND THOROUGHLY
BEFORE SIGNING THIS PAGE!

1. I know and understand that I must provide the required documentation that is listed on the verification list page for my application to be complete. _____
Initials

2. I understand that if I fail to provide the required documentation my application will be incomplete, and therefore will **not** be accepted. _____
Initials

3. I understand that failure to respond to any question on this application is grounds for termination. _____
Initials

4. I know and understand that willfully making false statements or misinterpretations on any page of this application or in connection with this application is a criminal offense and grounds for termination. _____
Initials

5. I know and understand that if I fail to sign or date any section my application will not be accepted. _____
Initials

By typing my signature/name or initials in this document, I understand and agree to all statements contained herein.

Signature

Date

SRO ELIGIBILITY APPLICATION FORM

Accessible format available on request. Contact the ADA Coordinator

Who is the Head of Household by Legal Name as it appears on Social Security Card?					
Last	First	M.I.	Gender	Date Of Birth	Age
Social Security Number		Race			Ethnicity
		<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Non-Hispanic
<p>Do you or does anyone in your household have any special needs or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.</p> <p>If you do not understand this question, please ask.</p>					

Household composition (members): List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest) and then any other adults.

Name	Relation to Head	Gender M/F	Social Security Number	Race	Date of Birth	Place of Birth: City/State	Occupation or School Name
	Self						

Do you expect anyone to move in or out of your household within the next 12 months? Yes No
 If yes, who? _____

Does anyone live with you now who is not listed on the application? Yes No
 Why are they not listed? _____

Do you claim any of the following local preferences?

<input type="checkbox"/> Disabled	<input type="checkbox"/> Monroe County Resident
<input type="checkbox"/> Victim of Domestic Violence	<input type="checkbox"/> Morgan County Resident
<input type="checkbox"/> Veteran	<input type="checkbox"/> Owen County Resident
<input type="checkbox"/> Surviving Spouse of Veteran	<input type="checkbox"/> Green County Resident
<input type="checkbox"/> Working 35 hours or more	<input type="checkbox"/> Lawrence County Resident
<input type="checkbox"/> Working 20 to 34 hours	

NOTICE: Failure to respond to ANY question may jeopardize the approval of the application. If something does not apply write n/a.

What is your present address?

Street Address _____			
Street	City	State	Zip Code
Correspondence Address _____			
Street	City	State	Zip Code
Home Phone _____	Business Phone _____	Cell _____	
If we were unable to reach you, whom could we contact locally?			
Name _____		Telephone _____	
Address _____		Relation _____	

Program Integrity Information

Have you or any other household member ever been evicted? Yes No (If more than one eviction, list the additional information on page 13.)
 If Yes: By Whom? _____ When? _____ Why? _____

Have you or any other household member ever lived in assisted housing before? Yes No
 If Yes: When? _____ Where? _____

Under what name? _____ Who was Head of Household? _____

Has any household member ever been terminated from a HUD-assisted housing program? Yes No
 If Yes: Who? _____ When? _____ Where? _____

Do you or any other household member owe any money to a Public Housing Agency? Yes No

Has any household member ever used a name other than the one you are using now? Yes No
 If Yes: What name(s)? _____

Has any household member ever used a social security number other than the one you listed on the application? Yes No
 If Yes: What number(s) have you used? _____

Has anyone in your household been engaged in violent crime, sex crime, the use, sale, manufacture or distribution of controlled substances? Yes No
 If Yes: Who? _____ When? _____ What? _____

Has any household member been arrested for any reason in the past 12 months? Yes No
 If Yes: Who? _____ When? _____ Why? _____

Authorizations, Representations and Certifications

I do hereby authorize Bloomington Housing Authority to obtain a 'consumer report' as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: 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 or Agency of the U.S. or the Department of Housing and 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 under Indiana State Code*

Signature of
Head of Household _____

Signature of
Other Adult Member _____

SRO-ONLYApplication And Verification List: Please Read Thoroughly!

Interpreter Services Available By Request

In order to process your application we must make copies of the following items in the original document form (please do not bring copies):

The application will NOT be accepted with out these items.• **Identification**

- Drivers License or government issued picture I.D. for the household members that are age 18 and over
- Social Security /cards for ALL household members
- Proof of birth (government issued birth certificate) for ALL household members

• **Income-From ALL sources: Including but not limited to:**

- Employment-Pay stubs
- Unemployment
- TANF/Food Stamp Award Letter
- Disability Income From A Job
- Worker's Compensation
- Military Pay
- Military Pension
- Retirement Pension
- Odd/Seasonal Jobs
- Child Support-Divorce Decree or Print Out
- Social Security-ANY form-including but not limited to: SS, SSDI, SSI, SS Widows, SS Survivors, ANY Back-pay that is received
- Prior year's tax records (tax forms filed, W-2's, etc.)
- Student Aid-ANY form-including but not limited to: Grants, Loans, Scholarships, Fellowships, Work Study, Internships, Apprenticeships
- Self-Employment: we will need a signed and dated statement of self-certification
- Trustee Assistance: we will need a statement on the trustee's letterhead
- Energy Assistance: we will need the SCCAP worksheet, or a statement on SCCAP letterhead
- Assistance from churches/other agencies: we will need a statement on letterhead
- Lottery/Gambling winnings-**including but not limited to:** any form of Hoosier Lottery, any other State Lottery, Pull-tabs, Scratch Offs, Bingo winnings
- Selling/Reselling/Salvaging Items including but not limited to: Plasma, Aluminum/Steel (Pop/Beer) Cans, Scrap Metals, Yard/Garage sales, Card Collections (Baseball, Basketball, Football, etc.), any type of Collection selling

- For the following income types we will need a signed and dated statement that includes the phone number from the person(s) giving the money:

- Work for Cash
- Baby Sitting
- Money From family/friends

- **ANY other income that is not listed above MUST be reported on the application and documents supporting the income must be brought in for verification.**

• **Assets-must be a current statement (dated within last 60 days)-Including but not limited to:**

- Checking accounts
- Savings accounts
- CD's
- Stocks
- Bonds
- IRA's
- Money Market accounts
- UTMA accounts
- House
- Mobile Home
- Trailer
- Land
- Investments
- Inheritance
- ANY other assets

• **Children & Child Care**

- Proof of Custody/Guardianship
- Title XX statement
- Signed statement from childcare provider
- If you are expecting a child we will need proof of pregnancy or a signed doctor's statement.

• **If you are handicapped/disabled or elderly (62 or over)**

- Spendown statement form Division of Family Resources
- Medical insurance statement-must show how often premium is paid
- Signed statements from doctors for your ongoing out-of-pocket expenses
- Signed statements or print out from pharmacies for your out-of-pocket expenses

• **Address Verification**

We will need residential address verification for the last five (5) years of all adult household members, regardless if they were on a lease or not.

Please note: Failure to list any form of income is considered inaccurate, incomplete, withholding of information and is grounds for termination of this application.

Income Information: Include income from ALL sources. *Please see the verification list *
If you have NO income at all, check here:

Family Member Name	Income: <u>including but not limited to</u> : Name of Employer, Child Support-Name of County where support comes from, SS, SSDI, SSI, SSW, SSS, TANF, Food Stamps, Unemployment, Military Income, Self Employment, Cash Paid by others, Student Aid, Worker's Comp, Any other income that is received by any household member must be listed in this column.	Income Amount	How Often Paid

Did you file a Federal Income Tax Return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No
If yes, explain: _____

Asset Information: Including but not limited to: house, mobile home, trailer, land, stocks, bonds, IRA, CD's, Money Market Accounts, UTMA Accounts, Investments, Inheritance, etc. If none, check here:

Family Member Name	Asset Description	Current/ Disposed	Market Value	Cash Value	Interest Rate %	Annual Income

Banking Information: Checking, Savings, of any account that a family member name appears on.
If none, check here:

Family Member Name	Name of Bank	Account Number	Account Type	Individual or Joint	Current Balance

Elderly/ Disability Assistance Expenses: Including but not limited to: Spendown, Physician Co-Payments, Pharmacy Out-Of-Pocket Expenses, Health Aid Necessities. Attach additional sheet if necessary.
If none, check here:

Family Member	Expense Description	Amount	Frequency	Annual Expense

****PLEASE READ CAREFULLY****

You MUST fill out this form completely to apply for housing assistance.

BY SIGNING THIS FORM:

You certify that the information given by you to the Bloomington Housing Authority (BHA) on household composition, income, net family assets, allowance, and deductions is accurate to the best of your knowledge and belief.

If you make false statements or give false information to the BHA you may be prosecuted under federal and/or state laws. YOU ACKNOWLEDGE that the making of false statements or the giving of false information to the BHA may be grounds for denial or termination of application and/or tenancy.

YOU AUTHORIZE the BHA to conduct an investigation and make inquiries for the purpose of verifying the information given by you to the BHA ANY TIME DURING YOUR TENANCY WITH THE BHA OR FOR A PERIOD OF ONE (1) YEAR AFTER THE TERMINATION OF YOUR LEASE THE BHA MAY RUN A CREDIT REPORT.

PLEASE NOTE: It is a policy of the Bloomington Housing Authority to run a criminal record report on all applicants and their household members.

THIS FORM IS NOT A CONTRACT. If you fill out and sign this form, you are not required to accept housing assistance, and the BHA may not be required to provide you with housing assistance.

WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentation to the BHA on this form, or in connection with your application for housing assistance.

I am aware that I may file a housing discrimination complaint online through the HUD website:

<https://www5.hud.gov/Hud903/main/pagHUD903Form.jsp>

A copy of the discrimination complaint form is available by request.

Signature of
Head of Household _____

Signature of
Other Adult Member _____

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Consent for Criminal Background Check
MUST Be Completed By ALL Household Members Age 18 or Older

HUD regulations require all PHAs to obtain criminal background and sex offender registration information about all adult household members applying for housing assistance. To enable the Bloomington Housing Authority (BHA) to do this, **all household members age 18 or older MUST answer the questions below and sign to consent to a background check.**

The BHA will deny the application that does not provide complete and accurate information or does not consent to a background check. Please answer **ALL** the following questions:

- 1) Have you been terminated from a federally assisted site within the past five years? Yes No
- 2) Do you currently use illegal drugs or abuse alcohol? Yes No
- 3) Are you currently subject under a state sex offender registration program? Yes No
- 4) Have you ever been convicted of a drug-related crime? Yes No
- 5) Have you been convicted of a crime within the past 5 years? Yes No
- 6) Are you currently charged with any of the above criminal activities? Yes No
- 7) Have you been released from jail within the past five (5) years? Yes No

If yes please list the reason(s) _____

- 8) Are you or any household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a court trial, or the dropping of charges? Yes No

- 9) Please list all states in which you have lived or have held licenses to drive

- 10) Have you ever used or been known by any other name? Yes No

If yes, please list all names used:

I understand the above information is required to determine eligibility for assistance. I certify my answers are true and complete to the best of my knowledge. I understand making false statements is grounds for denial or termination. I authorize the BHA to verify the above information and consent to the release of the necessary information to determine my eligibility. **I authorize the release of criminal records and/or sex offender registration information to the BHA or agencies contracted by the BHA to conduct criminal background checks.**

Today's Date	
Social Security Number	Date of Birth
Applicant's Full Name	

APPLICANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions is accurate and complete to the best of my knowledge: I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report within ten (10) working days any changes in income and any changes in family household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in the current program. I will not live anywhere else without notifying the management office immediately in writing, I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes but is not limited to attending pre-scheduled meetings, completing and signing all required forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

SIGNATURE OF HOUSEHOLD ADULTS

1. _____

2. _____

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DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify under penalty of perjury¹ that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

I am a citizen by birth, a naturalized citizen, or a national of the United States; or

I have eligible immigration status and I am 62 years of age or older. (Attach proof of age)²; or

I have eligible immigration status as checked below (see reverse of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA³; or

Permanent residence under §249 of INA⁴; or

Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or

Parole status under §§212(d)(f) of the INA⁶; or

Threat to life or freedom under §243(h) of the INA⁷; or

Amnesty under §245A of the INA⁸.

Signature

Date

****PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

PHA: Enter INS/SAVE Primary Verification #: _____ Date: _____

(See reverse side for footnotes and instructions)

1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age and older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under ¶101(a)(15) or 101 (a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by ¶101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by ¶101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101 (a)(15), respectively [*immigrant status*]). This category includes a non-citizen admitted under ¶210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. Permanent residence under ¶249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since the, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under ¶249 of INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
5. Refugee, asylum or conditional entry status under ¶¶207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under ¶207 of INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated under ¶208 of INA (8 U.S.C. 1158) [*asylum status*]); or as a result of being granted conditional entry under ¶203 (a)(7) of INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. Parole status under ¶212 (d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under ¶212(d)(5) of INA (8 U.S.C. 1182 (d)(5)) [*parole status*].
7. Threat to life or freedom under ¶243 (h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under ¶243 (h) of INA (8 U.S.C. 1253 (h)) [*threat to life or freedom*].
8. Amnesty under ¶245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under ¶245A of INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/SAVE verification number and date that it was obtained. A PHA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place X or √ in the appropriate boxes. Sign and date at the bottom of the page.

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)	
<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.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to prevent and investigate data from fraudulent actions.

CERTIFICATION OF DISABILITY

To: _____

Re: _____
SS#: _____

The above-named individual is applying for participation in a federally-assisted housing program operated by the Housing Authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows.

- A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or in the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.
- B. Severe chronic disability that:
 - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. is manifested before the person attains age 22;
 - c. is likely to continue indefinitely;
 - d. results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency;
 - e. reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.
- C. A person with a physical or mental impairment that:
 - a. is expected to be of a long-continued and indefinite duration,
 - b. substantially impedes his/her ability to live independently, and
 - c. is of such a nature that such ability could be improved by more suitable housing conditions.
- D. Federal Law now states that a person is not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose alcohol or drug addiction is a material factor to their disability are excluded from the definition. Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.

Housing Authority Representative _____ Date _____

I hereby authorize the release of any information pertaining to this request, and will appreciate it if you will complete and return to the Housing Authority the following certification.

Applicant's Signature:

Certification of Disability

Client Name: _____ () does () does not meet the above definition of a person with a disability

Applicable definition(s): () A () B () C

Estimated length of disability period: _____

Certified By: _____ Date: _____

Office: _____ Title: _____

Address: _____ Telephone: _____

Warning: Section 1001 of the Title 13 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Please Return or Fax This Form To: Bloomington Housing Authority 1007N. Summit St.
Bloomington, IN 47404 **or** Fax to: (812) 339-7177

SRO

This page may be used for questions that require more space. Please indicate first the page number your response represents.
