

CAPNCM Grundy County Public Housing Agency

HOUSING CHOICE VOUCHER RENTAL ASSISTANCE PROGRAM

I. Head of Household Information

First, Middle, Last Name

Date

Time

Street Address, Apt. #, Lot #

Phone#

Head of Household SS#

City, State, Zip

County

E-mail

Other Adult SS#

Other Adult SS#

\*Name and Phone Number of a friend or relative we can contact if unable to reach you:

First, Last Name

Phone#

U.S. Citizen: ☐Yes ☐No ☐FT College Student ☐PT College Student ☐Neither  
Head of Household or Spouse is: ☐Elderly (62 or older) ☐Disabled ☐Handicapped ☐None  
(To be classified as disabled or handicapped, the person must be receiving Social Security Disability or SSI)

II. Present Dwelling Information: Monthly Rent Amount \$\_\_\_\_\_ # of BRs in Unit\_\_\_\_\_

III. Name of Current Landlord: \_\_\_\_\_ Related: ☐Yes ☐No

IV. Persons in Household

List all persons, including Head of Household, who will live in the rental unit while you are on the program.

\*Please use the following number codes: 1-White; 2-Black; 3-American Indian / Alaskan Native; 4-Asian; 5-Native Hawaiian / Other Pacific Islander; 6-Hispanic; 7-Other

Full Name (F,M,L)	Relationship	Disabled	Race*	Birth Date	Age	Sex

V. Employment of Household Members

(List all full and/or part-time earnings, including self-employment earnings)

Household Member's Name	FT/PT	Employer Name/Address	Current Gross Earnings		
			\$	per	
			\$	per	
			\$	per	
			\$	per	

VI. Other Sources of Income Received

Please list any source of income received by ANY household members, including dependents. Ex. TANF, Social Security, SSI, Pension, Disability Compensation, Alimony, Unemployment, Interest, Dividends, Child Support, Annuities, Rental Income, Senior Citizen Income Tax Credit, Scholarships and Grants. (If you claim zero income, you are required to complete a zero income form quarterly.)

Household Member's Name	Type of Income	Amount		
		\$	per	
		\$	per	
		\$	per	
		\$	per	

VII. Assets of All Family Members, including Dependents

Please list any asset, and its derived income, that is in ANY household members' name, including dependents. ALL assets must be reviewed and updated. Examples:

Checking Account(s)	Savings Account(s)	Money Market Account	Inheritances
Certificate of Deposit	Real Property (land) (houses)	Life Insurance Policies	Trust Funds
401(k) and 403(b)	Mutual Funds	Stocks / Bonds	Individual Retirement Accounts (IRA)

Expected income can be derived from interest, dividends, regular periodic payments or regular withdrawals. Enter the Type of Asset, Name of Bank/Holding Co., & the Current Balance (Market Value).

Household Member's Name	Type of Asset	Bank Name / Holding Company	Current Balance (Market Value)
NOTE: Sale of capital assets are counted as income.			Total

Certification - The total household assets above do not exceed \$5,000.

VIII. Medical & Unusual Expenses

Do you pay for **Childcare** to allow the Head of Household or Spouse to work or attend school? Yes No  
Do you pay a **Medicare Premium**? Yes No \$/month Self Spouse/Other  
Do you receive **Medicaid/MO Healthnet (FSD)**? Yes No  
Do you have private pay insurance? Yes No Self Spouse/Other Children, paid by

\*\*Elderly / Disabled Head, Spouse or Other Adult ~ ONLY:

Do you pay a **Medicaid Spend-Down**? Yes No \$ per month  
Do you pay for a **Medicare Supplement**? Yes No \$ per month Name:  
Do you pay for **Prescription Drug Insurance**? Yes No \$ per month Name:

Do you pay co-pays for **Prescriptions Drugs** at a pharmacy? Yes No \$ per month  
Do you pay on outstanding **Hospital/Doctor Bills** on a regular basis? Yes No \$ per month  
Did you pay out of pocket in the past 12 months for:  
Dental Costs? \$ Annually Hearing Costs? \$ Annually  
Vision Costs? \$ Annually

IX. Prior Housing Program Participation

Have you ever applied for or participated in public housing, project-based section 8, tenant-based section 8, rural development RA voucher, sliding scale rent, or other rental assistance programs? Yes No

Housing Agency Name  
City, State

**\*I/We certify that this information given to the PHA on household composition, income, assets, child care and medical deductions are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for denial of housing assistance or termination of housing assistance and termination of tenancy.**

**\*NOTE: All information has to be verified BEFORE final eligibility for the program can be determined. If you don't have documentation, this will slow down the process. Social Security Card(s) and birth certificates ARE required for ALL members in the household.**

**\*You will be notified of your eligibility or ineligibility for the program by mail. For families being re-certified, you will also be notified of your eligibility or ineligibility for continuance on the program by mail.**

**\*The applicant MUST report ANY & ALL changes on this application to Housing Assistance Staff.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)



**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



**Community Action Partnership  
of North Central Missouri (CAPNCM)**  
1506 Oklahoma Avenue ~ Trenton, MO 64683  
Phone: 1-855-290-8544 ~ Fax: 1-844-503-1872  
Website: [www.capncm.org](http://www.capncm.org)  
**GRUNDY COUNTY PUBLIC HOUSING AGENCY**  
E-mail: [grundypaha@gmail.com](mailto:grundypaha@gmail.com)

***"THIS FORM MAY BE PHOTOCOPIED"***

## **AUTHORIZATION**

I/We Do Hereby Authorize Grundy County Public Housing Agency (MO196) / Community Action Partnership of North Central Missouri (CAPNCM) and its staff or authorized representative to contact any agencies, local police departments, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for the Housing Choice Voucher Rent Assistance Program administered by Community Action Partnership of North Central Missouri (CAPNCM).

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SIGNATURE(S):

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Tenant / Applicant

-----  
Date

-----  
Spouse

-----  
Date

-----  
Other Adult (18 years of age and older)

-----  
Date

-----  
Other Adult (18 years of age and older)

-----  
Date

-----  
Other Adult (18 years of age and older)

-----  
Date

**(This consent form expires 15 months after signed)**

**COMMUNITY ACTION PARTNERSHIP OF NORTH CENTRAL MISSOURI  
GRUNDY COUNTY PUBLIC HOUSING AGENCY**

**SCREENING, EVICTION AND GROUNDS FOR DENIAL  
FOR DRUG ABUSE AND OTHER CRIMINAL ACTIVITY**

Federal law requires CAPNCM / GCPHA to verify certain information about all members of families applying for admission to our Housing Choice Voucher Program. Specifically, the PHA wishes to avoid admitting a family or any one of those members who are involved in criminal activity that would adversely affect the health, safety or welfare of other tenants or residents of a neighborhood. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any person in your household.

**\*\*Grundy County Public Housing Agency will DENY the application of any person who does not provide complete and accurate information on this form!!\*\***

1. Do you currently owe rent or any other fees to any Public Housing Agency (PHA) in connection with Section 8 or Public Housing assistance? ☐ Yes, Name of PHA \_\_\_\_\_ ☐ No
2. Have you been evicted from a federally assisted housing site for drug-related criminal activity? ☐ Yes ☐ No
3. Are you a registered sex offender? ☐ Yes ☐ No
4. Please list previous City(s) and State(s) lived in last three (3) years? \_\_\_\_\_  
\_\_\_\_\_.
5. Have you ever used or been known by any other name? ☐ Yes, please list names used:  
\_\_\_\_\_  
\_\_\_\_\_ ☐ No
6. Using the numbers below, please indicate whether any family member has been **arrested** for, **charged**, or **convicted** of any crimes relating to the following, within the last three (3) years:
  1. Homicide/Murder
  2. Rape/Child Molesting/Sex Offender
  3. Burglary/Robbery/Larceny/Theft
  4. Threats or Harassment
  5. Destruction of Property / Vandalism
  6. Assault or Fighting
  7. Child Abuse / Domestic Violence
  8. Public Intoxication / Drunk & Disorderly Conduct
  9. Receiving Stolen Goods
  10. Fraud/Fraudulent Use of Credit Device
  11. Drug Trafficking, Use, Possession, or Manufacture

Family Member Name	Crime(s)#	Status / Disposition

I certify that my answers to the above questions are true and complete to the best of my knowledge. I hereby authorize the release of the information requested above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<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.

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**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.