

**MORRISTOWN HOUSING AUTHORITY****Recertification Form**

The head of household and/or the co-head should complete this form. Please be sure to answer all of the questions

Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**1. List all information on the occupants of the household (Adults and children who will be staying with you)**

<i>OCCUPANT (First, MI, Last Name)</i>	<i>*RACE &amp; ETHNICITY (see chart below)</i>	<i>RELATIONSHIP</i>	<i>SOCIAL SECURITY NUMBER</i>	<i>DATE OF BIRTH</i>	<i>STUDENT Y/N</i>	<i>MARITAL STATUS</i>

**\*Race: 1-White, 2- Black or African American 3- American Indian/Alaskan Native 4- Asian/Pacific Islander**      **\*Marital Status: S - Single (never been married), M - Married, D - Divorced, L - Legally Separated, W - Widowed**

**2. Are changes in family composition anticipated? If yes, please give brief explanation and anticipated date(s):** YES ☐ NO ☐**3. WORKING: Is Anyone working or planning to start work in the next 12 months? YES ☐ NO ☐**

If yes, complete the portion below: (If self-employed, please provide a ledger of income and expenses)

Household Member	Occupation	Hourly Rate	Hours per Week
Employer's name	Address	City, State, Zip	Phone
Circle if you receive any of the following: Overtime, Tips, Bonus or Commission? Amount \$ _____			

Household Member	Occupation	Hourly Rate	Hours per Week
Employer's name	Address	City, State, Zip	Phone
Circle if you receive any of the following: Overtime, Tips, Bonus or Commission? Amount \$ _____			

Household Member	Occupation	Hourly Rate	Hours per Week
Employer's name	Address	City, State, Zip	Phone
Circle if you receive any of the following: Overtime, Tips, Bonus or Commission? Amount \$ _____			

(Ask if additional pages are needed)

**4. Does anyone, including children, receive or expect to receive money from any source listed below? (ANSWER EACH QUESTION)**

Item	YES	NO	Amount	Item	YES	NO	Amount
TANF (Families First)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Case# _____			
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Interest/Asset	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Pension/Retirement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Cash	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____				

**5. List all FULL-TIME students 18 years or older:**

Student Name	Name and Address of School
Student Name	Name and Address of School

**6. List all checking and savings accounts (including IRA's, stocks, bonds, Keogh accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.**

<i>FAMILY MEMBER</i>	<i>FINANCIAL INSTITUTION</i>	<i>ACCT #</i>	<i>TYPE OF ACCT.</i>	<i>CURRENT BALANCE</i>

**7. Do you employee the services of a CARE PROVIDER for a child (12 years or under) or for a DISABLED PERSON?** YES ☐ NO ☐

1. Care Provider Name: \_\_\_\_\_ Amount Paid: (circle one) WEEKLY or MONTHLY \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Care Provider Name: \_\_\_\_\_ Amount Paid: (circle one) WEEKLY or MONTHLY \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**8. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money?** YES ☐ NO ☐ If yes, please explain: \_\_\_\_\_

**9. Do you have a live-in aide?** YES ☐ NO ☐ If yes, list name: \_\_\_\_\_

**Do you pay for this service yourself?** YES ☐ NO ☐ If yes, list amount: \$ \_\_\_\_\_

**10. Medical Expenses (ELDERLY, HANDICAPPED, OR DISABLED FAMILIES ONLY)**

If the head of household or the spouse of the head of household is: a. 62 years of age or older; b. handicapped, AND if any houshold member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed. (LIST: NAME, ADDRESS, PHONE)

Pharmacy or Provider Name	Address	Phone
Pharmacy or Provider Name	Address	Phone
Pharmacy or Provider Name	Address	Phone

**ANSWER EACH QUESTION**

	YES	NO	If Yes, list members
<b>11. Do you own a home or other real estate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>12. Are you a Veteran of the United States?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>13. Do you have Foster Children?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>14. Do you have a "Whole Life" Insurance policy?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>15. Is any household member receiving lottery winnings?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>16. Have you sold any business or assets in last 2 years for less than full value?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>17. Do you have a vehicle?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list Model/Year/Tag # _____			
<b>18. Are there any children 6 years and under who have an elevated blood level of lead?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>19. Are any household members subject to a lifetime state sex offender registration program in any state?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: _____			

**20. Did you or any houshold member file a federal income tax return last year?** YES ☐ NO ☐

I/We certify that the information given to Morristown Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements are grounds for termination of assistance.

**\*\*WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

\*after verification by the PHA, the information will be submitted to HUD on form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information about its use.)

I certify that the above information is complete and accurate. I hereby authorize the Housing Authority to verify any information regarding criminal activity, including obtaining a consumer or investigative report.

Signature of Head of Household \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-head \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If form is completed by a person other than participant, please sign and complete representative information:**

Print Name	Signature	Date
Address	City, State, Zip	Phone

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

Morristown Housing Authority  
P.O. Box 497  
Morristown, TN 37815-0497

HA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing Turnkey  
III Homeownership Opportunities Mutual  
Help Homeownership Opportunity Section  
23 and 19(c) leased housing Section 23  
Housing Assistance Payments HA-owned  
rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

## **Important Information for Applicants/Tenants and/or Program Participants**

### **Reasonable Accommodation**

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact/notify the MHA. A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. Since rules, policies, practices and services may have a different effect on persons with disabilities than on other persons, treating persons with disabilities exactly the same as others will sometimes deny them an equal opportunity to use and enjoy a dwelling (Joint Statement of the Department of HUD and Justice: Reasonable Accommodations under the Fair Housing Act).

Federal regulations stipulate that requests for accommodations will be considered reasonable if they do not create an “undue financial and administrative burden” for the MHA, or result in a “fundamental alteration” in the nature of the program or service offered. A fundamental alteration is a modification that alters the essential nature of a provider’s operations.

Persons requesting a reasonable accommodation may do so by contacting MHA office personnel at 423-586-5115 or in writing to P.O. Box 497, Morristown, TN 37815-0497.

### **VAWA -Violence Against Women Act**

VAWA’s primary objective is to reduce violence against women (or men) and to protect, or increase the protection of, the safety and confidentiality of women (or men) who are victims of abuse. VAWA prohibits public housing agencies (PHAs) from denying public housing or housing choice voucher assistance because an applicant has been a victim of domestic violence or stalking, provided that such person is otherwise qualified for admission/participation. VAWA also prohibits private landlords from refusing to rent to an individual because the person is a victim. VAWA ensures that victims of abuse in public housing or subsidized housing will not risk homelessness when they seek assistance to end a violent relationship. The MHA or subsidized landlords can request proof that the applicant/tenant is a victim. The victim has 14 business days to provide such documentation or proof. If you are a victim of domestic violence, dating violence, or stalking and are seeking housing assistance please notify our office. HUD requires the MHA to comply with VAWA and to maintain confidentiality of tenant records relating to victims of abuse.

I certify I have read and understand the information contained on this form.

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Signature head of household

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Date



**PUBLIC CHAPTER #608**  
**HOUSE BILL #1630 by Bell (Knox)**  
**Substituted for: Senate Bill #1828 by Atchley**

AN ACT to provide criminal penalties for certain acts of fraud relative to obtaining certain housing benefits; and to amend Tennessee Code Annotated, Title 39, Chapter 19.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

Section 1. Tennessee Code Annotated, Title 39, Chapter 19 is amended by adding the following new section:

Section

(a) Any person who makes or causes to be made, any false statement in writing, knowing it to be false and with the intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in (i) a housing project provided by a housing authority established under the Housing Authority Law, (ii) a housing project provided by a housing authority established under any special statute, or (iii) a unit in a privately-owned publicly subsidized housing development; or for the purpose of establishing or attempting to establish eligibility for a reduction in housing rental charges, or any rent subsidy shall be guilty of a misdemeanor.

(b) Notice of this section shall be printed in all public housing and privately-owned publicly subsidized housing application forms, and shall be displayed in each office where such application is made.

Section 2. This Act takes effect upon becoming a law, the public welfare requiring it.

**TENNESSEE CODE ANNOTATED TITLE 39**  
**CRIMINAL OFFENSES**

39-14-104. Theft of services (Effective November 1, 1989) — A person commits theft of service who:

- (1) Intentionally obtains services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services.
- (2) Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto;
- (3) Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to, hotels, motels and restaurants, without payment or a bona fide offer to pay.  
(Acts 1989, ch. 591, Section 1).

I also understand that Section 1001 to Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any Department or Agency of the United States as to any matter within its jurisdiction.

<u>Applicant/resident</u>	<u>Date</u>
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<u>Applicant/resident</u>	<u>Date</u>
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<u>PHA Representative</u>	<u>Date</u>
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# Morristown Housing Authority

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE: The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

### INQUIRIES MAY BE MADE ABOUT:

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  
MEDICAL EXPENSES  
SOCIAL SECURITY NUMBERS  
RESIDENCES AND RENTAL HISTORY

### INDIVIDUALS OR ORGANIZATION THAT MAY RELEASE INFORMATION

BANKS AND OTHER FINANCIAL INSTITUTIONS  
COURTS  
LAW ENFORCEMENT AGENCIES  
CREDIT BUREAUS  
EMPLOYERS, PAST AND PRESENT  
LANDLORDS  
PROVIDERS OF:  
ALIMONY  
CHILD CARE  
CHILD SUPPORT  
CREDIT  
HANDICAPPED ASSISTANCE  
MEDICAL CARE  
PENSIONS/ANNUITIES  
SCHOOLS AND COLLEGES  
U.S. SOCIAL SECURITY ADMINISTRATION  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
UTILITY COMPANIES  
WELFARE AGENCIES

I AUTHORIZE THE MORRISTOWN HOUSING AUTHORITY TO OBTAIN INFORMATION ABOUT ME OR MY FAMILY THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN ASSISTED HOUSING PROGRAMS.

I AUTHORIZE THE RELEASE OF ANY INFORMATION (INCLUDING DOCUMENTATION AND OTHER MATERIALS) PERTINENT TO ELIGIBILITY FOR PARTICIPATION UNDER THE PROGRAM.

I AGREE THAT PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSE STATED ABOVE.

PRINT NAME

SIGNATURE/DATE

PRINT NAME

SIGNATURE/DATE

PRINT NAME

SIGNATURE/DATE

PRINT NAME

SIGNATURE/DATE

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION WHO MUST SIGN: HEAD OF HOUSEHOLD AND SPOUSE, ALL ADULT MEMBERS OVER AGE OF 18 LIVING IN THE HOUSEHOLD.

P.O. Box 497 • Morristown, Tennessee 37815-0497  
Telephone/TDD 423/586-5115 • Fax 423/586-3014

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.

<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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<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.	

**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.