



MONROE GROUP RESIDENT APPLICATION

| | |
|-------------------|---|
| Name of Property: | Sleeping Ute 516 South Madison Cortez, CO 81321 |
|-------------------|---|

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. Monroe Group is committed to complying with the letter and spirit of these laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the fair housing laws is the United States Department of Housing and Urban Development.

| | | |
|---|-------------------------|---|
| ADMINISTRATIVE USE ONLY – Received by _____ | | TIME RECEIVED: _____ |
| Today's Date: [Date] | Requested Move-in Date: | Wait List: <input type="radio"/> Yes <input type="radio"/> No |
| Requested Unit Size: | Special Needs: | |

APPLICANT INFORMATION

| | | | | | |
|--|----------------------------------|--------------------------|--|------------------------|--|
| Last Name: | First Name: | Middle Initial: | Marital status: _____ You may decline to disclose | | |
| Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No | If not, what is your legal name? | Former name: | Birth date: | Age: | Gender: _____ You may decline to disclose |
| Email Address: | | | | | |
| Home phone number: | | Cell phone number.: | | Work phone number.: | |
| Social Security Number: | | Proof of Identification: | | Identification Number: | |

How did you hear about us? Brochure Advertising Referral Recommendation Other

Are you the primary applicant? Yes No Does any member of your household require special modifications? Yes No
 Are you homeless? Yes No Are you displaced due to a presidentially declared disaster or by government action? Yes No
 Have you been evicted from federal housing in the past three years? Yes No *If yes, where?* _____

PROPOSED OCCUPANTS

Please list who will reside in your apartment.

| Full Legal Name | Social Security Number | Relationship to Applicant | Date of Birth | Student Status (Full Time/Part Time/Non-Student) |
|-----------------|------------------------|---------------------------|---------------|--|
| | | Head of Household | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |
| | | | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |
| | | | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |
| | | | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |
| | | | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |
| | | | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |
| | | | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |
| | | | | <input type="radio"/> FT <input type="radio"/> OPT <input type="radio"/> N/A |



Were any of the applicants 62 years of age or older before January 31, 2010 and who do not have a SSN, receiving HUD rental assistance at another location on January 31, 2010? ____ If yes, which applicant(s) _____

ADDITIONAL OCCUPANT INFORMATION

Do you expect any additions to your household over the next 12 months? Yes No If yes, please explain:

Are there custody arrangements for any children in the household? Yes No If yes, please list child(ren) name and custody arrangement:

Is any member of your household currently active in the military? Yes No

Is any member of your household a US Armed Forces veteran? Yes No

RESIDENCY INFORMATION

CURRENT ADDRESS

Street Apt. # City: State: Zip:

Monthly Rent: Rent Own From: To:

Landlord/Lender: City/State: Phone:

Do you receive rental payment assistance in the form of a voucher payment or rent subsidy: Yes No

Has your residence had any insect, parasite, rodent or other infestations in the last six (6) months? Yes No

PREVIOUS ADDRESS

Street Apt# City: State: Zip:

Monthly Rent: Rent Own From: To:

Landlord/Lender: City/State: Phone

Did you receive rental payment assistance in the form of a voucher payment or rent subsidy: Yes No

PREVIOUS ADDRESS

Street Apt# City: State: Zip:

Monthly Rent: Rent Own From: To:

Landlord/Lender: City/State: Phone:

Did you receive rental payment assistance in the form of a voucher payment or rent subsidy: Yes No

List any state(s) where you and/or members of your household have previously resided:

Name: Other states where I lived:

Name: Other states where I lived:

Name: Other states where I lived:

EMERGENCY CONTACT INFORMATION

Name of a person not residing with you:

Address:

Phone: Work Phone: Email:

Name of closest living relative/next of kin (if different):



| |
|----------------------|
| Contact Information: |
| |

VEHICLE INFORMATION

| MAKE | MODEL | COLOR | LICENSE NUMBER | STATE | YEAR |
|------|-------|-------|----------------|-------|------|
| | | | | | |
| | | | | | |

ANIMALS

Monroe Group managed properties do not allow pets at family properties, but does allow one pet at senior properties. Management approved assistance animals are allowed at all properties. If appropriate list you pet or assistance animal:

| NAME | TYPE OF ANIMAL | GENDER | WEIGHT | BREED | COLOR | AGE |
|------|----------------|--------|--------|-------|-------|-----|
| | | | | | | |

EMPLOYMENT

| |
|-------------------|
| Name of Employer: |
|-------------------|

| | | | | |
|----------|-------|--------|------|--------|
| Address: | City: | State: | Zip: | Phone: |
|----------|-------|--------|------|--------|

| | | | |
|-----------|----------------------|-------|-----|
| Position: | Annual Gross Salary: | From: | To: |
|-----------|----------------------|-------|-----|

| | |
|------------|--------|
| Supervisor | Phone: |
|------------|--------|

| |
|---|
| Second Employer (if applicable) or Previous Employer: |
|---|

| |
|-------------------|
| Name of Employer: |
|-------------------|

| | | | | |
|----------|-------|--------|------|--------|
| Address: | City: | State: | Zip: | Phone: |
|----------|-------|--------|------|--------|

| | | | |
|-----------|----------------------|-------|-----|
| Position: | Annual Gross Salary: | From: | To: |
|-----------|----------------------|-------|-----|

| | |
|------------|--------|
| Supervisor | Phone: |
|------------|--------|

| |
|--------------------|
| Previous Employer: |
|--------------------|

| | | | | |
|----------|-------|--------|------|--------|
| Address: | City: | State: | Zip: | Phone: |
|----------|-------|--------|------|--------|

| | | | |
|-----------|----------------------|-------|-----|
| Position: | Annual Gross Salary: | From: | To: |
|-----------|----------------------|-------|-----|

| | |
|-------------|--------|
| Supervisor: | Phone: |
|-------------|--------|

ADDITIONAL INCOME

| TYPE OF INCOME | BANK/SOURCE | TOAL GROSS ANNUAL INCOME |
|----------------|-------------|--------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |



ANTICIPATED INCOME IN THE NEXT 12-MONTHS (NOT YET RECEIVED BUT EXPECTED)

| TYPE OF INCOME | BANK/SOURCE | TOAL GROSS ANNUAL INCOME |
|----------------|-------------|--------------------------|
| | | |
| | | |
| | | |

ASSETS

| ASSET | BANK/SOURCE | BALANCE OR CASH VALUE |
|---------------------------------|-------------|--------------------------------|
| Checking Account | | (average six-month balance) \$ |
| Savings Account | | \$ |
| Direct Debit Cash Card | | \$ |
| CD/IRA | | \$ |
| Whole Life Insurance Policy | | \$ |
| Universal Life Insurance Policy | | \$ |
| Real Estate Property | | \$ |
| Direct Debit Express Card | | \$ |
| Other | | \$ |

Have you disposed of any assets for less than fair market value in the last two years? Yes No
 If yes, list the asset(s) you disposed of, date of disposition, the fair market value and amount received:

MEDICAL INFORMATION

Please complete all questions about medical expenses (including Medicare and out-of-pocket expenses) for all household members **ONLY if the head of the household, spouse or adult co-head is at least 62 years old or disabled**. If medical questions do not apply to you (because you are under the age of 62 years or not disabled), place N/A to answer the question.

MEDICARE PART D

Do you have Medicare? Yes No Do you have Medicare Part D? Yes No

OUT OF POCKET MEDICAL EXPENSES

| TYPE OF EXPENSE | NAME AND PHONE NUMBER OF PHYSICIAN, MEDICAL PROVIDER OR PHARMACY | AMOUNT PAID IN LAST 12 MONTHS |
|--------------------|--|--------------------------------|
| Physician (Doctor) | | (average six-month balance) \$ |
| Hospital | | \$ |
| Medical Provider | | \$ |
| Health Insurance | | \$ |
| Pharmacy | | \$ |



| | | |
|-------|--|----|
| Other | | \$ |
|-------|--|----|

STUDENT STATUS

All adult members of the household must fill out the Student Status section with additional copies of this section given to you to complete, if necessary. **Please answer the following questions as head of household, co-head or other adult, as it pertains to attending an institution of higher or vocational education to obtain a certificate, degree or other program to obtain a recognized educational credential.**

| | | |
|--|------|----|
| Are you currently enrolled as a full-time student at a higher education institution or vocational college? | Yes* | No |
| Are you currently enrolled as a part-time student at a higher education institution or vocational college? | Yes | No |

***If you are a full or part time student, please complete the following:**

| | | |
|---|-----|----|
| Are you a veteran of the US Armed Forces? | Yes | No |
| Are members of your household married and file a joint federal income tax return? | Yes | No |
| Is the head of your household a single parent and neither parent nor children is the dependent of another individual? | Yes | No |
| Are you living with a parent(s) or legal guardian who is eligible for the Section 8 program? | Yes | No |
| Are you over the age of 23 with dependent children? | Yes | No |
| Were you receiving assistance for a disability as of November 30, 2005? | Yes | No |
| Does at least one member of your household receive assistance under Title IV of the Social Security Act (for example, payments under AFDC)? | Yes | No |
| Are you receiving High Education Act Assistance under the Higher Education Act of 1965 which includes Pell Grants, Federal Supplement Educational Opportunity Grants, Academic Achievement Incentive Scholarships State Assistance Partnership Program, the Robert G. Byrd Honors Scholarship program, and Federal Work Study programs? | Yes | No |
| Is at least one member of your household currently enrolled in a job-training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency? | Yes | No |

Please list school you are currently attended and any grants, assistance, etc.

Name of School:

Address:

Phone:

Name of Grant or Assistance Program:

Address:

Phone:



LOW-INCOME TAX CREDIT STUDENT QUESTIONNAIRE

Please complete this section if you or any household member is an adult student who is applying to live in a Low-Income Tax Credit Housing property. Students include full or part time individuals attending colleges, universities, technical, trade, vocational or mechanical schools. This does not include students who are participating in on-the-job training or correspondence courses. **Please choose one option that best describes your household:**

| Categories | Check the section that applies to you | |
|---|---------------------------------------|----|
| Your household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months do not have to be consecutive). Please list the name(s) of your non-student(s) here: | | |
| Your household contains all students, but is qualified because at least one occupant is a part-time student. Verification of part-time student status is required. Please list the name(s) of your part-time student(s) here: | | |
| Your household contains ALL students who will be, are or were full-time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If you have chosen this section, please answer the five questions below: | | |
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return) | Yes | No |
| Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)? | Yes | No |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)? | Yes | No |
| Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) | Yes | No |
| Does the household consist of at least one student who was previously under foster care? (provide verification of participation) | Yes | No |



**BACKGROUND INFORMATION
 CONSENT TO CONSUMER REPORT AND BACKGROUND CHECK**

Please fill out this section in full. Any unanswered 'yes' or 'no' question will result in the denial of your application.

| | | |
|---|-----|----|
| Have you or any member of your household ever been convicted of or plead guilty or 'no contest' to any felony? If yes, date of felony: _____ Offense: _____ | Yes | No |
| Have you or any member of your household ever been convicted or plead guilty or 'no contest' to a sexual offense? | Yes | No |
| Have you or any member of your household ever been listed on a registry of sexual offenders? | Yes | No |
| Are you or any member of your household subject to a lifetime state sex offender registration program in any state? | Yes | No |
| Have you or any member of your household ever been convicted or pled guilty or 'no contest' to any drug-related criminal offense? If yes, date of drug-related offense: _____ Offense _____ | Yes | No |
| Are you or any member of your household a Specifically Designated National or other Blocked Person designated by the United States government as a person who commits or supports terrorism, or is involved in international narcotics trafficking? | Yes | No |
| If you answered yes to any of the above questions, please explain the nature of the offense, as well as the location and date: | | |
| | | |

I have read the foregoing and certify that the information herein is TRUE and CORRECT and that this application is submitted for the purpose of inducing approval of this application on my behalf.

By signing this application, I authorize Landlord or agent for Landlord to verify any information contained herein. Any "yes" response to the personal and criminal history questions above, or any false statement on the application, will lead to the rejection of my application and/or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment unit), I understand that Landlord may terminate the Lease.

This is to inform applicant that, as part of Landlord's procedure for processing applicant's application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with applicant's landlord, employer, or others with whom applicant is acquainted. This also is to inform applicant that, as also set forth in the lease applicant will execute if applicant's application is approved by Landlord, similar Investigative Consumer Reports may be prepared in the future after applicant has executed the lease and become a resident or has vacated the property which is the subject of this agreement. These inquiries include information as to applicant's character, general reputation, personal characteristics, mode of living and credit report. The federal Fair Credit Reporting Act requires Landlord to provide to applicant additional information about the nature and scope of the investigation if applicant provides Landlord with a written request within a reasonable time. Landlord has attached a summary of applicant's rights under the Fair Credit Reporting Act.

I authorize the Monroe Group Ltd. ("Monroe"), or its agent, attorney or assign to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with Landlord), and criminal history). I further authorize Monroe, its agent, attorney or assign to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize Monroe, its agent, attorney or assign to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under any lease or other agreement. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to Monroe or its agent, attorney or assign. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.



I further authorize Monroe to obtain and use consumer report information relating to me (including, but not limited to, a credit score) for the purpose of conducting research into statistical credit models and evaluating the performance of various scoring models and sources of consumer reporting information, including, but not limited to, criminal conviction and skip tracing/eviction databases.

SIGNATURES

| | |
|---------------------------------------|-------|
| Signature (Head of Household): | |
| Print Name: | Date: |
| Signature: | |
| Print Name: | Date: |
| Signature: | |
| Print Name: | Date: |

| | |
|-------------------------------------|-------|
| Community Manager Signature: | |
| Print Name: | Date: |

PENALTIES FOR MISUSING THIS CONSENT

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 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). *

Monroe Group, Ltd. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

**Monroe Group, Ltd. | Section 8 Administrator | 6875 East Evans Avenue | Denver, CO 80224 | Email: info@monroegroup.com
 Phone: 303.322.8888 | Secure Fax: 720.215.3222 | Telecommunications Relay Service (TRS): Dial 711**



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

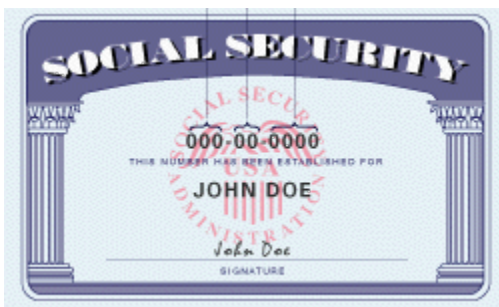


The FCRA gives several different federal agencies authority to enforce the FCRA:

| FOR QUESTIONS OR CONCERNS REGARDING: | PLEASE CONTACT: |
|---|--|
| CRAs, creditors and others not listed below | Federal Trade Commission Consumer Response Center – FCRA, Washington, DC 20580 1-877-382-4367 (Toll-Free) |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6, Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs, Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Programs, Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street, Alexandria, VA 22314 703-518-6360 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs, Washington, DC 20429 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation Office of Financial Management, Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator – GIPSA, Washington, DC 20250 202-720-7051 |



SOCIAL SECURITY NUMBER REQUIREMENTS



You must have a Social Security Number (SSN) to receive housing assistance. The federal government requires each applicant of HUD-assisted housing to provide documentation of their SSN to the community/property manager by the time the apartment unit becomes available. This requirement affects household members who are United States citizens, US nationals and eligible non-citizens.

Question: SSNs of all members of my household have been provided? What do I do?

Answer: Nothing further is required. The property manager will contact you if there is a problem with the SSN of any members of your household.

Question: I have not provided SSNs for all my household members to the property manager. What do I do?

Answer: Does everyone in your household have a SSN? If yes or no, see answers below:

| YES | NO |
|--|--|
| Ensure the correct SSN for each household member who is a US citizen, US national or eligible non-citizen is reported to the property manager by the time a unit becomes available. | For any household member who is a US citizen, US national or eligible non-citizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For SS-5 form and/or assistance, contact the property manager for more information. |
| You will need to provide the property manager with documentation to verify the SSNs. | Provide the documentation of a SSN for each household member who is a US citizen, US national or eligible non-citizen to the property manager by the time a unit becomes available. |
| | For those over 62 years or older, as of January 31, 2010 and who do not have a SSN and were receiving HUD rental assistance at another location on January 31, 2010, information is needed in order for the owner to verify qualification for exemption from disclosure and verification of a SSN. |

| | |
|-----------------|-------|
| Applicant Name: | Date: |
|-----------------|-------|

APPLICANT'S ACKNOWLEDGEMENT OF RECEIPT

This is to confirm that I have received the following brochures and other literature required by the US Department of Housing and Urban Development (HUD) that was given to me during this application process:

| | |
|--|--|
| | <i>EIV and You</i> brochure |
| | Resident's Rights and Responsibilities |
| | Rental Housing Integrity Improvement Project Information Sheet (RHIIIP) |
| | 'Is Fraud Worth It?' brochure |
| | Lead-Based Paint brochure and disclosure form (if applicable) |
| | Renovation Rights Construction Lead pamphlet (if applicable) |
| | Notification to Applicants regarding Social Security Number requirements and changes |
| | HUD Fact Sheet |
| | Copy of HUD 9887/9887A Consent to Release of Information |
| | HUD Form 92006 Emergency Information (on the last page of this application) <i>Place original in file; give copy to applicant.</i> |
| | Copy of Resident Selection Criteria (RSC) |
| | HUD 5380 and 5382 Notice of Occupancy Right – Certification of Domestic Violence <i>Required at Move-In (or Application Rejection)</i> |
| | HUD 27061-H Race and Ethnic Data (for all household members - at time of application) |
| | Citizenship Declaration (for all household members – at time of application) |

SIGNATURES

| | |
|------------------------------|-------|
| Applicant Signature: | Date: |
| Community Manager Signature: | Date: |



**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 protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)