

**FAIR SHARE NORTHGATE II ASSOCIATES L.P.**  
**500 N. 7<sup>TH</sup> STREET**  
**CAMDEN, NJ 08102**

**2024 Eligibility/Income Requirements**  
**High-rise & Townhouses**

**ELIGIBILITY REQUIREMENTS**

62 years of age or older, handicapped and or disabled (applicants for high rise building)  
If under 62 of age, handicapped or disabled 3<sup>rd</sup> party verification through primary physician  
maybe required (applicants for high rise building).  
Income eligible per guidelines below

**2024 HUD Income Limits**

\$ 24, 100 minimum, \$ 64,250 maximum per year for one person  
\$ 31,000 minimum, \$ 82,600 maximum per year for three persons  
\$ 34,400 minimum, \$ 91,750 maximum per year for four people  
\$ 37,200 minimum, \$ 99,100 maximum per year for five persons  
\$ 41,960 minimum, \$106,450 maximum per year for six people  
\$ 47,340 minimum, \$113,800 maximum per year for seven persons  
\$ 52,750 minimum, \$121,150 maximum per year for eight people

**Fair Share Northgate II Associates L.P.** does not discriminate on the basis of handicapped or disability status in the admission or access to, or treatment of employed in, it's federally assisted programs and activities.

For any assistance contact Yari Espinosa or Ana Nunez @ (856) 365-8332, press 2 for leasing.

**WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW**  
**(The Fair Housing Amendments Act of 1988)**

**Fair Share Housing Development Inc.**  
**Management Agent**



***FAIR SHARE NORTHGATE II ASSOCIATES L.P.***

***500 N. 7<sup>th</sup> STREET  
CAMDEN, NJ 08102  
856-963-8332 (P)  
856-963-1159 (F)***

**INSTRUCTIONS FOR RETURNING APPLICATIONS**

At the Fair Share Northgate II Leasing Department located at 500 N. 7<sup>th</sup> Street, Camden, NJ 08102.

Please follow checklist below when returning your application:

- Fully completed & signed application and screening report for all members 18 year of age and older
- Social Security cards for all persons listed on the application.
- Birth Certificates or valid Passport for all persons listed on the application.
- Current verification of household income:  
(SS/SSI, Pension, AFDC, General Assistance, Child Support, etc)
- Current bank information including Direct Express Debit Cards
- Recent photo identification for all persons listed on application.

Applicants will be placed on the waiting list in the same order as returned.

Please notify the leasing office with address and telephone updates.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**FAIR SHARE NORTHGATE ASSOCIATES L.P.**  
**500 N. 7<sup>th</sup> STREET**  
**CAMDEN, NJ 08102**  
**856-963-8332 (P)**  
**856-963-1159 (T)**

**INSTRUCCIONES PARA REGRESAR APLICACIONES**

Por favor, siga la siguiente lista al regresar la aplicación. Aplicación incompleta no será aceptada. Favor cumplir con lo siguiente:

- La aplicación debe estar llena completa y firmada incluyendo el documento de informe de detección para todos los miembros mayores de 18 años
- Traer tarjetas de seguro social para todas las personas en la aplicación
- Traer certificados de nacimiento o pasaporte para todas las personas en la aplicación
- Traer verificación de ingresos (seguro social, SSI, pensión de veteranos, asistencia general, manutención alimenticia etc.)
- Traer declaración bancaria reciente o tarjeta Direct Express
- Traer identificación para todas las personas mayor de 18 años.

Su aplicación se incluirá en la lista de espera en el mismo orden que se reciba, no se aceptara llamadas o walk ins para saber el estado de su aplicación.

**NO ACCEPTAREMOS APLICACIONES INCOMPLETAS**

**APPLICATION FOR HOUSING**  
**Low Income Housing Tax Credit Property**

**Please Print Clearly**

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\*\***

|  |   |
|--|---|
| <b>This is an application for housing at:</b>    | <b>Project: Fair Share Northgate II Associates L.P.</b><br><b>Address: 500 N. 7<sup>th</sup> Street</b><br><b>Camden, NJ 08102</b><br><b>Telephone: (856)963-8332</b> |
| <b>For Official Use Only:</b><br>Date/Time Stamp | Interviewer: _____<br>Applicant's Name: _____<br>Unit Size _____ Income _____   |

**Applications are placed in order of time/date received. An applicant may be interviewed only after the receipt of completed tenant application.**

**A. GENERAL INFORMATION**

**Applicant Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Apt. City/State Zip Code

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**No. of B/R's in current unit:** \_\_\_\_\_ **Do you** ( ) Rent or ( ) Own

**Are you currently receiving Section 8 rental subsidy?** ( ) Yes ( ) No

**Amount of current monthly rent or mortgage payment \$** \_\_\_\_\_

**If owned, do you receive rental income from property?** ( ) Yes ( ) No

**Check utilities paid by you:** ( ) Heat ( ) Electricity ( ) Gas ( ) Other (specify) \_\_\_\_\_

**Approx. monthly cost of utilities paid by you (excluding phone & cable TV \$** \_\_\_\_\_

**Bedroom size requested:** ( ) EFFICIENCY ( ) ONE BR ( ) TWO BR ( )



## B. HOUSEHOLD COMPOSITION

ALL persons who will live in the unit are to be listed. All SSN are to be disclosed for applicant and all members with the exception of those household members who do not contend eligible immigration status.

|                | Name(s) | Relation<br>-ship<br>To<br>Head | Marital<br>Status:<br>D Divorced<br>S Single<br>L Legal Sep.<br>E Estranged<br>W Widow(er) | Birth<br>Date | Age | Social<br>Security<br>Number | <u>Student</u><br>Y/N |
|----------------|---------|---------------------------------|--|---------------|-----|------------------------------|-----------------------|
| Head           |         |                                 |  |               |     |                              |                       |
| Other<br>Adult |         |                                 |  |               |     |                              |                       |
| 1.             |         |                                 |  |               |     |                              |                       |
| 2.             |         |                                 |  |               |     |                              |                       |
| 3.             |         |                                 |  |               |     |                              |                       |
| 4.             |         |                                 |  |               |     |                              |                       |
| 5.             |         |                                 |  |               |     |                              |                       |
| 6.             |         |                                 |  |               |     |                              |                       |
| 7.             |         |                                 |  |               |     |                              |                       |
| 8.             |         |                                 |  |               |     |                              |                       |

Do you anticipate any additions to the household in the next twelve months?  Yes  No  
If yes, explain: \_\_\_\_\_

Were you or any household member age 62 or older on January 31, 2010 who did not have a SSN, receive HUD rental assistance at another location on January 31, 2010?  Yes  No

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than correspondence school) with regular faculty and students?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full time student(s) married and filing a joint tax return?  Yes  No

Are any student(s) ENROLLED IN job-training program receiving assistance under the Job Training Partnership Act?  Yes  No

Are any full-time student(s) a TANF or a Title IV recipient?  Yes  No

Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?  Yes  No

**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, please write NA.

| Household Member Name | Source of Income                          | Gross Monthly Amount |
|-----------------------|---|----------------------|
|                       | Social Security                           |                      |
|                       | Social Security                           |                      |
|                       | Social Security                           |                      |
|                       | Social Security                           |                      |
|                       |   |                      |
|                       | SSI Benefits                              |                      |
|                       | SSI Benefits                              |                      |
|                       | SSI Benefits                              |                      |
|                       | SSI Benefits                              |                      |
|                       |   |                      |
|                       | Pension (list source)                     |                      |
|                       | Pension (list source)                     |                      |
|                       | Pension (list source)                     |                      |
|                       |   |                      |
|                       | Veterans Benefits (list Claim #)          |                      |
|                       | Veterans Benefits (list Claim #)          |                      |
|                       |   |                      |
|                       | Unemployment Compensation                 |                      |
|                       | Unemployment Compensation                 |                      |
|                       |   |                      |
|                       | Title IV/TANF/General Assistance          |                      |
|                       | Title IV/ TANF/General Assistance         |                      |
|                       | Title IV/TANF/General Assistance          |                      |
|                       |   |                      |
|                       | Full Time Student Income (18 & over only) |                      |
|                       | Full Time Student Income (18 & over only) |                      |
|                       |   |                      |
|                       | Interest Income (source)                  |                      |
|                       | Interest Income (source)                  |                      |
|                       | Interest Income (source)                  |                      |
|                       |   |                      |



| Household Member Name | Source of Income   | Monthly Amount   |
|-----------------------|--|--|
|                       | Employment Amount:   | \$   |
|                       | Employer:  |  |
|                       | Position Held:   |  |
|                       | How long employed:   |  |
|                       | Employment Amount:   | \$   |
|                       | Employer:  |  |
|                       | Position Held:   |  |
|                       | How long employed:   |  |
|                       | Employment Amount:   | \$   |
|                       | Employer:  |  |
|                       | Position Held:   |  |
|                       | How long employed:   |  |
|                       | Employment Amount:   | \$   |
|                       | Employer:  |  |
|                       | Position Held:   |  |
|                       | How long employed:   |  |
|                       | Alimony:   |  |
|                       | Are you <i>entitled</i> to receive alimony?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | If Yes, list the amount you are <i>entitled</i> to receive | \$   |
|                       | Do you receive alimony?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | If Yes, list the amount you receive                        | \$   |
|                       | Child Support:   |  |
|                       | Are you <i>entitled</i> to receive child support?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | List the amount you are <i>entitled</i> to receive         | \$   |
|                       | Do you receive child support?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | If Yes, list the amount you receive                        | \$   |
|                       | Other Income:  | \$   |
|                       | Other Income:  | \$   |
|                       | Other Income:  | \$   |

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above X 12) \$ \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR: \$ \_\_\_\_\_

Do you anticipate any changes in income in the next 12 months?  Yes  No

If "Yes", Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### D. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, please write N/A.

|               |   |               |            |
|---------------|---|---------------|------------|
| Checking      | # | Bank          | Balance \$ |
| Accounts      | # | Bank          | Balance \$ |
|               | # | Bank          | Balance \$ |
|               |   |               |            |
| Savings       | # | Bank          | Balance \$ |
| Accounts      | # | Bank          | Balance \$ |
|               | # | Bank          | Balance \$ |
|               |   |               |            |
| Trust Account | # | Bank          | Balance \$ |
|               |   |               |            |
| Certificates  | # | Bank          | Balance \$ |
|               | # | Bank          | Balance \$ |
|               | # | Bank          | Balance \$ |
|               | # | Bank          | Balance \$ |
|               |   |               |            |
| Credit Union  | # | Bank          | Balance \$ |
|               | # | Bank          | Balance \$ |
|               |   |               |            |
| Savings Bonds | # | Maturity Date | Value \$   |
|               | # | Maturity Date | Value \$   |
|               | # | Maturity Date | Value \$   |
|               |   |               |            |

|                       |          |               |
|-----------------------|----------|---------------|
| Life Insurance Policy | Policy # | Cash Value \$ |
| Life Insurance Policy | Policy # | Cash Value \$ |

**Mutual Funds:**

|       |              |                         |           |
|-------|--------------|-------------------------|-----------|
| Name: | # of Shares: | Interest or Dividend \$ | Value: \$ |
| Name: | # of Shares: | Interest or Dividend \$ | Value: \$ |
| Name: | # of Shares: | Interest or Dividend \$ | Value: \$ |

**Stocks:**

|       |           |                  |          |
|-------|-----------|------------------|----------|
| Name: | # Shares: | Dividend Paid \$ | Value \$ |
| Name: | # Shares: | Dividend Paid \$ | Value \$ |
| Name: | # Shares: | Dividend Paid \$ | Value \$ |

**Bonds:**

|       |           |                         |          |
|-------|-----------|-------------------------|----------|
| Name: | # Shares: | Interest or Dividend \$ | Value \$ |
| Name: | # Shares: | Interest or Dividend \$ | Value \$ |

|                     |  |                    |
|---------------------|--|--------------------|
| Investment Property |  | Appraised Value \$ |
|---------------------|--|--------------------|





**Real Estate Property:**

|  |                |
|--|----------------|
| Do you own any property?                                     | ( ) Yes ( ) No |
| If Yes, Type of Property:                                    |                |
| Location of Property:  |                |
| Appraised Market Value:                                      | \$             |
| Mortgage or outstanding loans balance due                    | \$             |
| Amount of annual insurance premium                           | \$             |
| Amount of most recent tax bill                               | \$             |
|  |                |
| Have you sold/dispensed of any property in the last 2 years? | ( ) Yes ( ) No |
| If Yes, Type of Property:                                    |                |
| Market Value when sold/dispensed                             | \$             |
| Amount sold/dispensed for                                    | \$             |
| Date of transaction:   |                |

|  |                |
|--|----------------|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | ( ) Yes ( ) No |
| If Yes, describe the asset:  |                |
|  |                |
| Date of Disposition:   |                |
| Amount Disposed  | \$             |

|   |                |
|---|----------------|
| Do you have any other assets not listed above: (excluding Personal Property)? | ( ) Yes ( ) No |
| If Yes, please list:  |                |

**E. ADDITIONAL INFORMATION**

|   |                |
|---|----------------|
| Are you or any member of your family currently using any illegal substances? If Yes describe:   | ( ) Yes ( ) No |
|   |                |
| Are you or any family member subject to a lifetime sex offender registration program in any STATE?  | ( ) Yes ( ) No |
| Please list all states that members on application have resided:<br>Name: _____ State: _____<br>Name: _____ State: _____<br>Name: _____ State: _____<br>Name: _____ State: _____<br>If additional space is needed please use sheet of paper |                |
| Have you or any member of your family ever been evicted from any housing? If Yes describe:  | ( ) Yes ( ) No |
| Have you ever filed for Bankruptcy? If Yes describe:  | ( ) Yes ( ) No |
| Will you take an apartment when one is available?   | ( ) Yes ( ) No |



## F. REFERENCE INFORMATION

|                         |                    |  |
|-------------------------|--------------------|--|
| <b>Current Landlord</b> | <b>Name:</b>       |  |
|                         | <b>Address:</b>    |  |
|                         | <b>Home Phone:</b> |  |
|                         | <b>Bus. Phone:</b> |  |
|                         | <b>How Long ?</b>  |  |
| <b>Prior Landlord</b>   | <b>Name:</b>       |  |
|                         | <b>Address:</b>    |  |
|                         | <b>Home Phone:</b> |  |
|                         | <b>Bus. Phone:</b> |  |
|                         | <b>How Long ?</b>  |  |

|                              |                |
|------------------------------|----------------|
| <b>Credit Reference #1</b>   |                |
| <b>Address:</b>              |                |
| <b>Account #:</b>            | <b>Phone #</b> |
| <b>Credit Reference #2</b>   |                |
| <b>Address:</b>              |                |
| <b>Account #:</b>            | <b>Phone #</b> |
| <b>Personal Reference #1</b> |                |
| <b>Address:</b>              |                |
| <b>Relationship</b>          | <b>Phone #</b> |
| <b>Personal Reference #2</b> |                |
| <b>Address:</b>              |                |
| <b>Relationship</b>          | <b>Phone #</b> |

|                                     |                |
|-------------------------------------|----------------|
| <b>In case of emergency notify:</b> |                |
| <b>Address:</b>                     |                |
| <b>Relationship:</b>                | <b>Phone#:</b> |



**G. VEHICLE AND PET INFORMATION**  
(If applicable)

|   |                 |
|---|-----------------|
| <b>List any cars, trucks or other vehicles owned. Vehicle parking sticker will be provided for one vehicle per household.</b> |                 |
| Type of Vehicle:  | License Plate # |
| Year /Make:   | Color:          |
|   |                 |
| Type of Vehicle:  | License Plate # |
| Year/Make:  | Color:          |
|   |                 |

|   |
|---|
| <b>Do you own any Pets?      ( ) Yes   ( ) No</b> |
| <b>If Yes, describe:</b>                          |

**CERTIFICATION**

I/We hereby certify that I/We Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and my management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants, 18 or older, must sign the application.

**SIGNATURE(S):**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applciant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applciant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applciant

\_\_\_\_\_  
Date



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2022)

Fair Share Northgate II Associates L.P.      #1439      500 N.7<sup>th</sup> Street Camden, NJ 08102  
Name of Property      Project No.      Address of Property

Fair Share Development Inc      Section 42/Tax Credit/Section 8 HUD  
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                        |             |
| Not-Hispanic or Latino                    |             |
| Racial Categories                         | One or More |
| American Indian or Alaska Native          |             |
| Asian                                     |             |
| Black or African American                 |             |
| Native Hawaiian or Other Pacific Islander |             |
| White                                     |             |
| Other                                     |             |

**\*Definitions of these categories may be found on the reverse side.**

**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 co-head 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 may mark one or more.

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.

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<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent  | <input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____ |
| <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.