



# OLIVER

MANAGEMENT SERVICES  
Coat floor level 513 GRAND AVE. SUITE B  
DULUTH, MN 55807

PHONE: (218) 628-0311 / FAX: (218) 624-2235

## RENTAL APPLICATION FOR SUBSIDIZED HOUSING



OLIVER  
MANAGEMENT  
SERVICES, INC.  
PROPERTY NAME APPLYING FOR: \_\_\_\_\_

FOR OFFICE USE ONLY:

Initial: \_\_\_\_\_

Date Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Rec'd \_\_\_\_:\_\_\_\_ A.M. / P.M.

PROPERTY ADDRESS: \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_

\*\*\*\*\*

\*ALL APPLICANTS, AGE 18 OR OLDER, OTHER THAN CO-HEAD OR SPOUSE, ARE REQUIRED TO COMPLETE A SEPARATE APPLICATION\*

Any applicant, who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing.

=====

### HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit on a full or part-time basis. Give the relationship of each family member to the head. Each household member age 18 years of older must sign the application.

Household Member's Full Name	Relationship to head of Household	Date of birth	Social Security Number
	Head		

Applicant's home telephone # \_\_\_\_\_ Applicant's work telephone # \_\_\_\_\_

Applicant's cell phone # \_\_\_\_\_

Applicant's Email \_\_\_\_\_

Applicant's Email \_\_\_\_\_

\*\*\*\*\*

Are you a Non-US Citizen Student? Yes No

Are you a student of higher education? Yes No

Are you a United States Citizen? Yes No

If no, are you a Non-Citizen with eligible alien status? Yes No

(Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal Government)



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## CURRENT & PAST HOUSING STATUS

APPLICANT NAME: \_\_\_\_\_

### LIST ALL THE PLACES YOU HAVE LIVED IN THE PAST 10 YEARS:

PRESENT ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State/ Zip: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

1<sup>st</sup> PREVIOUS ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State/ Zip: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

2<sup>nd</sup> PREVIOUS ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State/ Zip: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

3<sup>rd</sup> PREVIOUS ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State/ Zip: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Are you currently receiving subsidized housing? YES NO

\*Have you or any member of your household lived in any other state? YES NO

If yes, please indicate all states lived in: \_\_\_\_\_

\*Have you ever been evicted? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\*Have you ever been a registered sex offender in **any** state? YES NO

This application represents your permission to check credit, criminal history, employment, rental and all other references and public records.

Signature of all Household Members (18 and over) \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

## HOUSEHOLD INCOME INFORMATION

(information is used to see if under income guidelines)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy. Include all full time, part time and seasonal income/employment. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	GROSS MONTHLY AMOUNT
1. Wages, salaries, (includes overtimes, tips, bonuses, commissions, self-employment)?	_____	_____	\$ _____
2. Does any member work for someone who pays them in cash?	_____	_____	\$ _____
3. Regular pay for a member of the armed forces?	_____	_____	\$ _____
4. Welfare or disability benefits such as MFIP, SSI, MSA or GA?	_____	_____	\$ _____
5. Worker's compensation?	_____	_____	\$ _____
6. Unemployment benefits or severance pay?	_____	_____	\$ _____
7. Child support? (If court ordered, include even if it is not being received)	_____	_____	\$ _____
8. Alimony?	_____	_____	\$ _____
9. Social security payments (include unearned income of minor children)?	_____	_____	\$ _____
10. Pensions (PERA, railroad, etc.)?	_____	_____	\$ _____
11. Retirement benefits?	_____	_____	\$ _____
12. Death benefits?	_____	_____	\$ _____
13. Annuities or life insurance dividends?	_____	_____	\$ _____
14. Lump sum payment (inheritance, ins. settlements, lottery winnings, capital gains)?	_____	_____	\$ _____
15. Net income from rental property?	_____	_____	\$ _____
16. Regular cash contribution or gifts from individuals not living in the unit?	_____	_____	\$ _____
17. Other (list)? _____	_____	_____	\$ _____
18. Other (list)? _____	_____	_____	\$ _____
Does any adult household member have zero income? _____ If yes, name(s) _____			

## HOUSEHOLD ASSETS

(All information will be verified)

DO YOU HAVE MONEY HELD IN:	YES	NO	CURRENT BALANCE	HELD JOINTLY
(check if YES/NO)				
1. Check Accounts (6 months average)	_____	_____	\$ _____	_____
2. Savings Accounts	_____	_____	\$ _____	_____
3. Stocks	_____	_____	\$ _____	_____
4. Capital Investments	_____	_____	\$ _____	_____
5. Bonds	_____	_____	\$ _____	_____
6. Trusts*	_____	_____	\$ _____	_____
7. Securities	_____	_____	\$ _____	_____
8. Insurance Settlements	_____	_____	\$ _____	_____
9. 401K*	_____	_____	\$ _____	_____
10. IRA/Keogh Accounts	_____	_____	\$ _____	_____
11. Certification of Deposits	_____	_____	\$ _____	_____
12. Pension/Retirement funds	_____	_____	\$ _____	_____
13. Money Market Funds	_____	_____	\$ _____	_____
14. Treasury Bills	_____	_____	\$ _____	_____
15. Safety Deposit Box	_____	_____	\$ _____	_____
16. Other (list): _____	_____	_____	\$ _____	_____
<b>*Include Trusts, 401K, Etc. only if the accounts are accessible to the household prior to termination of Employment, retirement, or death</b>				
17. Do you now own Real Estate or an interest in Real Estate?	_____	_____	\$ _____	_____
If YES, List address (es), expenses paid and income received: _____				

18. Do you hold a contract for Deed? \$ \_\_\_\_\_
19. Do you have any coin collections, antique cars, gems/jewelry, stamps, or items held as an investment? \$ \_\_\_\_\_
20. Do you have a Life Estate? \$ \_\_\_\_\_

I/We hereby certify that I/We (have / have not) sold or disposed of any assets including cash amounts given away for less than Fair Market Value during the two-year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

HOUSEHOLD MEMBER	ASSET TYPE & ESTIMATED VALUE	DATE SOLD/DISPOSED OF	AMOUNT RECEIVED

**MISCELLANEOUS**

The following questions pertain to yourself and every member of your household who will occupy the unit. Write either Yes or No in response to each question. **(An explanation must be provided below if any answer is Yes.)** Use additional sheets, if necessary.

- \_\_\_\_\_ Does your household have any needs that would be better serviced by an apartment which is accessible to persons with mobility, hearing, or visual impairments?  
 \_\_\_\_\_ Is anyone (check all that apply and state whom):    Mobility impaired    Hearing impaired    Visually impaired
- \_\_\_\_\_ Do you have sole legal and physical custody of your children? If no, explain: \_\_\_\_\_  
 \_\_\_\_\_ Are you now living, or have you lived in government-subsidized housing? If Yes, when: \_\_\_\_\_  
 Name of Property: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- \_\_\_\_\_ Has your household assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, Explain: \_\_\_\_\_
- \_\_\_\_\_ Have you or any member of your household ever been arrested or convicted of a felony or any misdemeanor other than a traffic violation? If Yes, explain: \_\_\_\_\_
- \_\_\_\_\_ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance? If yes, explain: \_\_\_\_\_
- \_\_\_\_\_ Are you or any member of your household subject to a lifetime registration under ANY State sex offender, registration program? If Yes, Explain: \_\_\_\_\_
- \_\_\_\_\_ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?  
 \_\_\_\_\_ Do you or any member of your household use an illegal drug or other illegal controlled substances?  
 \_\_\_\_\_ Do you or any member of your household currently engage in the use of marijuana?  
 \_\_\_\_\_ Have you or any member of your household ever used different names from the names given in this application?  
 \_\_\_\_\_ How did you hear about this property?

Continued Explanation of yes answers above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES**

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I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete, and accurate. I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten, or are perceived by management to harass, intimidate, or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or the processing of my/our housing application, this is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental, criminal, sex offender and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and/or household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

**ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER SIGN BELOW:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD. The PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. 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 \$5000. 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 PHA or the owner responsible for the unauthorized disclosure of improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f),(g), and (h).

\*\*\*\*\*

Office use only: \_\_\_\_\_ extremely low      \_\_\_\_\_ very low      \_\_\_\_\_ low



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## APPLICATION CERTIFICATION

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

### Giving True and Complete Information:

I/We certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I/We have reviewed the application form and the HUD form 50059 and certify that the information shown is true and correct.

### Reporting Changes in Income or Household Composition:

I/We know I/we am required to report immediately, in writing, any changes in income and any change in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and that I must report anyone who is staying with me.

### Reporting on Prior Housing Assistance:

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for the previous assistance I did not commit any fraud, I knowingly misrepresent any information or vacate the unit in violation of the lease.

### No Duplicate Residence or Assistance:

I certify that the house or apartment will be my only residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not sublease my assisted residence.

### Cooperation:

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits or verify my true circumstance. Cooperation includes attending pre-scheduled meetings and completing and signing required forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

### Criminal and Administrative Action for False Information:

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

### Signatures and Dates of Household Adults:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Current Landlord Verification**

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone or Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant Name \_\_\_\_\_  
 \_\_\_\_\_  
 Present Address \_\_\_\_\_

FROM:

Thank you for your prompt response. All information is confidential. Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. **Release:** I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstance, which would require the owner to verify information that is older than 5 years, which would be authorized by me on a separate consent attached to a copy or to this consent.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**THIS SECTION TO BE COMPLETED BY CURRENT LANDLORD**

Are you a relative or friend of the above, named person? Yes    No  
 If yes, please describe relationship: \_\_\_\_\_

Date of Occupancy    From: \_\_\_\_\_    To: \_\_\_\_\_

Name/Address of property \_\_\_\_\_

Does the above-named person (s) have a lease with you? Yes    No

**1. Rent Payment**

- A. Amount of monthly rent: \$ \_\_\_\_\_
- B. Was rent paid on time? Yes    No  
 If no, how late was rent paid? \_\_\_\_\_ How Often? \_\_\_\_\_
- C. Have you ever begun or completed an eviction proceeding for non-payment of rent? Yes    No
- D. Do you provide any of the utilities for the unit? Yes    No
- E. Have tenant paid utilities ever been disconnected for non-payment? Yes    No

**2. Caring for the Unit**

- A. Is/was the unit kept clean, safe, and sanitary? Yes    No
- B. Has the above-named person(s) caused any excessive damage to the unit? Yes    No  
 If yes, cost to repair \$ \_\_\_\_\_ How Often? \_\_\_\_\_
- C. Has the damage been paid for? Yes    No
- D. Does the above-named person(s) owe you any money? Yes    No  
 If yes, how much do the owe \$ \_\_\_\_\_ Describe \_\_\_\_\_
- E. Will (did) you keep any of the security deposit? Yes    No
- F. Was there any problem with insect/rodent infestation? Yes    No  
 If yes, was housekeeping a contributing factor? \_\_\_\_\_

3. General Information

- A. Did/Does the tenant allow unauthorized people to reside in the unit on a regular basis? Yes No
- B. Have the above-named person(s) family members or guests engage in criminal activity. Including drug related activity, on or near your property? Yes No
- C. Has the above-named person(s) acted in a physically violent and/or verbally abusive way toward neighbors and/or staff? Yes No
- D. Did the above-named person(s) give the required notice to vacate, if applicable? Yes No
- E. Does the above-named person(s) currently receive subsidy? Yes No  
If yes, through which agency \_\_\_\_\_ program \_\_\_\_\_  
Date they will be released from subsidy. \_\_\_\_\_
- F. Did the above-named person(s) move out voluntarily or after judicial eviction? Yes No
- G. Would you re-rent to the above-named person(s)? If no, please explain: Yes No

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print your name \_\_\_\_\_

Tel #: \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 101 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or disclosed any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h)





**Former Landlord Verification**

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone or Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant Name \_\_\_\_\_  
 \_\_\_\_\_  
 Former Address \_\_\_\_\_

FROM:

Thank you for your prompt response. All information is confidential. Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. **Release:** I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances which would require the owner to verify information that is older than 5 years, which would be authorized by me on a separate consent attached to a copy or to this consent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY FORMER LANDLORD**

Are you a relative or friend of the above, named person? Yes    No  
 If yes, please describe relationship: \_\_\_\_\_

Date of Occupancy    From: \_\_\_\_\_    To: \_\_\_\_\_

Name/Address of property \_\_\_\_\_

Does the above-named person (s) have a lease with you? Yes    No

**1. Rent Payment**

- A. Amount of monthly rent: \$ \_\_\_\_\_
- B. Was rent paid on time? Yes    No  
 If no, how late was rent paid? \_\_\_\_\_ How Often? \_\_\_\_\_
- C. Have you ever begun or completed an eviction proceeding for non-payment of rent? Yes    No
- D. Do you provide any of the utilities for the unit? Yes    No
- E. Have tenant paid utilities ever been disconnected for non-payment? Yes    No

**2. Caring for the Unit**

- A. Is/was the unit kept clean, safe, and sanitary? Yes    No
- B. Has the above-named person(s) caused any excessive damage to the unit? Yes    No  
 If yes, cost to repair \$ \_\_\_\_\_ How Often? \_\_\_\_\_
- C. Has the damage been paid for? Yes    No
- D. Does the above-named person(s) owe you any money? Yes    No  
 If yes, how much do the owe \$ \_\_\_\_\_ Describe \_\_\_\_\_
- E. Will (did) you keep any of the security deposit? Yes    No
- F. Was there any problem with insect/rodent infestation? Yes    No  
 If yes, was housekeeping a contributing factor? \_\_\_\_\_

3. General Information

- A. Did/Does the tenant allow unauthorized people to reside in the unit on a regular basis? Yes No
- B. Have the above-named person(s) family members or guests engage in criminal activity. Including drug related activity, on or near your property? Yes No
- C. Has the above-named person(s) acted in a physically violent and/or verbally abusive way toward neighbors and/or staff? Yes No
- D. Did the above-named person(s) give the required notice to vacate, if applicable? Yes No
- E. Does the above-named person(s) currently receive subsidy? Yes No  
If yes, through which agency \_\_\_\_\_ program \_\_\_\_\_  
Date they will be released from subsidy. \_\_\_\_\_
- F. Did the above-named person(s) move out voluntarily or after judicial eviction? Yes No
- G. Would you re-rent to the above-named person(s)? If no, please explain: Yes No

\_\_\_\_\_

\_\_\_\_\_

Additional Comments, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print your name \_\_\_\_\_

Tel #: \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 101 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or disclosed any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h)

OMB Control #2502-0581  
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing.

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing. The name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone #:</b>	<b>Cell Phone #:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone #:</b>	<b>Cell Phone #:</b>
<b>E-Mail Address (if Applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995(44U.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, which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD-92006 (05/09)







**OLIVER**

MANAGEMENT SERVICES

5713 GRAND AVE SUITE B

DULUTH, MN 55807

(218) 628-0311 \* Fax (218) 624-2235

SEND TO:

Physician/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

REQUESTING ORGANIZATION: OLIVER MANAGEMENT SERVICES INC.

**VERIFICATION OF DISABILITY**

NAME:	SOCIAL SECURITY #:
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**PERMISSION FOR RELEASE OF INFORMATION:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent form attached to a copy of this consent.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

**To the Applicant's/Tenant's Medical Doctor:**

The above named individual has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used to determine this person's eligibility or level of benefits.

We ask for your cooperation in providing the following information and returning it to the requesting agency. Your prompt return of this information will help to ensure timely processing of the application for assistance.