

Rental Criteria for Affordable Housing

Welcome to an affordable housing community managed by The Community Builders, Inc. Outlined below is an overview of the requirements for applicants to qualify for the affordable housing program(s) at this community. Additional information can be found in the property's Tenant Selection Plan, available for review in the management office.

The Community Builders, Inc. is an equal housing opportunity provider. All visitors must present a valid driver's license or other government issued photo identification in order to view the community. Examples of acceptable forms of identification are (but are not limited to): Valid state issued ID card, valid Military ID card, a valid Passport or a US Immigration and Naturalization Services Issued Visa. A copy of all applicants' (18 years of age and older) government issued photo ID's will be made and retained at time of move-in. All applications for apartments: 1) will be accepted on a first come-first served basis; 2) are subject to the availability of the apartment type/size requested; 3) will be approved based on the rental criteria established for the community and program(s). Security Deposits and Pet Fees/Deposits (where applicable) are required. Rental applications are to be completed entirely. **Any omissions or falsifications may result in rejection of an application or termination of lease.**

- Application Fee: When Due:
- Pet Fee: When Due:
- Pet Deposit: When Due:
- Holding Fee: When Due:
- Security Deposit: When Due:
- Other Fee: When Due:
- Other Application Information (If Applicable):

Preference Information (If Applicable):

Lottery Information (If Applicable):

Income Restricted:

This community is designed to facilitate the housing needs for low and moderate-income families. Residence at this community requires that applicants meet certain qualifying standards established by the federal and/or state affordable housing program(s) at this community and The Community Builders, Inc. Applicant household's gross yearly income must not exceed the following, by household size (note: there are no maximum income requirements for our market rate homes):

% AMI	1 person	\$	4 persons	\$	7 persons	\$
	2 persons	\$	5 persons	\$	8 persons	\$
	3 persons	\$	6 persons	\$		

*as defined and published by [program type(s) -- HUD; HOME; HUD MTSP]

% AMI	1 person	\$	4 persons	\$	7 persons	\$
	2 persons	\$	5 persons	\$	8 persons	\$
	3 persons	\$	6 persons	\$		

*as defined and published by [program type(s) -- HUD; HOME; HUD MTSP]

**When calculating your total annual household income from all sources on your application, be sure to count all income from sources including, but not limited to, earned income for all adults such as *W2, 1099, Salary, Self-Employment*. Also include unearned income for all household members, including minors, such as *Social Security, Supplemental Social Security, Pension/Retirement, Annuity, Unemployment, Worker's Compensation, TAFDC/Welfare Assistance, Child Support, Alimony and assets*.

Management complies with the Cook County "Just Housing Ordinance" - "Article II of the Cook County Human Rights Ordinance ("Ordinance") prohibits unlawful discrimination, as defined in §42-31, against a person because of any of the following: race, color, sex, age, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, military discharge, source of income, gender identity or housing status. Additionally, any written or unwritten housing policy or practice that discriminates against applicants based on their criminal history, as defined in § 42-38(a) of the Ordinance, is a violation of the Ordinance. Any written or unwritten housing policy or practice which discriminates against applicants based on their convictions, as defined in § 42-38(a) of the Ordinance, prior to the completion of an individualized assessment violates the Ordinance. Nothing in this [Ordinance] shall be interpreted as prohibiting a housing provider from denying housing to an applicant based on their criminal conviction history when required by federal or state law." More information can be found on the Cook County Commission on Human Rights website, www.cookcountyl.gov/agency/commission-human-rights-0, or by contacting the Commission at 69 W. Washington Street, Suite 3040, Chicago, IL 60602, 312-603-1100, human.rights@cookcountyl.gov.

Our selection criteria is applied in two stages: The first stage of this process is to verify your rental history, income eligibility, credit history and a review of any civil court records. No inquiry into your criminal conviction history will be made at this stage. After you have been proven to meet the criteria for this first stage, you will be provided a notice of pre-qualification and will then be subject to a criminal background check, stage two. Applicants' criminal conviction history from the previous three (3) years will be evaluated to determine whether their conviction history poses a demonstrable risk to personal safety or property. Please Note: Applicants who are not approved due to credit history will be notified in writing pursuant to the Fair Credit Reporting Act.

Stage One Criteria:

All applicants must comply with the following prior to occupancy:

- * Applicants must be of legal age (18 years or legally emancipated) and each applicant must complete an application and meet all rental criteria.
- * Applicant household's combined, gross monthly income must be a minimum of at least 2.5 times the monthly rent (rents are available on our website, and are subject to change at any time). Note: This does not apply to household's that will be receiving site-based (ex. Section 8 or PRAC) or tenant-based (ex. Housing Choice Voucher) rental assistance for this apartment.
- * Rental history may be verified for present and previous residences from applicant household's landlords for the last five (5) years or from the last two successive tenancies, whichever is more inclusive. Applicants may not be rejected for lack of rental history, but may be rejected for unsatisfactory rental history. Any applicant who has been evicted for nonpayment of rent, damages, or material noncompliance may be rejected. Any applicant who owes past due funds to a previous landlord may be rejected until all funds that are past due have been paid in full.
- * Applicant household's income and assets must be verified. Management will make necessary efforts to obtain third party verification of income and assets. In some instances, management may require an applicant to provide additional information such as pay stubs, benefit

letters, notarized contribution letters, etc. Applicants can not be proven eligible for housing until all household income and assets have been completely identified and verified.

- * An unsatisfactory credit report can disqualify an applicant from renting an apartment at this community. Management uses a third-party screening company to retrieve credit reports for all applicant household members who are 18 years of age or older. The credit report must demonstrate that the applicant(s) has/have paid financial obligations, as agreed. Greater weight is applied to activity reported over the most recent 24-month period. Management does not consider medical bills, medical expenses, student loans or foreclosures when reviewing credit history. Management will not consider a discharged bankruptcy (Chapter 7 or 13) that has been dismissed more than six (6) months prior to the date of application for housing. Management's inability to verify credit references is also a basis for rejecting an application. However, consideration will be given to special circumstances in which credit has not been established (income, age, marital status, etc.) and the lack of credit history alone will not cause an application to be rejected.
- * Applicant must not have more than two persons residing in an efficiency or one-bedroom apartment, not more than four persons in a two-bedroom apartment, not more than six in a three-bedroom apartment, not more than eight in a four-bedroom apartment and not more than ten in a five-bedroom apartment unless local or state housing occupancy codes dictate otherwise.
- * Applicant household must meet the affordable housing program(s) applicable student rule(s) requirements to obtain housing at this community.
- * Applicants understand that they will not be able to occupy or take possession of an apartment until all supporting paperwork is complete and signed by all parties. All approved applicants are required to execute the lease agreement. In addition, all security deposits must be paid in full prior to move-in.

Management will give consideration to extenuating circumstances as presented by the applicant household.

Stage Two Criteria:

Management will obtain a criminal background screening report for all adult household members 18 years of age or older. Applicants' criminal conviction history from the previous three (3) years will be evaluated to determine whether their conviction history poses a demonstrable risk to personal safety or property. Applicants may be rejected when Management has a reasonable basis to believe that the applicant cannot meet the essential requirements. The requirements include: not to engage in any activity that involves physical danger or violence to persons or property or adversely affect the health, safety and welfare of residents, staff, vendors, service providers and/or owner; and not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons; and any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises. Management will not consider an arrest or charge that was resolved without conviction. In addition, Management will not consider expunged or sealed convictions. Management may deny admission if an applicant has pending charges as time of application. Reasons for application rejection include:

- * The application for tenancy **will** be rejected if there is any household member who is currently subject to any state lifetime sex offender or child sex offender registration requirement, pursuant to the Sex Offender Registration Act (or similar law in another jurisdiction). If Management determines that a registered sex offender is part of the household, Management may allow the household to remove the sex offender from the application.
- * The application for tenancy **will** be rejected if there is any household in which any member was evicted in the last three (3) years from federally assisted housing for drug related criminal activity, unless such member of the Applicant Household has successfully completed a rehabilitation program approved by the Owner. *[Applicable only to HUD properties]*
- * The application for tenancy **will** be rejected if Management determines that any member of the Applicant Household has been convicted of felonious crimes or any similar offense for manufacture of any controlled substance or new drug. *[Applicable only to HUD properties]*
- * A household in which any member is currently engaged in illegal use of drugs or for which the Management has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents. Current use will be indicated and investigated if there is a record conviction within the last 3 years. Please Note: Marijuana is a controlled substance under federal law. Owners of federally assisted housing are required by The Quality Housing & Work Responsibility Act of 1998 (QHWRA), 42 U.S.C. Section 13662 to deny admission to any household with a member who the owner determines is, at the time of application for admission, illegally using a controlled substance, including Marijuana.
- * Any household in which any member presents a reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards are based on behavior, not the condition of alcoholism or alcohol abuse.
- * Any member of the Applicant Household who has, within the three (3) years preceding the date the Applicant Household would be selected for admission, engaged in any criminal activity that, if repeated, would adversely affect the health, safety, or right to peaceful enjoyment of property of the residents of the Development, Management employees, or persons residing in the immediate vicinity of the Development.
- * Any member of the Applicant Household has been convicted of any of the following felonious or misdemeanor crimes or any similar offense within the previous three (3) years (including but not limited to): assault/battery, crimes against children, domestic crimes, destruction of property, homicide, sex crimes, harrasment, kidnapping, robbery, weapons, arson, burglary and drug offenses.

If Management is unable to complete required criminal or sex offender screening due to the applicant's failure to provide required information or release forms, the application will be rejected. In accordance with the Violence Against Women Reauthorization Act (VAWA), admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence, sexual assault or stalking if the applicant or household member otherwise qualifies for admission. VAWA protections are available regardless of sex, gender identity, or sexual orientation. If the applicant's criminal conviction was related to their disability, Management will consider a reasonable accommodation.

Criminal Screening Discoveries

If the criminal background investigation results indicate that an applicant does not meet the criminal screening criteria, before rejecting the household, Management will complete an individualized assessment of the criminal record and its impact on the household's suitability for admission (unless the criminal conviction qualifies for an absolute bar to admission - see criminal convictions that **will** result in denial of admission, referenced above). This assessment will include: 1) Providing written notice to the household of the proposed action based on the information, within five (5) days of obtaining the background check along with a copy of the background check; 2) Providing the household with the opportunity to submit mitigating circumstances documentation within five (5) business days which includes evidence of rehabilitation and other mitigating factors; 3) Providing the household with an opportunity to dispute the accuracy and relevance of the information obtained from any law enforcement or third-party screening agency also within five (5) business days; and 4) Allowing the household the opportunity to remove the household member that is the subject of the criminal screening discovery. After giving the household the opportunity to dispute the accuracy and/or relevance of a conviction, Management shall conduct an individualized assessment to determine whether the applicant at issue poses a demonstrable risk. If the applicant poses a demonstrable risk, the housing provider may deny the individual housing. Note: Management may approve another pre-qualified household's application during the pendency of the criminal conviction dispute process.

Denial of Application

Should the applicant be rejected, Management will send a written notice of ineligibility to the applicant stating the specific reason(s) for denial within three (3) business days of receipt of information from the applicant disputing or rebutting the information contained in the criminal background check and advise the applicant of their appeal rights and their rights to request a reasonable accommodation, if applicable. The applicant will notified of their right to file a complaint with the Cook County Commission on Human Rights. The written notice will be accompanied by the Notice of Occupancy Rights Under the Violence Against Women Act (5380) and the corresponding Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Document (5382). Any otherwise eligible applicant household with a history of unsatisfactory conduct who claims that such conduct was due to or related to a Disability within the meaning of Section 504 of the Rehabilitation Act of 1973 ("Section 504") is entitled to request a review for eligibility for a "reasonable accommodation" under Section 504 and related acts.

Privacy Policy for Personal Information of Rental Applicant and Residents – We are dedicated to protecting the privacy of your personal information, including your Social Security Numbers and other identifying or sensitive personal information. Our policy and procedures are designed to help ensure that your information is kept secure, and we work to follow all federal and state laws regarding the protection of your personal information. While no one can guarantee against identity theft or the misuse of personal information, protecting the information you provide us is a high priority to our company and staff. If you have concerns about this issue, please feel free to share them with us.

How Personal Information is collected: You will be asked to furnish some personal information when you apply to rent from us. This information will be on the rental application form or other document(s) that you provide to us, either on paper or electronically.

How and When Information is used: We use this information for our business purposes only as it relates to leasing a dwelling to you. Examples of these uses included but are not limited to, verifying statements made on your rental application (such as your rental, credit and employment history), reviewing your lease for renewal and enforcing your lease obligations (such as to obtain payment for money you may owe us in the future).

How the Information is protected and who has access: We allow only authorized persons to have access to your personal information, and we keep documents and electronic records containing this information in secure areas and systems.

How the Information is disposed of: After we no longer need or are required to keep your personal information, we will store or destroy it in a manner designed to prevent unauthorized persons from accessing it. Our disposal methods will include shredding, pulverizing, destruction or obliteration of paper documents and destruction of electronic files.

I understand and accept these qualifying standards and have truthfully answered all questions. I understand that falsification of rental application information will lead to denial of housing. Rental Criteria for Affordable Housing does not constitute a guarantee or representation that residents or occupants currently residing in the community have not been convicted or are not subject to deferred adjudication for felony. Management’s ability to verify this information is limited to the information made available by the agencies and services used. It does not insure that all individuals reside in, on or visiting the community conforms to these guidelines.

_____	_____	_____	_____
Applicant Signature	Date	Management Representative	Date
_____	_____		
Applicant Signature	Date		
_____	_____		
Applicant Signature	Date		
_____	_____		
Applicant Signature	Date		

Discrimination is Against the Law

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. The Community Builders, Inc. does not discriminate on the basis of any protected status, as defined and prohibited by local, state or federal law, in the admission of or access to housing its programs and activities.

- * Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- * Provides free language services to people with limited English-proficiency, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact the Community Manager at _____ TTY:711.

If you believe _____ has failed to provide these services or discriminated in another way on the basis of race, color, religion, sex, handicap, familial status or national origin or any other local or state protected class, you can file a grievance with The Community Builders, Inc. by contacting Melissa Perry at 857-221-8761 or via TTY 711 or submit a written request to The Community Builders, Inc., 185 Dartmouth Street, Boston, MA 02116 or via fax at (617) 502-8136.

_____ and The Community Builders, Inc. complies with Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination, based on the presence of a disability in all programs or activities operated by recipients of federal financial assistance. In accordance with the Fair Housing Act and Section 504 of the Rehabilitation Act, _____ will make reasonable accommodations or modifications for individuals with disabilities (applicants or residents) unless these modifications would change the fundamental nature of the housing program or result in undue financial and administrative burden. The Community Builders, Inc. has designated a person to address questions or requests regarding the specific needs of residents and applicants with disabilities. This person is referred to as the Section 504 Coordinator. For more information please contact: Melissa Perry, Section 504 Coordinator at 857-221-8761 or via TTY 711 or submit a written request to The Community Builders, Inc., 185 Dartmouth Street, Boston, MA 02116 or via fax at (617) 502-8136.

ATTENTION: Please contact the management office if you need help understanding this document.

- Spanish:
 - Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento.
- Portuguese:
 - Por favor contate o escritório de gerência se deve ajudar entendimento este documento.
- French
 - Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion.
- Haitian Creole
 - Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a.
- Vietnamese
 - Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này.
- Russian
 - Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа.
- German
 - Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen.
- Chinese
 - 請聯絡管理辦公室，如果你需要幫助理解這份文件。
- Japanese
 - もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。

Preliminary applications are to be completed by applicant(s) when an apartment cannot be assigned and the applicant(s) can be added to the community's waitlist. Preliminary applications with missing information cannot be processed & applicants will not be placed on the waitlist until complete. This preliminary application will contain a Reasonable Accommodation Acknowledgement, HUD-92006 Form and a list of preferences (if any) for this community. For full screening procedures, please contact the management agent at the contact info above.

APPLICANT INFORMATION							
LAST NAME		FIRST NAME		M.I.	SEX (Optional) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SSN	FULL TIME STUDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
BIRTH DATE	HOME PHONE ()		WORK PHONE ()		EMAIL		
STREET ADDRESS			APARTMENT #	CITY	STATE	ZIP	
TOTAL GROSS ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES/APPLICANTS (INCLUDING ASSET INCOME) \$			DESIRED MOVE IN DATE	DESIRED NUMBER OF BEDROOMS	DO YOU HAVE A HOUSING CHOICE VOUCHER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IS AN ACCESSIBLE UNIT NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY: HEARING <input type="checkbox"/> VISION <input type="checkbox"/> MOBILITY <input type="checkbox"/> OTHER <input type="checkbox"/>				HOW DID YOU HEAR ABOUT THIS COMMUNITY?			
WHAT IS YOUR PRIMARY LANGUAGE? ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <input type="checkbox"/>			IF ENGLISH IS NOT YOUR PRIMARY LANGUAGE, CAN YOU SPEAK OR READ ENGLISH FLUENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU NEED AN INTERPRETER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, CHECK ONE OR BOTH: SPEAK <input type="checkbox"/> READ <input type="checkbox"/>		
PETS? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, DESCRIBE PET'S WEIGHT, BREED AND AGE:			DO YOU MEET ANY PREFERENCES AT THIS COMMUNITY? IF YES, PLEASE LIST: ARE YOU HOMELESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ADDITIONAL APPLICANT INFORMATION							
LAST NAME	FIRST NAME	M.I.	RELATIONSHIP TO APPLICANT	BIRTH DATE	SEX (Optional)	SSN	FULL TIME STUDENT? Y/N
EMERGENCY CONTACT							
NAME			ADDRESS	PHONE ()	RELATIONSHIP		
BACKGROUND INFORMATION							
HAS ANY MEMBER OF THE HOUSEHOLD EVER:	Filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Willfully or intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Been evicted from a tenancy or left owing money? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide Property Name, City, State, and Landlord Name.				
Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state(s):				If you answered "yes" to any of the questions, please specify the household member name(s):			
Please identify the racial or ethnic group of which you are a member (This is optional): <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____							

Applicant Certification

- I/We certify that the information given to The Community Builders Inc. on this preliminary application is correct and complete to the best of my/our knowledge.
- I/We understand that if this application is not filled out completely, it will not be accepted.
- I/We understand this is a preliminary application and the information provided does not guarantee housing.
- I/We understand additional information and verifications will be necessary to complete the application process.

Applicant Signature: _____ Date: _____

Management Signature: _____ Date: _____

<p>FOR OFFICE USE</p> <p>Date Received: _____</p> <p>Time Received: _____</p>
--

The Community Builders Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The following person has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): **Melissa Perry, The Community Builders, Inc., 185 Dartmouth Street, Boston, MA, 02116; (857) 221-8600, TTY 711; ReasonableAccommodations@tcbinc.org.**



REASONABLE ACCOMMODATION POLICY

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

- a change in the rules or policies of how we do things that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change or repair to some other part of the housing site that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change in the way we communicate with you or give you information.

You may request this kind of change which is called a **REASONABLE ACCOMMODATION**

- If you can document that you have a disability and if your request is reasonable (which means not pose an undue financial or administrative burden) we will try to make the change request.
- We will give you an answer within 30 days of our receiving any necessary verification 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 deny your request, we will explain the reasons and you can give us more information if you think that will help. If you need assistance filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will assist you.

You can obtain a REASONABLE ACCOMMODATION FORM at the Management Office.

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

All Requests are submitted to:

REASONABLE ACCOMMODATION COMMITTEE
THE COMMUNITY BUILDERS, INC.
185 DARTMOUTH STREET
BOSTON, MA 02116

MANAGING AGENT FOR: _____

(Community Name)

I acknowledge have read and understand the Reasonable Accommodation Policy. Should there be multiple members of the household, notice of this policy to me, the Primary Applicant, is constructive notice to the entire household.

Primary Applicant's Signature

Date

The Community Builders Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The following person has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): Melissa Perry, The Community Builders, Inc., 185 Dartmouth Street, Boston, MA, 02116; (857) 221-8600, TTY 711; ReasonableAccommodations@tcbinc.org.



REQUEST FOR A REASONABLE ACCOMMODATION FORM

Name: _____ Phone: _____

Address: _____

1. As a result of his/her disability the following change or changes is requested so that (the person listed) can live here as easily or successfully as the other residents. Check the kind of change(s) you need.

Permission for a Personal Care Attendant to be a regular visitor to my apartment.
Name the person or people who are your Personal Care Attendants:

An additional bedroom for a Live-In Aide or Personal Care Attendant to live in my apartment.
Name the person or people who are your Live-In Aides or Personal Care Attendants:

A physical or structural change in my apartment or other part of the housing complex.
(Describe)

A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

2. I need this reasonable accommodation because of my disability so that I can:

3. You may verify that I have a disability and my need for this request by contacting:

Name: _____

Address: _____

Phone: _____

4. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept confidential and used solely to determine if you will provide an accommodation.

Signed: _____

Date: _____



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