

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.

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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.



The SEPP Group

HOUSING MANAGEMENT DEVELOPMENT

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Federal Preference / Priority List Explanation & Declaration Please read carefully

The Federal Government has allowed us to open our waiting list to applicants that may be considered a preference. If it is determined that you are a preference, your name then can be moved to a higher position on the waiting list.

An applicant with a preference would include: someone who is paying more than 50% of their monthly GROSS income in rent and utilities, if you have been involuntarily displaced, if you are living in substandard housing and/or if you have what is considered "extremely low income" as described on the last page of this section.

Please read the enclosed material carefully, complete, and return to us at the address shown above as soon as possible so we may determine your preference eligibility. If we do not hear from you within fifteen (15) days, we will assume that you do not qualify, though we would like to hear from you regardless.

If it is determined that you may have one of these preferences, you will be asked to furnish us with written proof of the preference. If you should have any questions pertaining to this, please feel free to contact my office at the number listed. Thank you.

Sincerely,

Management



Cardinal Cove Apartments * Creamery Hills Apartments * Hamilton House Apartments * Harry L. Apartments *
Kime Apartments * Marian Apartments * Nichols Notch Apartments * Watkins Glen School Apartments *
Wells Apartments * Whitney Point Apartments * Windsor Woods Apartments



Substandard Housing:

A unit is substandard because it:

1. Is dilapidated
2. Does not have operable indoor plumbing
3. Does not have a usable flush toilet in the unit for exclusive use of the family
4. Does not have a usable bathtub/shower in the unit for the exclusive use of the family
5. Does not have electricity, or has inadequate or unsafe electrical service
6. Does not have a safe or adequate source of heat,
7. Should, but does not have a kitchen or;
8. Has been declared unfit for habitation by an agency or unit of government.

A unit is dilapidated if it:

Does not provide safe and adequate shelter and,

endangers the health and safety or well being of a family or

has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. (These defects may involve original construction, or result continued neglect or lack of repair or serious damage to the structure.)

In defining substandard housing, an applicant who is a "homeless family" meets the criteria of substandard housing.

A "homeless family" includes any individual or family who:

Lacks a fixed, regular and adequate night time residence and has a primary night time residence that is:

A supervised publicly/privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional living.)

An institution that provides a temporary residence for individuals intended to be institutionalized.

A public/private place not designed for, or ordinarily used for sleeping for human beings.



Single Room Occupancy Housing is not considered substandard because it does not contain sanitary or food preparation facilities.

Involuntarily Displaced

- A disaster such as fire or flood has made the unit uninhabitable.
- Code enforcement, public improvement or development program activities by a U.S. Agency, a State, or Local government body or agency.
- The housing owner has taken action, which forces the applicant to vacate its unit.
- The action was beyond the applicant's ability to control or prevent
- The action occurred despite the applicant's having met all previously imposed conditions of occupancy, and:
The action was not a rent increase.

The applicant has vacated a housing unit because of domestic violence or the applicant lives in a housing unit with a person who engages in domestic violence.

Domestic violence means actual or threatened physical violence directed against one or more members of the applicant's household. The violence must have occurred recently or is of a continuing nature.

The applicant family members provide information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends re-housing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.

One or more members of the applicant's family have been the victim of one or more hate crimes and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit.

Hate crime means actual or physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national origin, handicap, or familial status. It must have occurred recently or is of a continuing nature.

A member of the family has mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.

Disposition of a multifamily rental housing project by HUD under Section 203 of the Housing and Community Development Amendments of 1978.

Rent Burden

A rent burden applies if the applicant pays more than 50% of their gross monthly income for rent and utilities.



The definition of income is the one used to compute eligibility and Total Tenant Payment (TTP):

The amount of tenant paid utilities may be determined by using the utility allowances established by the local PHA for its Section 8 Existing Program, however, the family may choose to document the actual average monthly utilities for the past 12 months (or for an appropriate recent period of a full 12 months' information if not attainable).

A family does not qualify for this preference if the reason it is paying more than 50% of its income for housing is because assistance under a HUD program was terminated for refusal to comply with applicable policies and procedures on the occupancy of under occupied and overcrowded units under the Section 8, Rent Supplement and RAP Programs.

A family does not qualify for this preference if the applicant has been paying more than 50% of family income for rent for less than 90 days.

If your total annual GROSS household income is:

- \$14,050 or less for ONE person
- \$16,460 or less for TWO persons
- \$20,780 or less for THREE persons

I certify to the best of my knowledge and understandings of the preferences as indicated that I qualify to be considered for an apartment ahead of other applicants on the waiting list. I also understand before I will be considered as a preference I must otherwise be eligible for Subsidized Housing.

MY CURRENT PREFERENCE IS:

- Substandard Housing
- Involuntarily Displaced
- Rent Burden
- My annual GROSS income is less than the figures stated above
- I do not have a preference at this time

Applicant's Signature: _____

Date: _____

