MARK DEVELOPMENT, INC.
3165 Waialae Avenue, Suite 200, Honolulu, Hawaii 96816 Ph: (808) 735-9099 Fax: (781) 295-3427

Lihue Gardens Elderly
3120 Jerves Street
Lihue, HI 96766

Lihue Gardens is an Elderly housing project located on Kaua'i and is subsidized by HUD.

Age Requirement: Head or Co-Head must be 62 years or older OR an individual with a disability regardless of age, *with or without children*

Structure: (7) One-story buildings (8-10 units each), with parking lot

Unit Type: (58) One-bedroom units including (6) Handicapped Accessible Units
All units are partly furnished

Utilities: Electricity and water are included in rent

Amenities:
- Coin operated laundry facility on property
- Pavilion for recreational activities
- Garden plots available
- Energy efficient with use of a photovoltaic system
- Located on Kauai bus route

Pets: Pets are allowed, with restrictions

Occupancy Limit: One Bedroom: 1 to 3 people

Income Limit: (50%) of the area median income (AMI) for Kaua'i, as determined by HUD.

Rent: Approximately 30% of household's total adjusted annual income

Waitlist Priority: Management will observe preferences listed below, prioritized in the order of the list below and any sub-lists:

- Displaced by Government Action or President Declared Disaster
- Residence Geographic Area - Residents to those residing and domiciled in:
  1. Kaua'i
  2. State of Hawaii
  3. All other applicants will follow

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RENTAL HOUSING APPLICATION

LIHUE GARDENS ELDERLY

3120 JERVES STREET
LIHUE, HAWAII 96766

MGMT. USE ONLY:

_____
Date Received Time

NOTICE: Provide ALL requested information in application. **DO NOT LEAVE ANY BLANKS. If a question or section does not apply, mark the question or section 'N/A'.** Incomplete and illegible applications will be rejected. This application is subject to review, acceptance and approval by Mark Development, Inc.

HEAD OF HOUSEHOLD: _____
(Last) (First) (Middle Initial)

CO-HEAD OF HOUSEHOLD: _____
(Last) (First) (Middle Initial)

Residence Address: _____

Mailing Address (If Different): _____

Home Ph# _____ **Cell Ph# (Head)** _____ **Cell Ph# (Co-Head)** _____

Email: _____ **Checked Frequently:** ☐ **YES** ☐ **NO**

Have you been displaced by Government Action or President Declared Disaster? ☐ **YES** ☐ **NO** *Submit documentation.*

Do you or any member of your household require specific accommodations, as a person with a disability? ☐ **YES** ☐ **NO**

Type of accommodation: _____

_____

Have you lived in a government subsidized project? ☐ **YES** ☐ **NO**

If yes, give name of project: _____ and date you lived there: _____

Other States that any household member has lived in: _____

Have you received any kind of rental assistance? ☐ **YES** ☐ **NO**

If yes, give program and dates your received assistance: _____

Do you currently: ☐ **Rent or** ☐ **Own**

Amount of current monthly rental/mortgage payment $_____ No. of Bedrooms in Current Unit: _____

If owned, do you receive monthly rental income from the property? ☐ **YES** ☐ **NO**

Utilities paid by you: ☐Electric ☐Gas ☐Water ☐Sewer ☐Other: _____ **Monthly utilities you pay $**_____

How did you hear about Lihue Gardens?	☐Newspaper ☐Craigslist ☐Friend/Family ☐Other (please list): _____

HOUSEHOLD COMPOSITION

List **ALL** persons who will live in the unit. List the head of household first.

	Full Name	Relationship to Head of Household	Date of Birth *mm/dd/yy*	Age	Social Security No.	Citizen	Student
Head		Head				☐Yes ☐No	☐Yes ☐No
2.						☐Yes ☐No	☐Yes ☐No
3.						☐Yes ☐No	☐Yes ☐No

Have there been any changes in household composition in the LAST twelve months?	☐ **Yes** ☐ **No**
Do you anticipate any changes in household composition in the NEXT twelve months?	☐ **Yes** ☐ **No**
Is there someone not listed above who would normally be living with the household?	☐ **Yes** ☐ **No**
If "YES" to any of the above, explain:	

STUDENT STATUS

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 with regular faculty and students? *Includes grades K-12, College, University, Technical, Mechanical, Trade School, etc.* ☐ **YES** ☐ **NO**

If "YES", answer the following:

Are any full-time students(s) married and filing a joint tax return?	☐ Yes ☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes ☐ No
Are any full-time student(s) a TANF or 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 and whose children are not dependents of anyone outside the household, other than a parent?	☐ Yes ☐ No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐ Yes ☐ No

STUDENT INFORMATION

List information for all household members that are full-time or part-time students **AGE 18 OR OLDER**

Name:	Semester Start Date:	Semester End Date:
Institution:		
Name:	Semester Start Date:	Semester End Date:
Institution:		
Name:	Semester Start Date:	Semester End Date:
Institution:		

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. *This information will not be used in evaluating your application or to discriminate against you in any way*. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

1. Head of Household Name: _____

Race:
- ☐American Indian or Alaska Native
- ☐Asian
- ☐Black or African American
- ☐Native Hawaiian or Other Pacific Islander
- ☐White
- ☐Other_____

Ethnicity: *(Select One)*
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

2. Household Member Name: _____

Race:
- ☐American Indian or Alaska Native
- ☐Asian
- ☐Black or African American
- ☐Native Hawaiian or Other Pacific Islander
- ☐White
- ☐Other_____

Ethnicity: *(Select One)*
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

3. Household Member Name: _____

Race:
- ☐American Indian or Alaska Native
- ☐Asian
- ☐Black or African American
- ☐Native Hawaiian or Other Pacific Islander
- ☐White
- ☐Other_____

Ethnicity: *(Select One)*
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

INCOME

List **ALL** projected sources of income as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. DO NOT LEAVE ANYTHING BLANK. *Refer to the "Income Checklist" on Page 11 for information and details regarding income.* If additional space is required, please make copies of this income section form and attach it.

Name	Source of Income	Gross MONTHLY
Name:	**Social Security Income**	**$**
Name:	**Social Security Income**	**$**
Name:	**SSI Benefits**	**$**
Name:	**SSI Benefits**	**$**
Name:	**Public Assistance/Welfare Benefits**	**$**
Name:	**Public Assistance/Welfare Benefits**	**$**
Name:	**Pension** *List Source:*	**$**
Name:	**Title IV/TANF**	**$**
Name:	**Title IV/TANF**	**$**
Name:	**Pension** *List Source:*	**$**
Name:	**Veteran's Benefits** *Claim #:*	**$**
Name:	**Veteran's Benefits** *Claim #:*	**$**
Name:	**Unemployment/Worker's Compensation**	**$**
Name:	**Unemployment/Worker's Compensation**	**$**
Name:	**Contributions to the Household** *(Monetary or not)*	**$**
Name:	**Full-Time Student Income** *(18 & Over Only)*	**$**
Name:	**Financial Aid** - *Grants & scholarships exceeding the amount of tuition may have to be included in total income*	**$**
Name:	**Long Term Medical Care Insurance Payments** *in excess of $180/day*	**$**
Name:	**Scheduled Payments from Investments**	**$**
Name:	**Interest Income** *Source:*	**$**
Name:	**Monthly Cash Gifts** *Source:*	**$**
Name:	**Monthly Cash Gifts** *Source:*	**$**
Name:	**Other Income** *Source:*	**$**
Name:	**Other Income** *Source:*	**$**
Name:	**Other Income** *Source:*	**$**
Name:	**Employment**	**$**
	Employer:	
	Address:	
	Telephone #: Supervisor:	
Name:	**Employment**	**$**
	Employer:	
	Address:	
	Telephone #: Supervisor:	
Name:	**Employment**	**$**
	Employer:	
	Address:	
	Telephone #: Supervisor:	

Name:	**Alimony**	
	Are you ***legally entitled*** to receive alimony?	☐ **YES** ☐ **NO**
	If YES, list the amount you are ***entitled*** to receive:	**$**
	Do you receive alimony?	☐ **YES** ☐ **NO**
	If YES, list amount you ***actually*** receive:	**$**

Name:	**Child Support**	
	Are you ***legally entitled*** to receive child support?	☐ **YES** ☐ **NO**
	If YES, list the amount you are ***entitled*** to receive:	**$**
	Do you receive child support?	☐ **YES** ☐ **NO**
	If YES, list amount you ***actually*** receive:	**$**

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	**$**

1. Do you anticipate any changes in this income in the NEXT twelve months?	☐ **Yes** ☐ **No**
2. Is any member of the household legally entitled to receive income assistance?	☐ **Yes** ☐ **No**
3. Does any member of the household currently or anticipates receiving receive income or assistance *(monetary or not)* from someone who is NOT a member of the household?	☐ **Yes** ☐ **No**
4. Is the income described in questions #2 and #3 above being received?	☐ **Yes** ☐ **No**
If "YES" to any of the above, explain:	

ASSETS

List **ALL** household assets (excluding personal property) as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. **DO NOT LEAVE ANYTHING BLANK**. *Refer to the "Asset Checklist" on Page 11 for information and details on Assets.* If additional space is required, make copies of this asset section & attach it.

Name:	**Cash on Hand**	**$**
Name:	**Cash on Hand**	**$**
Name:	**Cash on Hand**	**$**

Checking Accounts			**Balance**
Name:	Acct #	Bank/Branch:	**$**
Name:	Acct #	Bank/Branch:	**$**
Name:	Acct #	Bank/Branch:	**$**

Savings Accounts			**Balance**
Name:	Acct #	Bank/Branch:	**$**
Name:	Acct #	Bank/Branch:	**$**
Name:	Acct #	Bank/Branch:	**$**

Certificate of Deposit			**Cash Value**
Name:	Acct #	Bank/Branch:	**$**
Name:	Acct #	Bank/Branch:	**$**

Savings Bonds			**Cash Value**
Name:	Bond #	Bank/Branch:	$
Name:	Bond #	Bank/Branch:	$
Life Insurance			**Cash Value**
Name:	Policy #	Institution:	$
Name:	Policy #	Institution:	$
401(k)/401(b)			**Cash Value**
Name:	Acct #	Fund Manager:	$
Name:	Acct #	Fund Manager:	$
IRA/Retirement			**Cash Value**
Name:	Acct #	Fund Manager:	$
Name:	Acct #	Fund Manager:	$
Trust Account			**Cash Value**
Name:	Acct #	Fund Manager:	$
Name:	Acct #	Fund Manager:	$

Mutual Funds				**Cash Value**
Name:	Symbol:	# of Shares:	Interest/Dividends: $	$
Name:	Symbol:	# of Shares:	Interest/Dividends: $	$
Stocks				**Cash Value**
Name:	Symbol:	# of Shares:	Interest/Dividends: $	$
Name:	Symbol:	# of Shares:	Interest/Dividends: $	$
Bonds				**Cash Value**
Name:	Symbol:	# of Shares:	Interest/Dividends: $	$
Name:	Symbol:	# of Shares:	Interest/Dividends: $	$
Investment Property			**Appraised Value:**	$

Does any household member own any Real Estate property? *If YES, answer questions below.*	☐ Yes ☐ No
Type of Property:	
Location of Property:	
Appraised Market Value:	$
Mortgage or outstanding loans balance:	$
Does any member of the household have an asset(s) owned jointly with a person who is <u>NOT</u> a member of the household as listed on Page 1? *If YES, explain below:*	☐ Yes ☐ No
Do they have access to the asset(s)? ☐ Yes ☐ No	

Have you sold/disposed of any *property* in the last 2 years? *If "YES", answer the following:*		☐ Yes ☐ No
Type of Property:		
Market Value when sold/disposed:		$
Date of transaction:	Amount sold/disposed for:	$

Have you sold/disposed of any property in the last 2 years? *If "YES", answer the following:*		☐ Yes ☐ No
Type of Property:		
Market Value when sold/disposed:		$
Date of transaction:	Amount sold/disposed for:	$

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? *If "YES", answer the following:*		☐ Yes ☐ No
Describe the asset:		
Date of disposition:	Amount disposed:	$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
	$
	$

MONTHLY MEDICAL EXPENSES

Do you pay for out-of-pocket medical expenses? ☐ **YES** ☐ **NO** *If "YES", list ESTIMATED monthly medical expenses of ALL persons who will live in the unit that are not reimbursed by an outside agency.*

Name of Household Member	Medicare	Health Insurance	Medical Expenses	Disability Expenses
	$	$	$	$
	$	$	$	$
	$	$	$	$

CHILD CARE EXPENSES

Do you pay for child care expenses? ☐ **YES** ☐ **NO** *If "YES", list child care incurred due to an adult household member's Schooling/Employment/Search for Employment. COMPLETE FOR CHILDREN 12 YEARS AND YOUNGER ONLY*

Name of Child	Amount Paid	Name & Address of Person/Agency caring for child
	$	
	$	

ADDITIONAL INFORMATION	
Are you or any member of your household currently using an illegal substance?	☐ **Yes** ☐ **No**
Have you or any member of your household ever been convicted of a felony?	☐ **Yes** ☐ **No**
Do you or any member of your household smoke tobacco or any other plant material?	☐ **Yes** ☐ **No**
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea that has been granted for drug offenses? *If yes, have you or any member of your household successfully completed a drug rehabilitation program?* ☐ Yes ☐ No	☐ **Yes** ☐ **No**
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea that has been granted for any criminal activity or crime(s) of violence, or property theft offenses, or firearm offenses *(excluding traffic violations)*?	☐ **Yes** ☐ **No**
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea has been granted for manufacturing or producing methamphetamine?	☐ **Yes** ☐ **No**
Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program?	☐ **Yes** ☐ **No**
Have you or any member of your household ever filed for bankruptcy?	☐ **Yes** ☐ **No**
If **"YES"** to any of the above, provide name(s) of household members involved, date(s) of incidents, and details and mitigating circumstances/explanations on the "Explanation Sheet" below.	

Explanation Sheet:

Name of Household Member(s):
Date of incident(s):
Details, mitigating circumstances and explanations below:

REFERENCE INFORMATION	
List your CURRENT and PREVIOUS landlords for the PAST 5 YEARS. ***If you were living with family or friends, please give the name of the person you lived with and/or paid rent to.***	
CURRENT LANDLORD	Name:
	Address:
	Phone:
	Email/Fax:
	Dates of Tenancy:
PREVIOUS LANDLORD	Name:
	Address:
	Phone:
	Email/Fax:
	Dates of Tenancy:
PREVIOUS LANDLORD	Name:
	Address:
	Phone:
	Email/Fax:
	Dates of Tenancy:

Personal References			
Name of Reference	**Address**	**Relationship**	**Phone Number**

VEHICLE INFORMATION	
List cars, trucks, or other vehicles that you operate and maintain. All vehicles must have current vehicle registration, safety check and insurance. Only vehicles that fit in parking space will be allowed.	
Vehicle 1	**Vehicle 2**
Type of Vehicle:	Type of Vehicle:
Year/Make/Model:	Year/Make/Model:
License Plate #: Color:	License Plate #: Color:
Insurance Carrier:	Insurance Carrier:
Owner:	Owner:

ACKNOWLEDGEMENT, CERTIFICATION AND SIGNATURE LINES ON NEXT PAGE

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 primary residence. I/We understand I/we must pay a security deposit for this unit prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the Tenant Selection Criteria for this specific project as established by Mark Development, Inc. 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. I/We hereby authorize Mark Development, Inc. to verify any information contained in the rental application at any time, including but not limited to, verification of residency, employment, income, assets and landlord references. I/We understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorizes Mark Development, Inc. to obtain such reports as allowed by the Fair Credit Reporting Act and any information related to criminal activities.. This is for preliminary screening use only and does not obligate Mark Development, Inc. to execute a rental agreement or deliver possession of the premises.

ACKNOWLEDGMENT: My initial below acknowledges that I am aware and understand that a copy of the current Tenant Selection Plan is readily available for my review at www.mdihawaii.com and/or a copy may be provided to me per my request.

I certify that I have read, understand and accept the current Tenant Selection Plan.

⇨ **INITIAL: _____** *(Head of Household)*

All adult applicants 18 years and older and emancipated applicants under the age of 18 must sign application.

_____ _____

Head **Date**

_____ _____

Co-Head **Date**

_____ _____

Adult over 18 yrs. **Date**

Please be advised that if you knowingly give the managing agent false information regarding income or other factors considered in determining your eligibility and rent, you could become subject to penalties available under Federal law. Those penalties include fines up to $10,000.00 and imprisonment for up to five years.

INCOME CHECKLIST

It is important that you include all income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current and anticipated income.

1. **Employment Income** *This does not include employment income of children younger than 18 or live-in aides:*

Wages	Bonuses	Salaries	Tips
Overtime Pay	Fees	Commissions	Full-Time Student Income (18 & Over Only)

Any other amounts adult household members earn from working for other people or from their own business.

2. **Benefit Payments** *This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income [SSI]:*

Social Security	Annuities	SSI	Insurance Policy Payments
Worker's Compensation	Pensions	Disability Pay or Benefits	Retirement Fund Benefits
Unemployment Benefits	Death Benefits	Severance Pay	Veteran's Benefits
Title IV/TANF			

Any other benefit payments (e.g. veterans, disability, black lung sick benefits, dependent indemnity compensation)

3. **Welfare Assistance** *This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disable person.*

4. **Alimony and/or child support** *This includes adoption assistance payments.*

5. **Interest, dividends, and other income from household assets:** *Interest from bank accounts or bonds, Dividends from stocks or mutual funds, Income distributed from trust funds, Money from renting household assets, Any other interest, dividends, or rent, including children's unearned income)*

6. **Lottery winnings paid in periodic payments**

7. **Money or gifts regularly given by persons not living in the unit** *This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a nonrecurring basis.*

8. **Any other sources of income**

ASSET CHECKLIST

It is important that you include all Assets owned by each member of your household. The following is a list of items the government counts as assets in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current assets.

1. **Cash held in savings and checking account, pre-paid debit cards, safe deposit boxes, homes, etc.**
2. **Revocable Trusts**
3. **Equity in Rental Property or other Capital investment**
4. **Stocks, Bonds, Mutual Funds, Treasury Bills, Certificates of Deposit, Money Market Accounts**
5. **Individual Retirement and Keogh Accounts**
6. **Retirement and Pension Fund** *(amount that can be withdrawn less penalties and costs while employed without retiring or terminating employment)*
7. **Cash Value of Life Insurance Policies** *(surrender value before death of a whole life/universal life policy)*
8. **Personal Property held as Investments**
9. **Lump sum receipts or one-time receipts** *(inheritance; capital gains; on-time lottery winnings; victim's restitution; insurance settlements and claims; and other amounts not intended as periodic payments)*
10. **Mortgage or Deed of Trust held by household member**

OMB Control # 2502-0581
Exp. (02/28/2019)

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.