LAKE COUNTY HOUSING ASSISTANCE OFFICE

Housing Assistance Programs Provided by:
Lake County Community Housing Organization and City of Ronan Housing Authority
111 – 2nd Avenue SW PO Box 146 Ronan MT 59864
Telephone: 406-676-5900 TTY-TDD: 711 Fax: 406-676-5903
E-mail: housing@ronan.net http://www.lakecountyhousing.org

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION

Applicant Name: _____

Date & Time Application Received in Office: _____

Application Received in Office by: _____

APPLICANT'S INFORMATION

(IMPORTANT: *DO NOT* TEAR THIS SHEET OFF OF THE APPLICATION)

PLEASE READ CAREFULLY

WHEN FILLING OUT THE APPLICATION PLEASE PRINT CLEARLY AND DO NOT LEAVE ANY QUESTIONS BLANK!

To be considered for housing, you must complete the application completely and return it to the Housing Office **along with verification of your income and current phone numbers for references, including previous landlords and creditors.** The Housing Office **cannot** accept an application that is not complete, so please do not leave any questions unanswered. **All** references will be checked. Applications must be updated every six months or you will be removed from the waiting list. All applicants must also attend a Tenant Education class, and you will be notified by mail when it is your turn to attend (attending does not guarantee you assistance, nor does it mean there is an opening).

Remember to sign the application wherever asked. The person(s) who signs the application should be the same person(s) who would sign the lease as head of household and/or spouse/co-applicant if you are selected. When signing the application, you are certifying that the information is correct. You also give the Housing Office permission to contact your employer or other sources of income to verify your income information. **Please sign the attached "Authorization to Release Information" forms**. Credit checks will be implemented to verify any past due rental amounts and utilities that are owed to another housing authority, landlord or utility company in connection with Section 8, TBRA Programs or any other low-rent housing program to conform with the family obligations, and any utilities owed. **Also, a Criminal background screening will be done. All adult family members will be required to sign the consent form attached.**

In order to qualify for **most** programs offered through the Housing Office, your total gross annual household income (gross means before taxes or any other deductions taken out) may not exceed 60% of the median household income for Lake County as established by the Federal Office of Housing and Urban Development (HUD) (See attached *Income Guidelines*). Selection is made from a waiting list that is maintained on a first-come, first-served basis utilizing the date and time your application is received, and income eligibility is verified. Income will be verified prior to initial occupancy to determine qualification for the unit. When your name is next on the waiting list, you will be notified by mail, so it is important that you keep us informed of any address changes.

The following programs are administered through the Lake County Housing Assistance Office:

- **HUD Section 8 Vouchers:** Offered within a 10 mile radius of Ronan, Montana. You can receive assistance where you are currently living if within the jurisdiction or you can find another place.

- **Apartments:** One, two and three-bedroom apartments for low-income families, elderly (62 years of age or over) and handicapped persons. There are twenty-four (24) units located in Polson (23 of them come with rental assistance); forty-eight (48) units located in Ronan. In the Main Street Apartments there are eight (8) units that are Tax Credit housing which means your entire family cannot be students and income eligible to live there. Twenty-one (21) of the 48 units in Ronan are elderly/handicapped/disabled that come with rental assistance and eight (8) elderly/handicapped/disabled units located in St. Ignatius come with rental assistance provided by USDA Rural Development. Four (4) units are located in Charlo - one (1) with a 50% of AMI income limit and three (3) with an 120% of AMI income limit. All four Charlo apartments are handicapped visitable, and one unit is 100% ADA accessible. Should you accept a unit in the housing program, you will be required to pay a Security Deposit equal to the basic rent (as calculated by Rural Development), and the first month's rent prior to occupancy as well as having the power placed in your name. Mission Valley Power may require a deposit. We also manage the Sparrow Lane housing in Pablo. There are two phases with eighteen (18) 3-bedroom houses each for a total of 36 houses. These are Tax Credit houses which means your entire household cannot be made up of students and income eligible to live there. They do not come with rental assistance. Depending on the unit's designation of 50% or 60% Income Limit, the rents are $525.00 and $625.00 respectively with a required Security Deposit of $550, regardless of the rent amount.

LAKE COUNTY HOUSING ASSISTANCE OFFICE
P.O. Box 146 / 111 – 2nd Avenue SW / Ronan, MT 59864
Telephone: 406-676-5900 Fax: 406-676-5903 TTY-TDD: 711
E-Mail: housing@ronan.net http://www.lakecountyhousing.org

EQUAL HOUSING OPPORTUNITY

NOTICE TO APPLICANTS

PLEASE READ AND SIGN THIS PAGE PRIOR TO COMPLETING THE ATTACHED APPLICATION.
PLEASE KEEP THIS PAGE ATTACHED TO APPLICATION!

Federal regulation establishes administrative procedures for imposing civil penalties and assessments against persons who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants or public housing programs, including tenants and homebuyers. The *Program Fraud Remedies* regulations apply to any person or persons who misrepresents or omits information from applications for housing, income verifications, re-examination of information, family compositions or ages of family members, etc., they may be investigated by the HUD Inspector General and they may be subject to the following penalties:

1. **Up to $5,000 for filing such a claim; or**
2. **Up to $5,000 plus up to twice the amount of benefits which were fraudulently received; and**
3. **In any case, whether or not benefits were actually received by the individual/family, or any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)**

Some of the areas where such fraud may occur:

~ **Families reporting less than all sources of income, (e.g., only reporting husbands income when both spouses are working; or not reporting all or part of part-time income or other seasonal income).**

~ **Families listing more dependents than are eligible or who live in the household.**

~ **Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.**

~ **Families not reporting all assets, such as bank accounts, real estate/homes owned.**

"I have read and understand these regulations."

_____ _____
Head of Household's (Applicant's) Signature **Date**

_____ _____
Spouse/Co-Applicant's Signature **Date**

LAKE COUNTY HOUSING ASSISTANCE OFFICE
P.O. Box 146 / 111 – 2nd Avenue SW / Ronan, MT 59864
Telephone: 406-676-5900 Fax: 406-676-5903 TTY-TDD: 711
E-Mail: housing@ronan.net http://www.lakecountyhousing.org

EQUAL HOUSING OPPORTUNITY

PLEASE PRINT CLEARLY (Use Dark Blue or Black Ink, and DO NOT leave anything Blank)

Name: _____ Soc. Sec. #: _____

Spouse's/Co-Tenant's Name: _____ Soc. Sec. #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: (Home):_____ (Work):_____

(Message): _____ (Cell): _____

Current Rent: $_____ Utilities: $_____ (Heat, Lights, Water, Sewer)

Personal Information: Age: _____

Are you a U.S. Citizen? Yes ☐ No ☐

If No, Alien Registration #:_____ Country: _____

Type of Housing Assistance Requested (Check all that apply):

Location (Check Box)	Family Housing (Our Apts.)	Elderly Housing (62 or Older, or Handicapped or Disabled)	Handicapped Accessible	Rental Assistance in Private Housing (Section 8)
☐ Polson	☐	☐	☐	
☐ Pablo	☐	☐	☐	☐
☐ Ronan	☐	☐	☐	☐
☐ Charlo ****100% Non Smoking****	☐	☐	☐	☐
☐ St. Ignatius	☐	☐	☐	
Do you prefer: o Smoking o Non-Smoking				

Minimum Number of Bedrooms Needed (Please check only one box):

☐ 1 ☐ 2 ☐ 3

Do you or any other members of your household require special accommodations in your housing such as no stairs, wheel chair accessibility, etc? Yes ☐ No ☐ If yes, what accommodations are required?

_____

Explain your present living arrangements: _____

_____

Are you about to be without housing? Yes ☐ No ☐ If Yes, When? _____

If Yes, explain reason: _____

_____

Is your current dwelling substandard? Yes ☐ No ☐ If Yes, explain reason: _____

_____

Have you ever lived in Public Housing or received any other Housing Assistance?

Yes ☐ No ☐ If Yes, from Whom and When? _____

Have you ever been evicted? Yes ☐ No ☐ If Yes, when? _____

Do you owe any landlord or utility company money? Yes ☐ No ☐ If Yes, how much? _____

Have you made any payment arrangements with them? Yes ☐ No ☐ N/A ☐

Persons Who Will be Living in the Household (HH) Unit: Please enter yourself first (applicant)

Family Number (1-8)	Name: *First, Middle Initial, Last*	Relationship to Head of Household	Social Security Number	Sex: M/F	Birth date: Month, Date, Year	Full-Time Student: Y/N		
1								
2								
3								
4								
5								
6								
7								
8								

INCOME

"Income" is defined on the attached "Income Guidelines", and must be stated for each member of the household, age 18 and over.

Wage or pay period (How often received): Multiply GROSS INCOME by:

Hourly..... 2,080
Daily (assuming 5 day work week) 260
Weekly 52
Bi-Weekly (every 2 weeks) 26
Semi-Monthly 24
Monthly 12

Family Number (corresponds with listing of members in the household)	Name of Income Source (Name of Employer, Assistance Program, Etc.	GROSS INCOME Per Pay Period (Before Deductions)	Multiply By Put # Multiplying by (Use Chart Above)	TOTAL ANNUAL GROSS INCOME
			GRAND TOTAL	

Please list all Assets (See Attachment for list of different types of Assets):

Type:	$ Value:	Location:
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____

REFERENCES: Please provide three creditors, must include your current and previous landlords. Information must include name, address w/city, phone number. (Provide account # if applicable):

	Name:	Address: (include city & state & Zip)	Phone:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

What assistance is the family currently receiving (Check all that apply)?

☐ AFDC ☐ UNEMPLOYMENT ☐ SOCIAL SECURITY ☐ TANF

☐ SSI ☐ SSD ☐ FOOD STAMPS ☐ FUEL ASSISTANCE ☐ OTHER (Name): _____

"I declare that the information that I have provided is full, true and complete to the best of my knowledge and are given under the penalty of perjury. I hereby authorize for obtaining any and all information necessary for the purpose of verifying the statements made. Furthermore, I also hereby grant permission to release information necessary in assisting me in obtaining other services for which I may be eligible."

_____ _____
Head of Household's Signature Date

_____ _____
Spouse/Co-Applicant's Signature Date

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity (Select only one): ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Race (Select only one):

☐ 1. American Indian/Alaska Native

☐ 2. Asian

☐ 3. Black or African American

☐ 4. Native Hawaiian or Other Pacific Islander

☐ 5. White

Gender: ☐ Male ☐ Female

Information about Your Income and Assets

THIS IS FOR INFORMATION PURPOSES ONLY, YOU DON'T NEED TO TURN IN ANY VERIFICATIONS WHEN YOU APPLY FOR HOUSING, THOSE WILL BE REQUESTED LATER

Changes in household income, family composition & child care expenses in the amount of $100.00 or more per month must be reported to the Ronan Housing Authority **within 10 days of the date of the change**. A re-certification appointment will be scheduled to determine your portion of the rent.

1. **Employment Income** For every member of your family who works, provide the following information:

   Name, address, and telephone number of the employer. Current rate of regular pay & overtime pay & the number of hours per week normally worked. Information about any changes you expect in your pay or the number of hours worked during the next twelve months. Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.

   Self-Employment: Last year's income tax, current year's earnings and expenses.

2. **Benefits and Support Income** If any member of your family receives any of the following types of income, provide name, address & telephone number of the source of the income, & information about the amount received:

   Unemployment Compensation
   Social Security
   Supplemental Social Security
   Social Security Disability
   Welfare or other public assistance
   Regular support from family members or friends
   Alimony
   Child Support
   Pension
   Disability Income
   Other

3. **Amounts in Savings and Checking Accounts** (including Christmas Clubs, Certificates of Deposit, IRA & Keogh Accounts, etc.) provide the account number for all accounts & the balance in your accounts.

4. **Real Estate You Own** Provide information about the current value of the property. If you own property & rent item provide the address of the property, information about how much income you receive & what expenses you have for the property. (Last year's Schedule E from your income tax forms has this information.)

5. **Stocks, Bonds, Trusts, Other Investments** Provide account numbers & statements on value of investments & information about income from investments.

6. **Life Insurance Policies** Provide name of company & policy numbers.

7. **Educational Grants and Scholarships** If any member of your family receives an educational grant or scholarship, provide information about the amount of the assistance & the purposes for which the assistance can be used, & the name, address & telephone number of the institution providing the assistance.

8. **Other Income** For any other type of income your family has, provide the name, address & telephone number of the source of the income & information about the amount of the income.

9. **Recreational Vehicles**: Are considered assets, but regular cars are not.

LAKE COUNTY HOUSING ASSISTANCE OFFICE
P.O. Box 146 / 111 – 2nd Avenue SW / Ronan, MT 59864
Telephone: 406-676-5900 Fax: 406-676-5903 TTY-TDD: 711
E-Mail: housing@ronan.net http://www.lakecountyhousing.org

EQUAL HOUSING OPPORTUNITY

2015 INCOME GUIDELINES

(Effective 3/6/2015)

(30% OF MEDIAN INCOME)

FAMILY SIZE	INCOME LIMIT
1	$12,600
2	$15,930
3	$20,090
4	$24,250
5	$28,410
6	$32,570
7	$36,730
8	$39,550

(50% OF MEDIAN INCOME)

FAMILY SIZE	INCOME LIMIT
1	$21,000
2	$24,000
3	$27,000
4	$29,950
5	$32,350
6	$34,750
7	$37,150
8	$39,550

(60% OF MEDIAN INCOME)

FAMILY SIZE	INCOME LIMIT
1	$25,200
2	$28,780
3	$32,360
4	$35,940
5	$39,520
6	$43,100
7	$46,680
8	$50,260

(80% OF MEDIAN INCOME)

FAMILY SIZE	INCOME LIMIT
1	$33,550
2	$38,350
3	$43,150
4	$47,900
5	$51,750
6	$55,600
7	$59,400
8	$63,250

LAKE COUNTY HOUSING ASSISTANCE OFFICE
P.O. Box 146 / 111 – 2nd Avenue SW / Ronan, MT 59864
Telephone: 406-676-5900 Fax: 406-676-5903 TTY-TDD: 711
E-Mail: housing@ronan.net http://www.lakecountyhousing.org

Authorization for the Release of Information

I/We authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

USDA, Rural Development, Rural Housing Services
Low-Income Rental Indian Housing
Low-Income Rental Public Housing
Low-Income Housing Tax Credit
Section 8 Housing Assistance Payments Program
Tenant-Based Rental Assistance (TBRA) Program
First-Time Homebuyer Program

I/We authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs:

Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, income, Pensions and Assets
Federal, State, Tribal or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Social Security Benefits
Residences and Rental History
Child Support Benefits
Student Status
Utilities
Medical Expenses
Social Security Numbers

Individuals or Organizations that May Release Information:

Governmental Organizations
Law Enforcement Agencies
Utility Companies
Financial Institutions
Pharmacies
Physicians/Dentists
Landlords
Mortgage Companies
Credit Bureau
Employers
Schools
Insurance Companies

Conditions:

I/We agree that photocopies of this authorization may be used for the purpose stated above. I/We also understand that this authorization will be in effect for the term of assistance received.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

I/We understand that this form will remain valid as long as my/our application is active on the waiting list.

_____
Signature, **Head of Household**

_____
Signature, **Co-Tenant**

_____
Print name, **Head of Household** & Date

_____
Print name, **Co-tenant** & Date

_____
Social Security number of Head of Household

_____
Social Security number of Co-Tenant

_____
Physical address of unit

_____
City

LAKE COUNTY HOUSING ASSISTANCE OFFICE
P.O. Box 146 / 111 – 2nd Avenue SW / Ronan, MT 59864
Telephone: 406-676-5900 Fax: 406-676-5903 TTY-TDD: 711
E-Mail: housing@ronan.net http://www.lakecountyhousing.org

EQUAL HOUSING OPPORTUNITY

Law Enforcement Records Check Consent Form

Last Name _____ First Name_____ M.I. _____

Maiden or other names used _____ Sex _____

Ethnicity: ☐ Hispanic Non-Hispanic

Race (Select only one): ☐

- ☐ 1. White
- ☐ 2. Black or African American
- ☐ 3. Asian
- ☐ 4. American Indian *or* Alaskan Native
- ☐ 5. Native Hawaiian *or* Other Pacific Islander
- ☐ 6. American Indian or Alaskan Native *and* White
- ☐ 7. Asian *and* White
- ☐ 8. Black or African American *and* White
- ☐ 9. American Indian or Alaskan Native *and* Black or African American
- ☐ 10. Other Multi-racial (balance of individuals reporting more than one race)

Date of Birth _____ Social Security # _____

Driver's License or ID card number _____ State _____

Alien Registration #:_____ Country: _____

The Lake County Housing Assistance Office applicant screening policy states that any applicant can be denied assistance if they have been *arrested or convicted* of a drug-related crime, crime of violence, crime against persons or exhibit a history of alcohol abuse or any other activity that could be a potential hazard to other tenants.

I/We authorize the Lake County Housing Assistance Office to obtain a record of my criminal history. I/We understand that this form will remain valid as long as my/our application is active on the waiting list.

_____ _____
Signature Date

FOR OFFICE USE ONLY

Processor _____

Date Record Searched: _____Record: ☐ Yes ☐ No ☐ Warrant ☐ Protective order

LAKE COUNTY HOUSING ASSISTANCE OFFICE
P.O. Box 146 / 111 – 2nd Avenue SW / Ronan, MT 59864
Telephone: 406-676-5900 Fax: 406-676-5903 TTY-TDD: 711
E-Mail: housing@ronan.net http://www.lakecountyhousing.org

Law Enforcement Records Check Consent Form

(If more than 1 adult in the household)

Last Name _____ First Name_____ M.I. _____

Maiden or other names used _____ Sex _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race (Select only one):

☐ 1. White

☐ 2. Black or African American

☐ 3. Asian

☐ 4. American Indian *or* Alaskan Native

☐ 5. Native Hawaiian *or* Other Pacific Islander

☐ 6. American Indian or Alaskan Native *and* White

☐ 7. Asian *and* White

☐ 8. Black or African American *and* White

☐ 9. American Indian or Alaskan Native *and* Black or African American

☐ 10. Other Multi-racial (balance of individuals reporting more than one race)

Date of Birth _____ Social Security # _____

Driver's License or ID card number _____ State _____

Alien Registration #:_____ Country: _____

The Lake County Housing Assistance Office applicant screening policy states that any applicant can be denied assistance if they have been *arrested or convicted* of a drug-related crime, crime of violence, crime against persons or exhibit a history of alcohol abuse or any other activity that could be a potential hazard to other tenants.

I/We authorize the Lake County Housing Assistance Office to obtain a record of my criminal history. I/We understand that this form will remain valid as long as my/our application is active on the waiting list.

_____ _____
Signature Date

FOR OFFICE USE ONLY

Processor _____

Date Record Searched: _____Record: ☐ Yes ☐ No ☐ Warrant ☐ Protective order

November 2004

Things You Should Know

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

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties For Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be:

Evicted from your apartment or house
Required to repay all overpaid rental assistance you received
Fined up to $10,000
Imprisoned for up to 5 years and/or
Prohibited from receiving further assistance

Your state and local governments may have other laws and penalties as well.

Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your questions or find out what the answer is.

Completing The Application

When you answer application questions, you must include the following information:

Income

- All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, or certificates of deposit, dividends from stock, etc.)
- Earning from second job or part time jobs
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by your and any adult member of your family's household who will be living with you.

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

Signing the Application

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

Re-certifications

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

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

Beware of Fraud

You should be aware of the following fraud schemes:

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

Reporting Abuse

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

HUD-OIG HOTLINE (GFI)
451 Seventh Street S.W.
Washington, DC 20410

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant	**Date**