

## Rental Application Cover Page for Pico Robertson

This housing is offered without regard to race, color, religion, sex, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

1. Pico Robertson has Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities. Pico Robertson also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete the Special Needs Section on page 5 of the Rental Application.** For more information about the accessible features of these units, please contact:

Property Management Name: Cindy Wise, Mercy Housing Management Group

Title: Area Director of Operations

Phone Number: 479.459.8509

TTY (if available):\*711

Email: [cwise@mercyhousing.org](mailto:cwise@mercyhousing.org)

2. Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:
  - a. A change in rules (reasonable accommodation)
  - b. A physical change to their apartment or shared areas in the building (reasonable modification)
  - c. An accessible apartment
  - d. Aids and services to help you communicate with us

If you or anyone in your household has a disability and needs any of these things to live in Pico Robertson and use our services, then contact the Property Management staff listed above to complete a form called "Request Form for Reasonable Accommodations and Modifications".





<u>For Office Use Only</u>	
Date Received:	_____
Time Received:	_____
Received by:	_____
<input type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Add-on	
<b>If updated, use original date and time stamps.</b>	
HOH Name :	_____
<i>Use to link multiple apps due to add'l adults</i>	

**MERCY HOUSING MANAGEMENT  
HOUSING APPLICATION**

PROPERTY NAME:     PICO ROBERTSON     PROPERTY TELEPHONE # \_\_\_\_\_

**NOTICE:**    **Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.** *In addition, for California, our housing programs are open to all eligible persons regardless of sexual orientation, source of income, arbitrary characteristics, gender identity and gender expression, marital status, and ancestry. Anyone who wishes to be admitted to the property or placed on a property’s waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner’s preferred application process by providing alternative methods of taking applications.*

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, see Tenant Selection Criteria for eligibility requirements, you will need to submit additional information to complete the processing of this application. **All information you provide will be verified by Mercy Housing Management Group.** Incomplete and/or falsified information will cause the application to be denied and not processed.

It is the policy of Mercy-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property’s facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

**MARKETING:**

Please let us know how you heard of us:

Newspaper Ad     Drove by     Resident Referral     Web Site     Other: \_\_\_\_\_



**Please provide the following information for all persons that will live in the household  
ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY**

Date of Application: \_\_\_\_\_ Unit Size Needed: \_\_\_\_\_

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

\*\*Applicant SS#: \_\_\_\_\_ \*\*Applicant SS#: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Applicant Date of Birth: \_\_\_\_\_

Gender\*: \_\_\_\_\_ Gender\*: \_\_\_\_\_

Applicant Race\*: \_\_\_\_\_ Ethnicity\*: \_\_\_\_\_ Applicant Race\*: \_\_\_\_\_ Ethnicity\*: \_\_\_\_\_

\*Race Options: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other  
Pacific Islander White Other: \_\_\_\_\_

\*Ethnicity Options: Hispanic/Latino or Non-Hispanic/Latino

\*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that Federal Laws prohibiting discrimination against resident applicants. **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.

\*\*Not Required: Information from applicants who do not contend eligible immigration status, who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

1. X \_\_\_\_\_  
I decline to provide my Race and Ethnicity data or Gender

2. X \_\_\_\_\_  
I decline to provide my race and ethnicity data or Gender

**General Information:** Please complete each field below. Answer each question as completely as possible. Enter N/A for all blank fields.

<b>GENERAL INFORMATION</b>		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Email:		
* Marital Status ( <b>circle one</b> ): *You are not required to furnish this information, but are encouraged to do so.	Single, Separated: as of _____, Married, Divorced: as of _____, Widowed	Single, Separated: as of _____, Married, Divorced: as of _____, Widowed



Applicant

Applicant

Yes  No

Yes  No

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

Yes  No

Yes  No

Are all household members U.S. Citizens? *(N/A for PRAC 202/811 & Tax Credit)*

Yes  No

Yes  No

Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? Explain: \_\_\_\_\_

Yes  No

Yes  No

Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? Explain: \_\_\_\_\_

Yes  No

Yes  No

Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? \_\_\_\_\_

Yes  No

Yes  No

Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

Yes  No

Yes  No

Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?

Yes  No

Yes  No

Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

Yes  No

Yes  No

Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

Yes  No

Yes  No

Are you or anyone in your household subject to a Nationwide State lifetime Sexual Offender's Registration in any State?

Yes  No

Yes  No

Will this apartment be your sole place of residency?

Yes  No

Yes  No

Have you been involuntarily displaced by Government Action or Natural Disaster?

Yes  No

Yes  No

Are you a U.S. Veteran and/or in Active Duty? *(Optional)*

Yes  No

Yes  No

Do you have an **existing** Section 8 voucher?

**Employment Status:**

Please answer each applicable question if you are **currently employed or have been employed within the last year**. Enter N/A for fields that **do not apply**. If you have been **unemployed over the last year or have never worked**, enter N/A in **ALL** fields.

<b>EMPLOYMENT STATUS</b>		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage and frequency:		
If unemployed <b>within last year</b> , enter last day worked. Otherwise enter N/A.		



If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		
If unemployed, why?(IDAHO only) Otherwise, enter N/A here:		

***Income/Cash Benefits:***

Please enter dollar amounts as *estimated GROSS monthly* figures for *all sources of income*. Please round your figures to the nearest dollar amount. **For income that does not apply, enter zero (0) in each field. Do not use N/A in this section.**

**INCOME/CASH BENEFITS**

	Applicant	Applicant
Alimony	\$ _____	\$ _____
Business/Self-Employment - NET	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Tribal per Capita Income	\$ _____	\$ _____
Unearned Income for Members Under 18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
<b>Other</b> Income	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

***Assets:***

List **each** household member (including minors) & indicate assets held for each member in the asset table below. **\*Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments. DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]**

<b>HOUSEHOLD ASSETS</b>		
Household Member's Name	Type of Asset*	Value (\$)




**Household Composition:**

In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application. **Include total number of household members in field at bottom of table to include members who may be listed on an additional application. Please also include any “unborn” children.**

<b>HOUSEHOLD COMPOSITION</b>									
Name (First/Last)	*Gender M/F	Birth date	Age	Grade in School	Do you have full custody?	If not, list percent age of custody	**Social Security Number  (Required for <u>ALL</u> Household members)	*Race (See Pg 1)	*Ethnicity (See Pg 1)
a.									
b.									
c.									
d.									
<b>Total # of HH Members Include Members on page one</b>									

Household Member #: a. \_\_\_\_\_, b. \_\_\_\_\_, c. \_\_\_\_\_, d. \_\_\_\_\_

**\*I decline to provide my Gender, Race and Ethnicity data (Each Household Member has the option to sign above if they’re declining to provide this information.)**

**\*\*Not Required: Information from applicants who do not contend eligible immigration status, who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.**

**Special Needs:**

Please answer the following questions.

Are you or another household member disabled?  Yes  No

Do you or a household member require a special accommodation in your unit or need accessible features in the unit (i.e. mobility, hearing/visual, or both mobility and hearing/visual)?  Yes  No

*This community has 24 mobility accessible units and 3 Hearing and Visual Accessible units.*



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (**\*does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office

Or by emailing [504adacoordinator@mercyhousing.org](mailto:504adacoordinator@mercyhousing.org)

Fax: (877)-245-7121

Or you may dial 711 for California Voice Relay Services

**NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.**

*\* This legal phrase means if it is not too expensive and too difficult to arrange.*



**Special Needs (Optional) Continued:**

If yes, select applicable accessibility needs below:

	<u>Accommodation</u>
	Wheelchair Accessible
	Walker/Cane Accessible
	Other Mobility Impairment Accessible
	Other Vision Impairment Accessible
	Other Hearing Impairment Accessible
	Other Permanent Disability Accessible
	Accessible Parking Space
	Live-in Attendant

If attendant is needed, please give name of attendant & ordering physician:

\_\_\_\_\_  
Name of Live-in Attendant

\_\_\_\_\_  
Name and Phone Number of Physician

**Emergency Contact (Optional):**

Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

\_\_\_\_\_  
First/Last Name

\_\_\_\_\_  
Phone Number

**Expenses (HUD-assisted units only):**

Please enter dollar amount as *estimated monthly* figure for **all applicable expenses**. For fields that do not apply, enter zero (0). Do not use N/A in this section.

<b>EXPENSES</b>		
	<u>Applicant</u>	<u>Applicant</u>
Caregiver/Caregiver Duties	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Companion Animal Related	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____
Disability Related Equipment	\$ _____	\$ _____
Disability Related- Other	\$ _____	\$ _____
Health Insurance Related- Other	\$ _____	\$ _____
Medical Related- Other	\$ _____	\$ _____
Medicare Premium	\$ _____	\$ _____
Other Anticipated Medical	\$ _____	\$ _____
Over-the-Counter Medication Approved by Physician	\$ _____	\$ _____
Prescription Medication	\$ _____	\$ _____





Service Animal Related	\$ _____	\$ _____
<b><i>TOTAL MONTHLY EXPENSE</i></b>	<b>\$ _____</b>	<b>\$ _____</b>

**Residential History:** Please provide consecutive residential history. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.

<b>RESIDENTIAL HISTORY</b>		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation ( <b>circle one</b> ):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant ( <i>if different</i> ):		
Provider/Property Phone Number:		
Dates of Occupancy : ( <b>mm/yy – mm/yy</b> )		
Did you pay rent? If so, how much per month?		
Where you evicted or is eviction pending? If so, why?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation ( <b>circle one</b> ):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant ( <i>if different</i> ):		
Provider/Property Phone Number:		
Dates of Occupancy: ( <b>mm/yy – mm/yy</b> )		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property		
List affiliation ( <b>circle one</b> ):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant ( <i>if different</i> ):		
Provider/Property Phone Number:		
Dates of Occupancy: ( <b>mm/yy – mm/yy</b> )		



Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		

Please list all states and *counties* you, and all household members, have resided in:

**Applicant 1:**

ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_

COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**Applicant 2:**

ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_

COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

***POLICY STATEMENT & CERTIFICATION***

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Application includes pages 1 through 6 of this application. The information obtained will be used for management purposes only and will be held in confidence.

Acknowledgment of being informed of the above:

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

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

**ACKNOWLEDGEMENT**

**Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Mercy Housing Management. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Mercy Housing Management may be required to take steps that could result in eviction.**

\_\_\_\_\_  
**Initials**      **Initials**      \_\_\_\_\_

***PENALTIES FOR MISUSING THIS CONSENT***

*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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 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) \*\*. 6/29/2007*

**APPLICATION CLARIFICATION NOTES**

This section is to be used only to clarify items listed on the application itself.

Item:

Item:

Item:

Item:

Item:

Item:



**Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.**



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<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.

Form **HUD- 92006**(05/09)



## APPENDIX 8

### SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

**Property Name:**

**THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR  
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 Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

**Name of Additional Contact Person or Organization:**

Address:

Telephone Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

Relationship to Applicant:

**Reasons that you approve us to contact the Additional Contact Person or Organization: (Check all that apply)**

- Emergency
- Unable to contact you
- Proposed termination of rental assistance
- Proposed eviction
- Late rent payment
- Help with Recertification Change
- Change in lease terms
- Change in policies or procedures
- Other (please specify):

**Commitment of 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 on this form is confidential and will not be disclosed to anyone except as permitted by you, 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.

### **Option Not to Provide a Supplemental Contact Person:**

Check this box if you choose not to provide the contact information.

### **Signature of Applicant:**

Date:

Signature:

### **See Tenant Handbook Section 3.17 for More Information**



## **APPENDIX 2**

### **NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY AT**

**[Insert property name in fillable area]**

#### **WHAT ACCOMMODATIONS AND AUXILIARY AIDS CAN I ASK FOR?**

You or anyone in your household can ask for:

1. An accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property, public and common use areas, or participate in, or benefit from, a program, service or activity.
2. An accessibility alteration (physical changes) to your unit or a common area.
3. Auxiliary Aids and Services necessary to ensure effective communication between us. This can include providing information in alternative formats or for example, Braille, American Sign Language (ASL) interpreters, large print documents.

We will pay all reasonable costs for Reasonable Accommodations and Auxiliary Aids necessary to ensure effective communication between us.

## **WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?**

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the request, or if required by law.

## **WHAT ARE REASONABLE ACCOMMODATIONS?**

Reasonable Accommodations are changes, modifications, exceptions, alterations, or adaptations in our rules, policies, practices, programs, services, activities, or facilities that may be necessary to (1) provide an Individual with a Disability an equal opportunity to use and enjoy a dwelling, including public and common use areas of a development, (2) participate in, or benefit from, a program (housing or non-housing), service or activity; or (3) avoid discrimination against a person with a disability. A Reasonable Accommodation includes any physical or structural change to a Unit or a public or common use area.

Examples are:

1. Allowing an assistance animal in a “no-pets” building;
2. Allowing payment of rent on a date other than the first of the month if necessary due to the date the tenant receives disability income;
3. Granting a reserved parking space closer to the person’s unit;
4. Providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants;

5. Accepting references from professional caregivers and others when landlord references are not available for a person moving from a nursing home or other places that serve Individuals with disabilities;
6. Installing a wheelchair ramp;
7. Installing grab bars in the shower or bathroom;
8. Installing a roll-in shower;
9. Installing visual alerting systems and flashing lights for persons who are deaf or hard of hearing;
10. Adjusting counter heights for individuals who use wheelchairs;
11. Transferring a tenant in a non-elevator building who has difficulties walking up or down stairs to a ground floor unit with no or very few stairs; and
12. Requesting that [PROPERTY NAME – TO BE COMPLETED BY OWNER]

notify another individual in addition to the tenant or applicant when any concerns arise. See Appendix 8, Supplemental and Optional Contact Information for Applicants.

## **WHAT ARE AUXILIARY AIDS?**

Auxiliary Aids are aids, services, or devices that enable persons with vision, hearing, manual, or speech impairments to have an equal opportunity to participate in, or enjoy the benefits of, programs, services, or activities, including housing and other programs, services, and activities.

Examples are:

1. Giving you documents in large print, Braille, on cassettes or CDs, or electronically; or reading documents to you.

2. Providing a sign language interpreter or using a video relay service.
3. Notetakers; real-time computer-aided transcription services; exchange of written notes.
4. Providing audio description, or audio recordings.
5. Providing closed captioned video.

These are just examples. You can ask for other Reasonable Accommodations and Auxiliary Aids you need because of your disability.

### **WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR AUXILIARY AID?**

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

### **HOW DO I ASK FOR REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?**

You can ask a Property Manager, or fill out a Request Form. We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

### **WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?**

You need to tell us what you need and how it is related to your disability.

### **WHAT HAPPENS AFTER I ASK?**

We will respond to you as quickly as possible.

## **We may ask you for more information.**

Your need for Reasonable Accommodations or Auxiliary Aids may be obvious or already known. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for the accommodation or auxiliary aid is obvious or already known, we will not ask for any additional information. If your need for an accommodation or auxiliary aid is not obvious, we may ask you to provide more information, which may include information from someone else who knows about your disability needs. We will only seek limited information that is necessary to understand the disability-related need for your accommodation or auxiliary aid. We do not need to receive full medical records or to know unrelated information about the nature or severity of any disabilities. Any information we do receive will be kept confidential.

If we ask you for information from someone else, we will give you an Additional Information Form. An Additional Information Form may be needed if your disability or your need for a Reasonable Accommodation or Auxiliary Aid is not obvious or already known.

You can choose how to get the additional information:

1. You can sign the Part 2 of the Additional Information Form and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign the Part 2 of the Additional Information Form and give it to the person you want to fill out the rest of the form. You can return

it to us when it is complete. When the Additional Information Form is returned, we will tell you if we need more information.

We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability.

We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the wait list or your tenancy will not be affected because you make a request.

### **HOW LONG WILL IT TAKE TO GET AN ANSWER?**

Usually, we will respond within 5 business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer as soon as we can, but no later than within 30 days.

**For questions or help with your request, please contact:  
(Owner/property manager to complete)**

Name:

Title:

Address:

Office Phone:

TTY Number:

Email (if available):

**See Tenant Handbook Section 3.14 for More Information**