



383 Central Ave, Ste LL70 Dover, NH 03820 | PHONE: (603) 516-0590 | FAX: (603) 516-0599

Dear Housing Applicant,

Thank you for your interest in housing managed by Alliance Asset Management, Inc. - Atlantic Regional Portfolio! All of our buildings are 100% smoke-free. We are pet-friendly; however, breed and weight restrictions apply.

Currently, we are accepting applications to be placed on our waitlist. We are anticipating an approximate wait time of **6 months**. However, this time frame is subject to the vacancies we receive and could be longer or shorter.

Please type or print in ink the information requested in this application. Read through the application carefully. Incomplete or unsigned applications will be denied. **Use additional sheets if necessary.**

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**Fully completed applications can be returned to our office by one of the following methods:**

**Mail:** 383 Central Ave, Ste LL70, Dover, NH 03820

**Email (PDFs only):** THPRENTALS@alliancenh.com

Applications should be submitted with the last two consecutive pay stubs for each household member with employment or wage income, as well as copies of photo IDs and Social Security cards for all household members.

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When we pull an application from the waitlist, we thoroughly verify all information provided to us on the rental application, along with other available sources. At that time, we will require a credit report, a criminal background check, and will verify income and assets for all household members. We will also check previous and current rental history. The same screening and verification process is used for every applicant — fair, consistent, and uniform.

The initial eligibility process can take anywhere from 2 to 4 weeks. All qualified applications are placed on our waitlist in the order they are received by date and time. If you have questions regarding your particular income eligibility, please call our office at (603) 516-0590.

We look forward to receiving your application and assisting with your housing needs!

Sincerely,

**The Alliance Asset Management Team**





**For Office Use Only**

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

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

Staff Initials: \_\_\_\_\_

**Address:** 383 Central Ave, Ste LL70 Dover, NH 03820 | **Phone:** 603-516-0590 | **Fax:** 603-516-0599

## Affordable Housing Application:

Please note that ALL Applications are placed in order of date and time received

### A: GENERAL INFORMATION

Head of Household Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

*Street*

*Apt #*

*City*

*State*

*Zip*

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Do you require an accessible unit: ☐ Yes ☐ No if **yes**, features needed: \_\_\_\_\_

Is anyone in the Household a veteran: ☐ Yes ☐ No if **yes**, who: \_\_\_\_\_

### B. HOUSEHOLD COMPOSITION

List all household members who will be living in the unit

	Head of Household	Person 2	Person 3	Person 4	Person 5
First Name & MI					
Last Name					
Relationship	Head of Household				
Birthdate (mm/dd/yyyy)					
Age					
Last 4 of SS					
Student: Full or Part Time	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Lives in unit 50% or more		Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>

**\*\*The information BELOW regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant**

applications on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, age, disability, sexual assault or stalking are complained with.

You are NOT required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants based on visual observation or surname.

	Head of Household	Person 2	Person 3	Person 4	Person 5
Sex**					
Ethnicity**					
Hispanic or Latino					
Non Hispanic or Latino					
Race (mark one or more)**					
American Indian / Alaska Native					
Asian					
Black or African-American					
Native Hawaiian or Other Pacific Islander					
Other Race					
White					

**C. ADDITIONAL HOUSEHOLD INFORMATION**

- Does anyone listed above have an alias or maiden name? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_
- Have there been any changes in the household composition in the last twelve months? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_
- Do you anticipate any changes in household composition in the next twelve months? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_
- Is there someone not listed above who would normally be living in the household? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_
- Are you or any member of your household currently using illegal substances or abusing alcohol? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_

6. Have you or any member of your household been convicted of a crime? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_
7. Has any member of your household ever received an Eviction Notice or a Notice to Quit? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_
8. Has any member of your household resided in one of our properties in the past? Yes ☐ No ☐  
If **yes**, what property and when: \_\_\_\_\_
9. Does any member of your household require a live in care attendant: Yes ☐ No ☐  
If **yes**, Attendant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
10. Is any member of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_
11. Has any household member ever been charged with or convicted of illegal manufacture or distribution of a controlled substance? Yes ☐ No ☐  
If **yes**, please explain: \_\_\_\_\_

#### D. HOUSEHOLD INCOME

**IMPORTANT:** Please fill in each section and include income of minor household members.  
Check N/A to the items that do not apply to your household.

##### Social Security Income:

N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

##### Supplemental Security Income (SSI, SSDI, etc.):

N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

##### Pensions and/or Annuities

N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Veteran's Administration Benefits:**N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Employment Wages:**N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Unemployment Compensation (Please include end date if known):**N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Public Assistance (TANF, APTD, etc.) Please Specify:**N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Contributions to the Household (monetary or not):**N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Full-Time Student Income (18 years old and over only):**N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Student Aid (excluding loans):**N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Long Term Medical Care Payments in excess of \$180 per day:

N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Scheduled Payments from Investments:

N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Other Income (self-employment, reoccurring monetary gifts, etc.)

N/A: ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Alimony:

N/A ☐

Are you legally entitled to receive alimony? ☐ Yes ☐ No

If **yes**, list the amount you are entitled to receive: \$\_\_\_\_\_ ☐ Monthly ☐ Weekly

Do you receive alimony? ☐ Yes ☐ No

If **yes**, list the amount you receive: \$\_\_\_\_\_ ☐ Monthly ☐ Weekly

Child Support:

N/A ☐

Are you legally entitled to receive child support? ☐ Yes ☐ No

If **yes**, list the amount you are entitled to receive: \$\_\_\_\_\_ ☐ Monthly ☐ Weekly

Do you receive child support? ☐ Yes ☐ No

If **yes**, list the amount you receive: \$\_\_\_\_\_ ☐ Monthly ☐ Weekly

### **\*\*\*INCOME CONCLUSION\*\*\***

Total Gross Annual Income (Based on the monthly amounts listed above x 12): \$\_\_\_\_\_

Total Gross Annual Income from previous year: \$\_\_\_\_\_

1. Do you anticipate any changes to this income in the next 12 months? ☐ Yes ☐ No

2. Is any household member legally entitled to receive income assistance? ☐ Yes ☐ No

3. Is any household member likely to receive income assistance (monetary or not) from someone who is not a member of the household listed on Page 1? ☐ Yes ☐ No

If yes to any of the above, please explain: \_\_\_\_\_

Is the income received? ☐ Yes ☐ No \_\_\_\_\_

### E. ASSETS

**IMPORTANT:** Please fill in each section and include assets of all household members including minors.

Check N/A for the items that do not apply to your household. If your assets are too numerous to list here, please attach an additional sheet to this application identifying additional asset information.

Checking Account(s): N/A ☐

Household Member Name	Bank	Account Number

Savings Account(s) and/or Direct Deposit Card(s) (for SS, SSI, SSP, TANF, Child Support, Work): N/A ☐

Household Member Name	Bank	Account Number

Money Market Accounts: N/A ☐

Household Member Name	Name of App	Account Name	Balance
			\$
			\$

Peer to Peer Payment Apps (Venmo, Cash App etc): N/A ☐

Household Member Name	Name of App	Account Name	Balance
			\$
			\$

Stocks, Certificates of Deposits: N/A ☐

Household Member Name	Stock Name	# of Shares Owned	Value per Share	Dividend Rate
			\$	
			\$	

Bonds: N/A ☐

Household Member Name	Series	Date of Issue	Amount
			\$
			\$

IRA (s): N/A ☐

Household Member Name	Bank	Account Number	Balance	Interest Rate
			\$	

**Annuities/Mutual Funds/401K/403b****N/A** ☐

Household Member Name	Bank	Account Number	Balance	Interest Rate
			\$	
			\$	

**Trust Account(s):****N/A** ☐

Household Member Name	Bank	Balance
		\$
		\$

**Whole Life Insurance (Not Term Life)****N/A** ☐

Household Member Name	Insurance Company	Policy #	Cash Value
			\$
			\$

**Investment Property:****N/A** ☐

Type of property and address: \_\_\_\_\_ Appraised Value: \$ \_\_\_\_\_

**Real Estate:****N/A** ☐Does any household member own any property or have shared ownership in any property? ☐ Yes ☐ NoIf **yes**, please answer the following:

Type of property and address: \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Mortgage or outstanding loan balance: \$ \_\_\_\_\_

Annual Insurance Premium: \$ \_\_\_\_\_ Amount of most recent real estate tax bill: \$ \_\_\_\_\_

Is this an income producing property: ☐ Yes ☐ No If **yes**, annual income: \$ \_\_\_\_\_**\*\*\*ASSET CONCLUSION\*\*\***

1. Does any member of your household have an asset(s) owned jointly with a person who is NOT a member of the household listed in this application: ☐ Yes ☐ No

If **yes**, please describe: \_\_\_\_\_1A: Do they have access to the asset? ☐ Yes ☐ No

2. Does any household member have an asset(s) not listed above? (Excluding personal property) ☐ Yes ☐ No

If **yes**, please list: \_\_\_\_\_

3. Has any household member disposed of any assets in the last 2 years? ☐ Yes ☐ No

If **yes**, describe the asset: \_\_\_\_\_

## F. VOUCHER INFORMATION

Do you or anyone in your household currently have a Section 8 Voucher: ☐ Yes ☐ No

If **yes**, please answer the following:

Housing Authority: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## G. HOUSEHOLD STUDENT STATUS

1. Will any of the persons in the household be attending college but will still consider their permanent Residence with this household? (i.e. a student that lives away at college but will spend their Winter and Summer breaks with the household) ☐ Yes ☐ No

2. Will any of the persons in the household be part-time students? ☐ Yes ☐ No

3. Will ALL of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year (months need not be consecutive) at an educational institution (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges/universities, technical, trade or mechanical schools but, does not include those participating in on-the-job training course or a job training program receiving assistance under the Job Training Partnership Act)? ☐ Yes ☐ No

**If yes, to question #3, please answer the following questions:**

3a. Are any full-time student(s) married and entitled to file a joint tax return? ☐ Yes ☐ No

3b. Are any full-time students(s) a recipient of TANF or Title IV? ☐ Yes ☐ No

3c. Is at least one student a single parent living with his/her child(ren) and who is not a dependent on another's tax return and whose child(ren) is/are not dependent(s) of anyone other than a parent? ☐ Yes ☐ No

3d. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? ☐ Yes ☐ No

## H. VEHICLE INFORMATION

List any cars, trucks or other vehicles owned. Parking will be provided for one to two vehicles. Arrangements with management will be necessary for more than two vehicles. All vehicles parked on the property premises must be registered in a household members name, inspected with valid plates and in operational condition.

Vehicle #1- Type of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Year/Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle #1- Type of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Year/Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_

## I. PET INFORMATION

1. Does your household own any pet(s) that will reside with you when you move in? ☐ Yes ☐ No  
1a. If **yes**, name breed & weight: \_\_\_\_\_  
1.b If **yes**, is this pet a Service/Support Animal? ☐ Yes ☐ No  
2. If **no**, do you anticipate having any pets in the future? ☐ Yes ☐ No  
If **yes**, describe: \_\_\_\_\_

## J. RENTAL HISTORY– Please list 3 years of residences for all adult HH Members

### Current Landlord Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Date Tenancy Began: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

### Previous Landlord #1:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Dates of Residency: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

### Previous Landlord #2:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Dates of Residency: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

## K. PERSONAL REFERENCES

### Personal Reference #1:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

### Personal Reference #2:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

### L. EMERGENCY CONTACT

**Emergency Contact:** Please provide someone who is NOT a household member listed on this application.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

### M. CERTIFICATION

**Every family member age 18 years old or over must read and sign the following:**

I/We certify that this will be my/our permanent residence.

I/We understand that we must pay a security deposit prior to occupancy.

I/We understand that Alliance Asset Management is relying on this information to prove my household's eligibility for the Housing Program.

I/We understand that my/our eligibility for housing is based on applicable income limits and by management's selection criteria.

I/We understand that that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord and/or criminal record.

I/We certify that the information provided in this application is true and accurate to the best of my/our knowledge and

I/We understand that false statements or information are punishable by law and will lead to the cancellation of this application and termination of tenancy after occupancy.

\_\_\_\_\_  
Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

## AUTHORIZATION TO RELEASE INFORMATION

### Every family member age 18 years old or over must read and sign the following:

I/We, the undersigned, hereby authorize all persons or companies listed below to release without liability, information regarding employment, income and assets to Alliance Asset Management, Inc. for the purposes of verifying information on my/our apartment rental application.

#### Information Covered

I/We do hereby authorize Alliance Asset Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, assets, employment income, credit, rental and criminal records.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified resident.

I/We authorize Alliance Asset Management to obtain a copy of my/our credit report.

#### Groups or Individuals that May be Asked

Past, Present or Future Employers	Veteran's Administration
Landlords	State Unemployment Agencies
Public Housing Agencies	Banks and other Financial Institutions
Support and Alimony Providers	The Social Security Administration
Insurance Companies/Providers	Utility Companies
Welfare Agencies	Retirement Systems
Educational Institutions	Credit Bureaus
Higher Educational institutions	Law Enforcement Agencies

#### Conditions

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above.

I/We understand that this authorization will stay in effect for fifteen months from the date signed.

I/We understand our right to review this file and correct any information that is incorrect.

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Head Signature

---

Date

---

Co-Head Signature

---

Date

---

Other Adult Signature

---

Date

---

Other Adult Signature

---

Date

# Properties Currently Within the Atlantic Portfolio

Select the properties and unit sizes in which you are interested

All of our properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying? ☐ Yes ☐ No

## NEW HAMPSHIRE:

### **Dover:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>563 Central Ave</b>   | <input type="checkbox"/> 2BD   |
| <input type="checkbox"/> <b>576 Central Ave – Women Only – Shared living space</b>                                  | <input type="checkbox"/> Single Room Only  |
| <input type="checkbox"/> <b>Bradley Commons – 577 Central Ave</b>   | <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD <input type="checkbox"/> 3BD |
| <input type="checkbox"/> <b>Bradley Commons II – 18 Park St.</b>  | <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD                              |
| <input type="checkbox"/> <b>Woodbury Mills – 2 Dover St</b>   | <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD <input type="checkbox"/> 3BD |
| <input type="checkbox"/> <b>Covered Bridge Manor – 280 County Farm Road – See addendum – Subsidized units - 62+</b> | <input type="checkbox"/> 1BD   |

### **Exeter:**

- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> <b>Summer Street – 5 &amp; 7 Summer St</b> | <input type="checkbox"/> 2BD |
|---|------------------------------|

### **Farmington:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Mad River – 3, 5, &amp; 9 Fairway Dr &amp; 55 &amp; 57 Spring Street</b> | <input type="checkbox"/> 2BD <input type="checkbox"/> 3BD |
|--|---|

### **Rochester:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>The Gaffney Home – 90 Wakefield St – 62+</b> | <input type="checkbox"/> Studio <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD |
|--|---|

### **Rollinsford:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>New Hope Housing – 466 &amp; 488 Beccaris Dr</b> | <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD |
|--|---|

### **Rye:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>White Birch at Rye – 11 Airfield Dr – 62+</b> | <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD |
|---|---|

## MAINE:

### **Eliot:**

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> <b>Post Office Drive – 11, 14, &amp; 18 Post Office Drive</b> | <input type="checkbox"/> 2BD |
|--|------------------------------|

### **Kennebunk:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Bethesda House – Bethesda House Drive &amp; Horn Crossing</b> | <input type="checkbox"/> 2BD <input type="checkbox"/> 3BD |
|---|---|

### **S. Berwick:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Norton Street – 11, 30, 40, 50, 83 &amp; 85 Norton St</b> | <input type="checkbox"/> 2BD <input type="checkbox"/> 3BD <input type="checkbox"/> 4BD |
|---|--|

# Covered Bridge Manor Addendum to Housing Application

**\*\*\*Please complete the next TWO pages ONLY if applying to this property\*\*\***

## **PLEASE PROVIDE A COPY OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS AND BIRTH CERTIFICATED PER GOVERNMENT REGULATIONS**

If you do not have a social security card, please call our office for a list of acceptable substitutions. Please also include a copy of a birth certificate, driver's license and/or passport for each household member. All items must be complete in order to determine your eligibility. If an item does not apply to you, please mark N/A next to the question. Alliance Asset Management does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, sexual orientation, receipt of public assistance or gender identification. Alliance Asset Management will make every reasonable accommodation to persons with disabilities.

Are all members of the household citizens of the United States of America or non-citizens with eligible immigration status?

☐ Yes ☐ No

Have you or any member of your household ever committed fraud in a federally assisted housing program or have been requested to repay money for knowingly misrepresenting information for such a housing program?

☐ Yes ☐ No

MEDICAL EXPENSES, SUCH AS DOCTORS, DENTISTS, HOSPITALS, ETC. THAT YOU PAY **OUT OF POCKET** MAY BE CONSIDERED IN CALCULATING SUBSIDIZED RENT. COMPLETE THE FORM BELOW WITH ANY MEDICAL EXPENSES THAT YOU PAY OUT OF POCKET THAT ARE NOT REIMBURSED BY INSURANCE. USE AN ADDITIONAL SHEET OF PAPER, IF NECESSARY.

EXPENSE TYPE	PAID TO (NAME AND MAILING ADDRESS)	HOUSEHOLD MEMBER	AMOUNT
<i>EX: Dentist</i>	<i>EX: AARP, 1 Main St, Dover NH 03820</i>	<i>EX: John Smith</i>	<i>\$50 PER MONTH</i>
			\$_____ PER MONTH
			\$_____ PER MONTH
			\$_____ PER MONTH
			\$_____ PER MONTH
			\$_____ PER MONTH
			\$_____ PER MONTH

## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <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"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ <b>Late payment of rent</b>	
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.