



Revised 1/12/2023

**Trafalgar East Apartments  
5300 Post Road - East Greenwich, RI 02818**

**APPLICATION FOR HOUSING**

Thank you for your interest in Trafalgar East Apartments. This location is pleased to offer the following sized apartments:

- **22 Efficiency Apartments, 47 One-Bedroom Apartments, 11 Two-Bedroom Apartments**

Please be advised that in order to qualify at this location, applicants must meet certain eligibility requirements. These requirements include:

- **Household must be within the Income Limit Guidelines**

**APPLICATION INSTRUCTIONS**

1. **COMPLETE ALL SECTIONS OF THE APPLICATION.** Please read instructions carefully throughout the application, as an Incomplete Application will not be accepted. If an item does not apply to you, answer "No" on that question, or mark with a "0" if it is a dollar amount line or section.
2. **SIGNATURES** are required by all adult applicants (age 18 and older).
3. **ATTACH THE FOLLOWING ITEMS TO THE APPLICATION:**
  - **Copies of BIRTH CERTIFICATE(S)** required for everyone on the application.
  - **Copies of SOCIAL SECURITY CARD(S)** required for everyone on the application.  
Applicants **must** disclose and provide verification of the complete and accurate SSN assigned to each household member, prior to being admitted to the property. There are two exceptions to this rule: 1) those claiming ineligible, non-citizen status and 2) individuals age 62 or older as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.
  - **Copies of PHOTO IDENTIFICATION(S)** required, front and back, for everyone 18 & over, on the application.
  - **Proof of CITIZENSHIP STATUS** required for everyone on the application.  
*(Please see attached for a list of acceptable documentation for non-citizen household members)*
  - Please provide a copy of your **CURRENT Award Letter from Social Security (If Applicable)**.
4. **REASONABLE ACCOMMODATIONS,** including materials in alternate formats, may be made by contacting the site office **OR** our 504 Coordinator for Property Advisory Group at;  
Five Cathedral Square, Providence, RI 02903 – (401) 453-4455 Ext. 131
5. **RETURN YOUR COMPLETED & SIGNED APPLICATION (in person or by mail) TO:**

**Trafalgar East Apartments  
Attn: Management Office  
5300 Post Road - East Greenwich, RI 02818  
Telephone: (401) 884-3555 / Fax: (401) 541-9166**

**Trafalgar East is a Smoke Free Housing Community**





OFFICE USE ONLY:	
RECEIVED BY:	
DATE RECEIVED:	
TIME RECEIVED:	
GROSS INCOME:	
WAITING LIST:	

APPLICATION FOR HOUSING										
Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.										
A. GENERAL INFORMATION										
Applicant(s) Name(s):		First:				Middle:			Last:	
Address:	St.:			Apt#:			City:	State:	ZIP:	
Cell Phone:		Home Phone:			Email:					
Number of bedrooms in current unit:			Do you RENT		<input type="checkbox"/>	Or OWN:		<input type="checkbox"/>	<i>Indicate correct box</i>	
What is the amount of current monthly rental or mortgage payment:							\$			
If owned, do you receive monthly rental income from the property:						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<i>Indicate correct box</i>
Check utilities paid by you:		Heat	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Other (Specify)		
Approximate monthly cost of utilities paid by you (Excluding phone and cable TV)								\$		
Bedroom size requested:		Efficiency BR:	<input type="checkbox"/>	One Bedroom:	<input type="checkbox"/>	Two Bedroom:	<input type="checkbox"/>	<i>Select unit size</i>		
Do you currently have a Section 8 Housing voucher?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<i>Indicate the correct box</i>	
If yes, name the housing authority you have the voucher with:										

B. HOUSEHOLD COMPOSITION							
List ALL persons who will live in the apartment - List the Head of Household first:							
NAME	RELATIONSHIP TO HEAD	MATERIAL STATUS M-Married D-Divorced S-Single L-Legal Separation E-Estranged	BIRTH DATE	AGE	SS#	STUDENT Y/N	
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
Do you anticipate any additions to the household in the next 12 months?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:							





<b>Housing with Tax Credits:</b>						
Are ALL of the member of your household FULL TIME STUDENTS? (Currently or within 5 calendar months of the calendar year)			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			<i>CHECK ONE:</i>			
<b>IF YOU ANSWERED YES ABOVE, PLEASE ANSWER THE FOLLOWING QUESTIONS</b>						
Are any full-time student(s) married and filing a joint tax return?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any full-time student(s) a TANF/AFDC (Title IV) recipient?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any full time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have any full-time student(s) formerly received foster care assistance?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>C. INCOME</b>			
List ALL sources of income as requested below - If a section doesn't apply, write NO or \$0.00			
HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT	
	Social Security	\$	
	Social Security	\$	
	Social Security	\$	
	SSI Benefits (Federal Paid)	\$	
	SSI Benefits (Federal Paid)	\$	
	SSI Benefits (State Paid)	\$	
	SSI Benefits (State Paid)	\$	
<b>If you receive Social Security Benefits, How Do You Receive your Benefit Payments?</b> <i>Please check the box AND list household member(s) name(s) next to appropriate payment method, below:</i>			
HOUSEHOLD MEMBER NAME	METHOD OF PAYMENT - Check the correct box		
	Direct Deposit to a Bank Account (such as a Checking/Savings Acct)		
	Direct Express:		
	Representative Payee receives payment:		
	Other (Explain)		

List ALL sources of income as requested below - If a section doesn't apply, write NO or \$0.00			
HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT	
	Pension (List Source)	\$	
	Pension (List Source)	\$	
	Veteran's Benefits (List claim #)	\$	
	Veteran's Benefits (List claim #)	\$	
	Unemployment Compensation	\$	
	Unemployment Compensation	\$	



List ALL sources of income as requested below - If a section doesn't apply, write NO or \$0.00

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT	
	Title IV/TANF/AFDC/FIP/RIW (Welfare)	\$	
	TDI (Temporary Disability Insurance-State)	\$	
	Other (Describe)	\$	
	Other (Describe)	\$	
	Employment Amount	\$	
	Employer:		
	Employment Amount	\$	
	Employer:		
	Employment Amount	\$	
	Employer:		
<b>ALIMONY:</b>			
	Are you <i>entitled</i> to receive alimony?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <small>Indicate correct box</small>
	If yes, list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive alimony?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <small>Indicate correct box</small>
	If yes list the amount you receive:	\$	
<b>CHILD SUPPORT:</b>			
	Are you <i>entitled</i> to receive child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <small>Indicate correct box</small>
	If yes, list the amount you are <i>entitled</i> to receive.		
	Do you receive Child Support?		
	If yes list the amount you receive:	\$	
	Regular Recurring Cash Gifts	\$	
	Regular Recurring Non Cash Gifts	\$	
	Other Income	\$	
<b>TOTAL GROSS ANNUAL INCOME*</b> ( Total all income listed on page 2 & 3)			
*Based on: Monthly Amount(s) x 12 / Bi-Monthly Amount(s) x 24 / Weekly Amount(s) x 52 / Bi-weekly Amounts x 26 / Hourly Amount(s) x Number of Hours per week x 52		\$	
If you have been employed in the past 12 months, write YES here and discuss with manager			
Do you anticipate any changes in this in the next 12 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/> <small>Indicate correct box</small>
If yes, explain:			

### D. ASSETS

If your assets are too numerous to list here, please request an additional form.

List ALL assets as requested below.

If a section doesn't apply, write **NO** or **\$0.00**.

Direct Deposit	Debit Card For Social Security Payments	Household Member: _____	Balance \$
Direct Deposit	Debit Card For Social Security Payments	Household Member: _____	Balance \$
Direct Deposit	Debit Card For Social Security Payments	Household Member: _____	Balance \$

Type of Account	Household Member Name	Bank/Credit Union Name	Balance
Checking Accounts			\$
			\$
			\$
Savings Accounts			\$
			\$
			\$
Trust Account			\$
			\$
Certificates of Deposit (CD's)			\$
			\$
			\$
IRA, 401(k), Annuity			\$
			\$
			\$
Do you receive any monthly payments from the IRA, 401K, Annuity Account(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, how much do you receive? \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other _____			

Savings Bonds	Household Member: _____	Type/Series: _____	Maturity Date: _____	Value \$
	Household Member: _____	Type/Series: _____	Maturity Date: _____	Value \$
	Household Member: _____	Type/Series: _____	Maturity Date: _____	Value \$
Whole Life Insurance Policies	Household Member: _____	Ins. Co: _____	Cash Value \$	
	Household Member: _____	Ins. Co: _____	Cash Value \$	

Mutual Funds	Household Member: _____	Fund Name: _____	# Shares: _____	Maturity Date: _____	Interest or Dividend \$
	Household Member: _____	Fund Name: _____	# Shares: _____	Maturity Date: _____	Interest or Dividend \$
	Household Member: _____	Fund Name: _____	# Shares: _____	Maturity Date: _____	Interest or Dividend \$
Stocks	Stock Name: _____	# of Shares: _____	Value: \$ _____	Dividend Paid: \$ _____	
	Stock Name: _____	# of Shares: _____	Value: \$ _____	Dividend Paid: \$ _____	
Deed of Trust	Name: _____	Value \$: _____	Date of Value: _____	Payments: \$ _____ per _____	
	Describe: _____				



<b>Real Estate Property:</b>	<b>Do you own any property?</b>	(Circle one)	Yes	No
<i>If yes, Type of property:</i>				
Location of property:				
Appraised Market Value:			\$	
Mortgage or outstanding loans balance due:			\$	
Amount of annual insurance premium:			\$	
Amount of most recent tax bill:			\$	

Have you sold/disposed of any property in the last 2 years? (Circle one)	Yes	No
<i>If yes, Type of property:</i>		
Market value when sold/disposed:		\$
Amount sold/disposed for:		\$
Date of transaction:		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	(Circle one)	Yes	No
<i>If yes, describe the asset:</i>			
Date of disposition:			
Amount disposed:			\$

Do you have any other assets not listed above (excluding personal property)? (Circle one)	Yes	No
<i>If yes, please list:</i>		

<b>E. ADDITIONAL INFORMATION</b>		
(Circle one)		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe</i>		
Are you or any household members, subject to a lifetime sex offender registration requirement, in any state?	Yes	No
<i>If yes, which member(s) &amp; what state(s)?</i> Member(s): _____ State(s): _____ Member(s): _____ State(s): _____		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you had any pest/infestation issues anywhere you lived in the past 6 months?	Yes	No
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Have you ever rented a federally-subsidized apartment?	Yes	No
<i>If yes, list dates here:</i> FROM: _____ TO: _____		



**F. REFERENCE INFORMATION (Attach sheet(s) if necessary)**  
**THIS SECTION MUST BE COMPLETE FOR AT LEAST THE PAST 5 YEARS**

<b>Current Residence</b>	Landlord Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	FROM: ___ - ___ - _____ TO: <b>PRESENT</b>
	Current lease term:	FROM: ___ - ___ - _____ TO: ___ - ___ - _____
<b>Prior Residence</b>	Apartment address:	
	Landlord Name:	
	Landlord's Address:	
	LL Phone Number(s):	
	Dates Rented:	FROM: ___ - ___ - _____ TO: ___ - ___ - _____
<b>Prior Residence</b>	Apartment address:	
	Landlord Name:	
	Landlord's Address:	
	LL Phone Number(s):	
	Dates Rented:	FROM: ___ - ___ - _____ TO: ___ - ___ - _____
<b>Prior Residence</b>	Apartment address:	
	Landlord Name:	
	Landlord's Address:	
	LL Phone Number(s):	
	Dates Rented:	FROM: ___ - ___ - _____ TO: ___ - ___ - _____

**G. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. (If none, write NONE)

Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets or service animals? <span style="float: right;">(Circle one)</span>	Yes	No
<i>If yes, describe animal, including current weight and weight at maturity:</i>		



PLEASE LIST ALL STATES IN WHICH ALL HOUSEHOLD MEMBERS HAVE LIVED IN THEIR LIFETIME:

Household Member Name:

States Lived in:

_____	_____
_____	_____
_____	_____

**CERTIFICATION**

I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

All adult applicants, 18 or older, must sign application. By signing below, you authorize the management agent and its employees to run criminal background checks including the sex offender registry, credit reports, and to contact landlords.

*"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 uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."*

**SIGNATURE (S):**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Property Advisory Group and MG Apartments, LP does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the admission access, treatment, or employment in any programs or activities. Property Advisory Group and MG Apartments, LP- Fair Housing Specialist, at 5 Cathedral Square Providence, RI 02903 or 401-453-4455 or T11 (TTY accessible), has been designated to coordinate Limited English Proficiency and compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24 CFR, part 8 dated June 2, 1988).

**EQUAL HOUSING OPPORTUNITY**





**AUTHORIZATION TO OBTAIN CONSUMER REPORT**  
***To be signed by All Adult Household Members***

I hereby authorize **Trafalgar East Apartments** to obtain Consumer Reports and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, drugs, marijuana, rental history, employment/salary detail, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with the rental or lease of a residence for which application was made.

I hereby release **Trafalgar East Apartments** and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation, various law enforcement agencies.

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Applicant Signature

Date

---

Co-Applicant or Spouse Signature

Date

---

Other Household Member (Age 18 or older)

Date

---

Other Household Member (Age 18 or older)

Date

*Property Advisory Group and MG Apartments, LP does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the admission access, treatment, or employment in any programs or activities. Property Advisory Group and MG Apartments, LP- Fair Housing Specialist, at 5 Cathedral Square Providence, RI 02903 or 401-453-4455 or 711 (TTY accessible), has been designated to coordinate Limited English Proficiency and compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24 CFR, part 8 dated June 2, 1988).*

EQUAL HOUSING OPPORTUNITY





PROPERTY ADVISORY GROUP  
TRAFALGAR EAST APARTMENTS  
5300 POST RD - EAST GREENWICH, RI 02828  
P. (401) 884-1225 F. (401) 541-9165

**Form HUD - 27061-H**

**RACE AND ETHNIC DATA  
REPORTING FORM**

**Race and Ethnic Data  
Reporting Form**

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
Exp. 06/30/2017

Trafalgar East Apartments

5300 Post Road East Greenwich, RI 02818

Name of Property

Project No.

Address of Property

Property Advisory Group

LIHTC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

X		X	
	Name of Head of Household		Name of Household Member
	Date (mm/dd/yyyy)	X	

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

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

<b>Signature</b>	X	
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Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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5300 POST ROAD - EAST GREENWICH, RI 02818  
P. (401) 884-3555 F. (401) 541-9166

**Form HUD - 92006 -**

**SUPPLEMENT TO APPLICATION  
FOR FEDERALLY ASSISTED  
HOUSING**

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"/> Late payment of rent	<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>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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 activities.

## ACCEPTABLE FORMS OF VERIFICATION FOR NON-CITIZENS

Any household member that is **not** a United States Citizen will need to provide one of the following documents:

- 1) **Form I-551** – Alien Registration Receipt Card (for permanent resident aliens).
- 2) **Form I-94** – Arrival-Departure Record, with one of the following annotations:
  - a) “Admitted as Refugee Pursuant to Section 207”;
  - b) “Section 208” or “Asylum”;
  - c) “Section 243(h)” or “Deportation stayed by Attorney General”;
  - d) “Paroled Pursuant to Sec. 212(d)(5) of the INA”.
- 3) If **Form I-94**, Arrival Departure Record is not annotated, it must be accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
  - c) A court decision granting withholding of deportation; or
  - d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4) **Form I-668**, Temporary Resident Card, which must be annotated “Section 245A” or Section 210”.
- 5) **Form I-688B**, Employment Authorization Card, which must be annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12”.
- 6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
- 7) **Form I-151**, Alien Registration Receipt C