CARIBOU HOUSING AUTHORITY

Housing Choice Voucher Program

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SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

The following page contains a HUD form which provides you with an opportunity to provide contact information for a person or persons that you may wish the Housing Authority to contact on your behalf. Please note the attached form is OPTIONAL. You are not required to provide the Housing Authority with this information.

Also, please note the following information about the Reason for Contact categories included on the form:

- Emergency – In addition to the attached HUD form, the first page of this form provides you with a space to provide emergency contact information. This information will be used at the discretion of the Housing Authority.

- Unable to contact you – If you are not currently housed in a unit where you are receiving housing assistance and the Housing Authority has no other way to contact you, we may use this information to contact you.

- Termination of rental assistance – If the Housing Authority terminates your rental assistance, we will provide a copy of the termination letter to the individual you request.

- Assistance with recertification process – If you are at risk of termination for failing to provide annual recertification documents, we will provide a copy of the relevant letter to the individual you request.

- Eviction from unit (LIPH Only) – If you are being evicted from your Low Income Public Housing unit, we will provide a copy of the eviction letter to the individual you request.

- Late payment of rent (LIPH Only) – If you are being evicted from your Low Income Public Housing unit for late payment of rent, we will provide a copy of the relevant letter to the individual you request.

- Change in lease terms (LIPH Only) – If there is a change in the terms of your Low Income Public Housing lease, we will provide a copy of the relevant letter to the individual you request.

- Change in house rules (LIPH Only) – If there is a change in the house rules of your Low Income Public Housing unit, we will provide a copy of the relevant letter to the individual you request.

- Other – You may request that we contact an individual for some "other" reason. Such requests will be considered on a case-by-case basis.

Please note that you may update, remove, or change this information at any time by contacting the Housing Authority and putting your request in writing. Additionally, you are not required to provide this information. The following form is purely optional and is provided to you as a courtesy.

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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.

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.

☐ 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.