

Hollyridge Apartments
406 Sinclair St, Bldg 6
Lumberton, NC 28358

(Phone) 910-738-5430
(Fax) 910-738-9621
(Email)hollyridge@wcsites.net

Thank you for your interest in our apartment community. Below please find additional information that is useful in understanding the application process.

1. Complete the attached Application, Income and Expense Questionnaire, Contact Information Supplement to Application (HUD-92006), Student Questionnaire and the Special Unit Requirement Questionnaire and Working Preference Rule **in full**. Please complete in ink, not pencil, and do not use correction tape or fluid. If an error is made, please strike through and initial the correction. A complete mailing address and working phone number are required for correspondence. All applicants 18 or older must sign the application and complete the Student Questionnaire. The waiting period varies, however applicants will be contacted periodically to determine if they want to stay on the list. Make sure to report any changes in address, phone number, income or family size to the rental office, if they occur before contact is made for processing the application. **Please make sure that you have completed all sections of the application or write "N/A" in any box that does not pertain to you.**
2. Applicants will be contacted once their name gets to the top of the list. The contact is usually by mail. The contact letter will give a deadline date to respond. **If you do not respond, your application will be removed from the waiting list.** The letter will ask you to call the rental office for an interview date at which time management will process all background checks including credit, criminal, sex offender and landlord. Income, family size, and expenses will also be verified at this time. Prior to move in, all family members must provide documentation of Social Security Number. Documentation can include an original Social Security Card, a valid Driver's License with SSN OR ITIN, an ID card issued by a federal, state, or local agency, a medical insurance provider, or an employer or trade union, earnings statements or payroll stubs, bank statements, Form 1099, Benefit Award letters, Retirement Benefit letters, Life Insurance Policies, or Court Records.**You will need to furnish birth certificates and social security cards for each family member at the interview.**
3. If your application is approved, you will be informed as to the amount of security deposit and rent required. The security deposit and first month's rent are due on move-in day. Utilities must be connected in the applicant's name on or before move-in day. The utility companies will most likely require deposits and the applicant should contact them directly for amounts. **Keys for the apartment will not be issued without proof of utilities in your name.**

Utility Companies/Numbers

Hollyridge Apartments appreciates your interest in our community and looks forward to receiving your application. [This institution is an equal opportunity provider and employer.](#)

Site Name: Holly Ridge Apartments
Site Address: 406 Sinclair St., Bldg 6
City, State, Zip: Lumberton, NC 28358

Phone Number: 910-738-5430

RENTAL APPLICATION-Subsidy Properties Only

Head of Household FIRST NAME		Head of Household MIDDLE NAME		Head of Household LAST NAME	
Head of Household SS#					
Present Address			City, State, Zip Code		Date of Birth
Driver's License Number/State ID Number	State of Issue	Marital Status	Email Address		
Home Phone #	Business Phone #		Mailing Address (if different from Present Address listed above)		
Name of Current Residence (for example-name of apts., family member you now live with...)			Current Landlord's Name		
Current Landlord's Address			City	State	Zip Code
Current Landlord's Phone #	Rent	Lived There Since	Reason for Moving		
Name of Previous Residence (for example-name of apts., family member you lived with...)			Previous Landlord's Name		
Applicant's Previous Address			City	State	Zip Code
Previous Landlord's Address			City	State	Zip Code
Previous Landlord's Phone #	Rent	Lived There Since	Reason for Moving		

List ALL Adults **INCLUDING HEAD OF HOUSEHOLD** (age 18 and over) who will live in the apartment. If more than 4 adults will live in the apartment, give details on a separate signed sheet. Please provide ALL requested information for each adult, including FULL first name, middle name and last name.

1. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()
2. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()
3. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()
4. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()

List ALL Children (under age 18) who will live in the apartment. If more than 4 Children will live in the apartment, give details on a separate signed sheet. Please provide ALL requested information for each child, including FULL first name, middle name and last name.

1. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()
2. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()
3. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()
4. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()

How did you hear about this property? _____

YES [] NO [] Will the unit you are applying for be your permanent residence and do you agree not to maintain a separate subsidized rental unit?

YES [] NO [] Have you been displaced by government action or a presidentially declared disaster?

YES [] NO [] Are you a student at an institute of higher education?

YES [] NO [] Are you (or any member of your household) a registered sex offender?
If yes, please list all states lived in: _____

YES [] NO [] I (or any member of my household) am related to or have a personal relationship with an employee of Westminster Company and/or the site at which I am applying for residence. If yes, please disclose relationship below:

Employee Name: _____

Relationship: _____

- ❖ 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.
- ❖ Specially designed smoke alarm systems are available upon requests.
- ❖ Specially designed units are available upon request.
- ❖ An allowance for disabled households is available upon request.

In consideration for being permitted to apply for this apartment, I Applicant do represent all this information in this application to be true and accurate and that the owner/manager/agent may rely on this information when investigating accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remise and forever discharges from any action whatsoever, in law any equity all owners, managers and employees or agents, both of landlord and their credit checking agencies in connections of processing, investigating, or credit checking this application, and will hold them harmless of any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records and retail credit history) will be done through bureau contracted with the apartment community.

Applicant's Signature
Co-Applicant's Signature
Date Signed

Manager's Signature	
Date Signed	
Date Received	Time Received





WORKING PREFERENCE RULE

Applicant Name: _____
Address: _____
Phone Number: _____

The Quality Housing and Work Responsibility Act of 1998 (QHWRA), gives admission preferences in certain circumstances. Please check **all** of the following that apply to your household:

- One or more of the following household members (Head of Household, Co-Head or Spouse) are employed at least 25 hours per week, and have been for at least 6 consecutive months. There can be no more than a 30-day lapse between employers. In the event of a lapse, employment will be verified by both the current and former employers;

- The Head of Household, Co-Head or Spouse is 62 years of age or older;

- The Head of Household, Co-Head or Spouse get State or Federal benefit payments due to being unable to work (including Social Security Disability Benefits and Supplemental Security Income Disability Benefits);

- I do not qualify for any of the above preferences.

In order to be eligible for priority admission, I understand that I must qualify for one of the above preferences at the time of application, interview and move-in. I further understand that if any information provided above is found to be false at time of Interview or Move In, my application will be marked as a non-preference and my position on the waiting list will change.

Applicant's Signature

Date

Westminster Company Agent Signature

Date

If your circumstances change and you find you are not qualified for any of the above or you find out that you are qualified for the above, please let us know immediately, as this will affect your status on the waiting list.



Questionnaire for Student Household (to be completed by all household members over the age of 18)

To be a student household, you must meet special HUD rules. So that we can determine if you meet these rules, please answer the following questions. After you've completed this questionnaire, we will verify the information that you have provided.

Name: _____

Current Address: _____

Telephone #: _____ Date: _____

1. Are you a student (Full Time or Part Time) at an institution of higher education? YES NO
**Institutes of higher education include post-secondary vocational institution; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

2. If you answered YES to question one, please complete the following questions:
 (If you answered NO to question one, please skip the following questions and sign below.)

- Are you 24 years old or older? YES NO
 - Are you a veteran of the United States military? YES NO
 - Are you married? YES NO
 - Do you have legal dependents other than a spouse? YES NO
- If yes, please provide names and ages: _____

- Were you disabled and receiving assistance as of November 30, 2005? YES NO

3. If you answered NO to all questions in #2, please complete the following questions:

- Are your parents eligible for Section 8 Assistance? YES NO
 - If yes, please complete PM-470
- Have you maintained a separate household from your parents or legal guardians for at least 1 year before applying at this site and you are NOT claimed as a dependent on your parent's most recent tax return? YES NO

4. Do you receive educational financial support (grants, scholarships, educational entitlements, work/study programs or financial aid packages)? YES NO
If yes, sign PM-508.

If you are a person with a handicap or disability, please contact us so that we can determine whether there are mitigating circumstances that should be considered in your case, or whether reasonable accommodations would allow us to continue processing your application.

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated. WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

I do hereby swear and attest that all the information given above is true and correct.

Signature _____ Date _____

FOR OFFICE USE ONLY:

- This applicant: **QUALIFIES** as a student household and is eligible for assistance.
 DOES NOT QUALIFY as a student household and is not eligible for assistance.
 N/A – Applicant/Resident is not a student household.



Income and Expense Questionnaire

Property Name:	Holly Ridge Apartments	Resident/Applicant Name:	
Apartment #:		Date:	
Home Phone #:		Work Phone #:	

PLEASE NOTE: When you provide us with a wireless telephone number or land line number, you are giving Westminster Company or our representatives your prior express consent to call that number.

Family Member Name	Birth Date	Occupation	Driver's License or State ID #	Student (Full or Part Time)?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you expect any changes in your family size during the next year? YES NO
 If yes, please explain. _____

Are there any Live In Care Attendants who are part of the household? YES NO
 If yes, whom? Please explain. _____

Will all of the above family members live in the apartment full time? YES NO
 If no, please explain. _____

Has any household member had a change in their Social Security Number since the household's last recertification?
 YES NO

Are you or any other household members subject to a lifetime registration requirement under a State Sex Offender Registration program? YES NO

Please list the **TOTAL** income of all members of your household:

Name of Recipient			
All Wages combined(including self employment, FT, PT & Temporary)			
Overtime Pay			
Commissions, Fees, Tips and/or Bonuses			
Military Pay			
Social Security (Adult)/SSI			
Social Security (Child)/SSI			
Disability			
TANF (Welfare)			
Unemployment Benefits			
Alimony/Child Support			



Do you or any member of your household have income from any of the following? If YES, please state amount.

		Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Worker's Compensation	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Severance Pay	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Payments from Insurance Policies/Annuities	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Retirement Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Pension Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Disability or Death Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Educational Grants	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Scholarships	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Veteran's Administration Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Caretaking of Children	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Caretaking of Elderly	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Recurring Gift/Cash Contributions	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Work for Someone Who Pays You in Cash	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Other: _____	

Have you received or do you expect to receive any lump sum payments such as inheritances, insurance settlements, Social Security Benefits, etc.? YES NO

If yes, please explain. _____

Are you currently paying either of the following so that you or another adult member of your household can work, look for work, or attend school?

		Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Child Care	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Care of Disabled Persons	

Do you or any other member of your household own or have money in any of the following types of assets? If yes, please supply value.

		Value (\$)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Checking Account
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Savings Account
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Savings Certificate (CD)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Stocks/Bonds
<input type="checkbox"/>	YES <input type="checkbox"/> NO	IRAs/Retirement Accounts
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Money Market Funds
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Safety Deposit Box (Bank or at home)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Rental Property
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Other Real Estate
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Mortgages/Deed of Trust
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Revocable Trust
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Annuities
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Other Financial Assets: _____

Do you or any member of your household have any coin or stamp collections, antique cars, jewelry or gems held as an investment (does not include personal jewelry)? YES NO

Have you or any other member of your household disposed of any of the above types of assets at less than fair market value during the past two years? YES NO

If yes, please explain. _____



Please describe any automobiles owned by members of your household:

Automobile Make	Year	Model	Color	License Tag	Tag State

- 1.) I hereby certify that I do not individually receive income from any of the following sources:
- Wages (includes wages and tips paid in cash)
 - Income from a business (includes hair, nail, & other salon services performed in your unit)
 - Rental income from real or personal property
 - Interest or dividends from assets
 - Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
 - Unemployment or disability payments
 - Public assistance payments
 - Periodic allowances such as alimony or child support
 - Sales from self employed resources (Avon, Mary Kay, etc.)
 - Babysitting
 - Gifts (money, bills paid by third party, supplies such as diapers) from persons not living in the unit
 - Any other source not named above
- 2.) I currently have no income of any kind and there is no change expected in my financial status or employment status during the next 12 months.
- 3.) I will be using the following sources of funds to pay for rent, food and other necessities:

ALL HOUSEHOLDS must answer **all** questions below. If you answer "YES" to any of the questions, the additional information must also be completed.

1.	Do you own a vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Car Payment \$ _____ Monthly Auto Insurance \$ _____ Monthly Gas Expense \$ _____ Source of income for payment of car expense: _____
2.	Do you have internet at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much do you spend? \$ _____ Source of income for payment of internet expense: _____
3.	Have you purchased any clothing for yourself or members of the household during the past 30 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend? \$ _____ Source of income for payment of clothing expense: _____
4.	Have you or a member of the household incurred any medical expenses in the past 30 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend? \$ _____ Source of income for payment of medical expense: _____
5.	Do you have telephone service in your apartment? Do you have a cell phone?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Phone Cost: \$ _____ Monthly Cell Phone Cost: \$ _____ Source of income for payment of phone expense: _____
6.	Do you subscribe to cable television?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Cable TV Cost: \$ _____ Source of income for payment of cable tv expense: _____
7.	Do you have any school age children?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend in the past 30 days for school related costs (books, paper, pencils, lunches, fees)? \$ _____ Source of income for payment of school expenses: _____
8.	Do you or other household members receive cash contributions for sources or persons outside the	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly cash contribution? \$ _____ Source of income for cash contribution: _____

	household?	
9.	What was the total food cost for your family for the past 30 days? Source of income for food cost:	\$ _____
10.	How much did you spend during the past 30 days for items such as soap, detergent, toothpaste, cigarettes, alcohol, deodorant, shampoo, etc.? Source of income for cost of above items:	\$ _____
11.	What were your utility costs for the past 30 days? Source of income for utility costs:	\$ _____

The following MEDICAL EXPENSE section applies ONLY to elderly/disabled/handicapped households.

For the next 12 month period, do you expect to have any of the following out of pocket medical or dental expenses? If yes, please specify amount(s). **DO NOT INCLUDE AMOUNTS COVERED BY INSURANCE.**

		Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Doctor Bills		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Bills		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hospital Bills		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pharmacy Expense		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Prescribed Equipment		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Eyeglasses		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Non-prescription medication with Dr.'s order		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Insurance/Supplemental Insurance		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other: _____		

Have you incurred any one time medical bills, but not claimed them, in the 12 month period preceding your anniversary date? YES NO

Do you participate in the Medicare Prescription Drug Discount Card program? YES NO
If yes, do you pay a premium? YES NO How much? _____ per _____

I certify that the information given on this form is correct and complete. I understand that failure to report all income for rent purposes is fraud and may result in termination of my lease, federal prosecution, or both.

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Applicant/Resident Name: _____

I choose not to complete this form.

1. Please check all that apply. Do you, or does any member of your family have a condition that requires:

- | | |
|--|--|
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> BR/Bath on 1st floor |
| <input type="checkbox"/> One-level unit | |

2. Can you and all your family members go up and down stairs unassisted?

Yes No

If No, please indicate how we should accommodate your family: _____

3. Will you or any of your family members require a live-in aide to assist you?

Yes No

If Yes, please explain. _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. _____

5. What is the name of the family member who needs the features identified above?

6. What health professional should be contacted to verify your need for the features you have identified above?

Name : _____

Address: _____

Phone #: _____

Signature

_____/_____/_____
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.