

PRELIMINARY APPLICATION  
SCHWENCKFELD MANOR  
1290 Allentown Road  
Lansdale, PA 19446

If you require assistance in completing this application, please call 215-362-0227 and ask for Admissions.

**SECTION I – PRELIMINARY INFORMATION**

Mr.  Mrs.  Miss  Ms.  Mr. & Mrs.  No Title

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Number of years at present address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

List all addresses for the past 10 years. \_\_\_\_\_

If you need more room, please attach a separate sheet of paper.

Marital Status (check one):  Single  Married  Divorced  Widowed

|  |  |                                |
|--|--|--------------------------------|
| <u>Name of Apartment Occupant #1 (same as above)</u> | <u>Date of Birth</u>   | <u>Social Security Number*</u> |
| _____  | _____  | ____-____-____                 |
| Age: _____   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to respond |                                |
| Country of Citizenship: _____                        |  |                                |

|  |  |                                |
|--|--|--------------------------------|
| <u>Name of Apartment Occupant #2 (same as above)</u> | <u>Date of Birth</u>   | <u>Social Security Number*</u> |
| _____  | _____  | ____-____-____                 |
| Age: _____   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to respond |                                |
| Country of Citizenship: _____                        |  |                                |

\* If you do not have a Social Security Number, please complete the section on Page 5.

Name of alternate contact person with whom we can discuss your application;

Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship to you: \_\_\_\_\_



Have you or any other member of your applicant household ever used any name(s) or social security number(s) other than the one you are currently using?

Yes  No  If yes, please explain: \_\_\_\_\_

List all states in which all applicant household members have lived:

Applicant #1 \_\_\_\_\_

Applicant #2 \_\_\_\_\_

Have you or any applicant household member been convicted of a felony? Yes  No

If yes, list dates and crimes, locations, jail/prison time served, probation or parole status.

\_\_\_\_\_  
\_\_\_\_\_

Are you or any applicant household member subject to State lifetime sex offender registration in any state? Yes  No

Have you been evicted from an apartment or home? Yes  No

If yes, please list address, date, and reason for eviction. \_\_\_\_\_

\_\_\_\_\_

**Current Housing Status:** How many people live in your home now? \_\_\_\_\_

What is your current monthly rent including utilities? \$\_\_\_\_\_

Are you now living in a government subsidized unit or project of any kind?

Yes  No  If yes, please describe what kind. \_\_\_\_\_

If you have previously lived in a subsidized housing program, was your subsidy ever terminated for fraud, nonpayment of rent or failure to cooperate with the recertification process?

Yes  No

If assistance was terminated, what was the reason? \_\_\_\_\_

\_\_\_\_\_

Current Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Schwenckfeld Manor is declared an elderly project. To be eligible to reside at Schwenckfeld Manor, the head of household or spouse must be sixty-two years of age or 18 years of age and require an apartment with architecturally altered features for the mobility impaired.

Does any member of your household require a reasonable accommodation (an exception to our usual rule or policy) or an apartment with the architecturally altered features? Yes  No

If yes, please explain in detail: \_\_\_\_\_

You may be required to provide verification of this information.

If you require an apartment with architecturally altered features, please check feature(s) needed.

- Roll space under kitchen sink
- Roll space under bathroom sink
- Lower kitchen cabinets
- Raised height of toilet
- Lower light switches
- Roll in shower
- Doorways widened and hallways with greater turning radius

| <b>Income</b> (Please list <b>annual</b> amounts):<br><i>as of date of application</i> |          | <b>Assets</b> (Specify total value):<br><i>as of date of application</i> |    |
|--|----------|--|----|
| Gross Social Security  | \$ /year | Cash <sup>4</sup>  | \$ |
| S.S.I.   | \$ /year | Checking   | \$ |
| S.S.P.   | \$ /year | Savings  | \$ |
| Wages  | \$ /year | Certificates of Deposit  | \$ |
| Pension  | \$ /year | Stocks and/or Bonds  | \$ |
| Other Retirement Income <sup>1</sup>   | \$ /year | IRAs   | \$ |
| Interest/Dividends <sup>2</sup>  | \$ /year | Ins. Policy (cash value)   | \$ |
| Other <sup>3</sup>   | \$ /year | Other <sup>5</sup>   | \$ |
| <b>Total</b>   | \$ /year | <b>Total</b>   | \$ |

<sup>1</sup>Include regularly recurring distributions from any retirement account.

<sup>2</sup>Include earnings on any assets, whether or not you actually receive a payout of the earnings.

<sup>3</sup>If anyone outside your household gives you money or pays your bills, you must report it as a source of income under "Other".

<sup>4</sup>Include, in "Cash", any amount held by you or others in your home, on your person, or in any other location or being held by another person for you.

<sup>5</sup>Include prepaid funeral in other assets if you are able, in any way, to touch the money deposited.



Are you enrolled as a student in an institute of higher education?

Head of Household: Yes  No  Second Occupant: Yes  No

(Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.)

If yes, please complete the student certification form on page 12 of this application.

If no, it is not necessary for you to complete the student certification form on page 12.

Do you own a home? Yes  No  If yes, estimated market value: \$ \_\_\_\_\_

Does any applicant household member own or have interest in any real estate (in this country or and other country) boat or mobile home? Yes  No

If yes, estimated market value: \$ \_\_\_\_\_

Has any applicant household member disposed of any assets at less than fair market value in the last two years (including money given away)? Yes  No

Has any applicant household member sold any real estate in the last two years? Yes  No

If yes to any of these questions, please provide the following:

Description of Asset/Real Estate \_\_\_\_\_

Date disposed of \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

Money given away (include amount of sale for less than fair market value) \$ \_\_\_\_\_

**Are you interested in:** (Please check and or all sizes that you would like to rent)

**Efficiency apt.**       **Smaller One-bedroom apt.**       **Larger One-bedroom apt.**

How did you hear about Schwenckfeld Manor? \_\_\_\_\_

\*If you do NOT have a Social Security Number, do any of the following conditions apply?

- 1. \_\_\_\_\_ I am an ineligible, non-citizen member, not contending eligible immigration status, as declared on Page 9.
- 2. \_\_\_\_\_ I was 62 years old as of January 31, 2010 and my initial determination of eligibility began before January 31, 2010.
- 3. \_\_\_\_\_ The member of my family without a Social Security Number is under 6 years old and was added to the household within the last 6 months. For this reason, this household member is eligible for a 90-day extension.

**PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND PROVIDES NO LEASE OR RENTAL RIGHTS. ADDITIONAL INFORMATION WILL BE REQUIRED AT A LATER DATE TO COMPLETE THE PROCESSING OF THE APPLICATION.**

Attached is a copy of our Tenant Selection Plan.

In order for you to remain on the Waiting List, it is necessary for you to advise us of changes in your status or address. Periodically we will send you a questionnaire, which will need to be returned in a timely manner. If the questionnaire is not returned, your name will be removed from the waiting list.

PLEASE READ BEFORE SIGNING: All of the above information is accurate and complete to the best of my knowledge. Providing false information may affect my eligibility for an apartment.

I hereby authorize Schwenckfeld manor to obtain information it deems necessary in the processing of my application, including: credit reports, civil or criminal actions, rental history, police and vehicle records, and any other relevant information; and release Schwenckfeld manor, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. It is further agreed that if any information is false, the application may, at the option of Schwenckfeld Manor, be terminated at any time.

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date



## The Family Summary Sheet

| Member No. | Last Name of Family Member | First Name | Relationship to head of Household | Sex | Date of Birth | Office Use | Office Use |
|------------|----------------------------|------------|-----------------------------------|-----|---------------|------------|------------|
| Head       |                            |            | self                              |     |               |            |            |
| 2.         |                            |            |                                   |     |               |            |            |
| 3.         |                            |            |                                   |     |               |            |            |
| 4.         |                            |            |                                   |     |               |            |            |
| 5.         |                            |            |                                   |     |               |            |            |
| 6.         |                            |            |                                   |     |               |            |            |
| 7.         |                            |            |                                   |     |               |            |            |
| 8.         |                            |            |                                   |     |               |            |            |
| 9.         |                            |            |                                   |     |               |            |            |
| 10.        |                            |            |                                   |     |               |            |            |
| 11.        |                            |            |                                   |     |               |            |            |
| 12.        |                            |            |                                   |     |               |            |            |
| 13.        |                            |            |                                   |     |               |            |            |
| 14.        |                            |            |                                   |     |               |            |            |
| 15.        |                            |            |                                   |     |               |            |            |

Declaration of Citizenship

Complete this Declaration for EACH member of the household listed on the Family Summary Sheet.

**All Applicants complete this section:**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fill out this section only if you are NOT a citizen of the United States:**

ALIEN REGISTRATION NUMBER \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NUMBER: \_\_\_\_\_  
(to be entered by owner if and when received)

Complete the Declaration below by printing or by typing the person's name in the space provided. Then review the blocks shown below and complete either block 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare under  
(print or type first name, middle initial, last name)

penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name)

**1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child:

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form (Attached)

AND

- b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*.

(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"; or

(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 an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(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) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If this block (#2) is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child:

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child:

**3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child:

Verification Consent Form

Complete this form for each noncitizen family member who declared eligible immigration status on the Declaration of Citizenship form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, \_\_\_\_\_ hereby consent to the following:

(print or type first name, middle initial, last name)

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
a. HUD, as required by HUD; and
b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: [ ]

**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)

Schwenckfeld Manor 034-1119

1290 Allentown Rd, Lansdale, PA 19446

Name of Property

Project No.

Address of Property

Advanced Living, Inc.

Section 8

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

| Ethnic Categories*     | Select One               |
|------------------------|--------------------------|
| Hispanic or Latino     | <input type="checkbox"/> |
| Not-Hispanic or Latino | <input type="checkbox"/> |

| Racial Categories*                        | Select All that Apply    |
|---|--------------------------|
| American Indian or Alaska Native          | <input type="checkbox"/> |
| Asian                                     | <input type="checkbox"/> |
| Black or African American                 | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White                                     | <input type="checkbox"/> |
| Other                                     | <input type="checkbox"/> |

**\*Definitions of these categories may be found on the next page.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 cohead 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 interim 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 provided 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.

**STUDENT CERTIFICATION**

Applicant/Resident \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT / RESIDENT**

Are you a student at an institution of higher education? Yes  No

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

**If you have answered no, please skip the following questions and sign below.**

**If you have answered yes, please complete the following questions:** Yes  No

- 1) Are you a full- or part-time student?
- 2) Are you disabled?  
  - a) If yes, were you receiving Section 8 assistance as of November 30, 2005?
- 3) Are you a graduate or professional student?
- 4) Are you at least 24 years of age?
- 5) Are you a veteran of the United States military?
- 6) Are you married?
- 7) Do you have a dependent child?
- 8) Do you have dependents other than a child or spouse?
- 9) Were you an orphan or ward of the court through the age of 13?
- 10) Will you be living with your parents?
- If no:
  - a) Are your parents receiving or eligible to receive Section 8 assistance?
  - b) Are you claimed as a dependent on your parents' tax return?
- 11) Are you receiving any financial assistance to pay for your education?

**PENALTIES FOR MISUSING THIS FORM**

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, the PHA and any owner (or any employee of HUD, the PHA 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 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_





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"/> 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.

|  |  |
|--|--|
|  |  |
|--|--|

**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.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410