



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:</b> (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	
<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.

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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.

**I. HOUSEHOLD COMPOSITION**



List below all persons who will be staying in your home, listing head of household first.

**Race Codes**  
 (If multi-racial, you may use more than one code)

1. White	4. Asian
2. African American	5. Native Hawaiian/ Other Pacific Islander
3. American Indian/ Alaska Native	

1.	Legal Name (First, Middle, Last)	Age	Date of Birth	Relation to Head of Household	Social Security Number	Sex (optional)	Race (use code)	Hispanic Y/N	Marital Status	U.S. Veteran Y/N	For Office Use Only		
											BC	SSC	214
1.			/ /	HEAD							BC	SSC	214
2.			/ /								BC	SSC	214
3.			/ /								BC	SSC	214
4.			/ /								BC	SSC	214
5.			/ /								BC	SSC	214
6.			/ /								BC	SSC	214
7.			/ /								BC	SSC	214
8.			/ /								BC	SSC	214
9.			/ /								BC	SSC	214

Maiden Name of female adult household member(s): \_\_\_\_\_

Other Names/Social Security #'s used by any/all household members: \_\_\_\_\_

Explain: \_\_\_\_\_

**II. EMPLOYMENT**



Enter earned income that any household member will have **within the next year or had in the past year.**

List most current first.

**Office Income Calculation  
(Office Use Only)**

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Subtotal:

**IV. ASSETS**



List all assets currently held by all household members and the cash value of each.

**Do you or anyone in your household have:**

Yes	No	Type	Bank/Source	Owner of Account	Account #	Current balance/value
		Checking Account				
		Savings Account				
		Certificates of Deposit				
		Any Stocks Bonds, or Mutual Funds				
		Retirement (401K, IRA)				
		Life Insurance			Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole	
					Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole	
		Cash				
		Savings Bonds				
		Relia, Direct Express or payroll card				
		List any accounts not described above.				

**VI. CRIMINAL AND DRUG-RELATED ACTIVITY**



**Answer for ALL Household Members REQUIRED TO COMPLETE**

1. Are you or any other household member a current user or been arrested, ticketed, charged or convicted of possession, using, dealing or manufacturing a controlled substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Have you or any household member been convicted of methamphetamine production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Are you or any household member currently on probation or parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Has any household member been arrested, charged, ticketed or convicted of any of the following? Please include both misdemeanors and felonies.			
Drug related activity including:	Yes	No	
Sale	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault
Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	Sex offender: Is anyone required to register on any state sex offender registry?
Possession	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse/molestation
Use of illegal controlled substances	<input type="checkbox"/>	<input type="checkbox"/>	Burglary
Alcohol related activity including:	Yes	No	
Driving under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Larceny
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Robbery
Murder/Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Vandalism
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Arson
Assault	<input type="checkbox"/>	<input type="checkbox"/>	Disturbing the peace/disorderly conduct
			Other: _____

**Office Use Only**

\_\_\_\_\_ Verification

If yes was answered to the questions above, complete the following. **If you have more than two incidents provide the remaining information on a separate piece of paper.**

a. Who was charged or convicted?	b. What crime was the charge or conviction for?		
c. When was the charge or conviction? Month: _____ Year: _____	d. Were any of the crimes drug related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Where did it occur? City: _____ County: _____ State: _____			
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. If yes, please name the facility: _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Do you have a certificate of completion/graduation? If yes, please provide.		<input type="checkbox"/>	<input type="checkbox"/>

a. Who was charged or convicted?	b. What crime was the charge or conviction for?		
c. When was the charge or conviction? Month: _____ Year: _____	d. Were any of the crimes drug related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Where did it occur? City: _____ County: _____ State: _____			
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. If yes, please name the facility: _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Do you have a certificate of completion/graduation? If yes, please provide.		<input type="checkbox"/>	<input type="checkbox"/>

## VIII. RIGHTS AND RESPONSIBILITIES

I/We certify that all information given to the Lincoln Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements I/we give to the Housing Authority may be punishable under Federal Law. I/We also understand that false statements or information will be grounds for denial of your application, termination of housing assistance and/or termination of tenancy.

I/We understand that this is an application for assistance and signing this application does not bind the Housing Authority to offer rental assistance nor does it bind me/us to accept any assistance offered.

I/We have no objection to inquiries for the purpose of verifying the facts herein stated.

I/We have received, read and understand the HUD fact sheet "Applying for HUD Housing Assistance."

I/We authorize you to verify the above information through a consumer reporting agency. (This agency is Tenant Data Services Inc. (800) 228-1837. The function of this agency is to track and maintain records such as your resident conduct and personal credit history. Tenant Data Services Inc. also will obtain a credit report on all applicants for Lincoln Housing Authority owned/managed properties.)

**Authorization to Release Information**

Your signature on this form and the signature of each member of your household who is 18 years of age or older authorizes the Housing Authority of the City of Lincoln, NE, to use this authorization and the information obtained with it, to administer and enforce rules and policies.

Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, educational institutions, Veterans Affairs, Social Service Agencies, utility companies, unemployment benefits, pensions/annuities, child care providers, neighbors and the U.S. Post Office.

By signing this form, I authorize the above persons, firms or corporations to make available any documents or record to the Housing Authority of the City of Lincoln for inspection and copying.

Signature of Head of Household	Print Name	Date
Signature of Spouse/Co-Applicant	Print Name	Date
Signature of Other Adults	Print Name	Date
Signature of Other Adults	Print Name	Date
Signature of Other Adults	Print Name	Date

## LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քառակուսում, եթե խոսում կամ կարողում եք հայերեն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/>	Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/>	如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/>	如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/>	Mark this box if you read or speak English.	11. English
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بنید.	12. Farsi
<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungarian