

**AUBURN HOUSING AUTHORITY**  
**APPLICATION FOR SECTION 8 HCV PROGRAM**

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

Time received: \_\_\_\_\_

Initials: \_\_\_\_\_

Have you or anyone who will be living with you ever lived at or applied for housing at Melone Village, Brogan Manor, or Olympia Terrace, or ever received or applied for Section 8 Housing Choice Voucher Assistance through the Auburn Housing Authority?

Circle One. YES NO If YES, Date \_\_\_\_\_

**APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden Names of Household Members \_\_\_\_\_

Current Address (Include City, State, Zip) \_\_\_\_\_

When did you start living at your current address? \_\_\_\_\_ Email Address \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

**PROPERTY OWNER INFORMATION AT APPLICANT'S CURRENT ADDRESS**

First & Last Name \_\_\_\_\_

Address (Include City, State, Zip) \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Move in Date: \_\_\_\_\_

**COMPLETE THE FOLLOWING INFORMATION FOR THOSE WHO WILL OCCUPY THE UNIT AT TIME OF MOVE-IN**

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Marital Status S-Single M-Married D-Divorced L - Legally Separated E-Estranged	Social Security Number	Birthdate Month, Date, Year	Disabled Yes/No	Student Yes/No
	Head of Household						



PLEASE ANSWER YES OR NO TO EACH QUESTION

YES   NO

1.   **Do you expect any additions to the household within the next twelve months?**  
Name, Relationship & Explanation \_\_\_\_\_
2.   **Have you or any adult household members ever used any name(s) or social security number(s) other than the one you are currently using?**  
If yes, what are they? \_\_\_\_\_
3.   **Do you have custody of all children listed on this application?**  
If no, explanation of custody arrangements: \_\_\_\_\_  
Name of Absent Parent: \_\_\_\_\_
4.   **Have you or anyone else named on this application been CHARGED with a misdemeanor or felony within the past 10 years? NOTE: CHARGES include charges that did not result in a conviction or that were dismissed.**  
Explain Charges: \_\_\_\_\_
5.   **Have you or anyone else named on this application been convicted of selling or manufacturing illegal drugs within the past 10 years?**  
Explanation: \_\_\_\_\_
6.   **Have you or a household member ever been convicted of a sex related crime or are you subject to a lifetime registration in a State sex offender registration program?**  
Explanation: \_\_\_\_\_
7.   **Are you or any household members (18-61 yrs. of age) transitioning out of an institution or other segregated setting or at serious risk of institutionalization? (i.e., detention center, prison/jail inpatient mental health unit, or other congregate care setting)**  
Explanation: \_\_\_\_\_

**EMERGENCY CONTACT**

Name/Address (If possible, list someone in this area that is not listed already on the application)

Name \_\_\_\_\_ Phone (   ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_



**INCOME INFORMATION**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

			Household Member	Source	Monthly Amount
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Pension/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

**YES**   **NO**

 

Do you or any other household members expect any changes to your income in the next 12 months?

Explanation \_\_\_\_\_

 

Are YOU or is ANY OTHER ADULT (aged 18+) member of your household claiming zero income?

Household Member(s) \_\_\_\_\_



**ASSET INFORMATION**

Disclose all assets held. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset in the space provided.

**Do YOU or ANYONE in your household hold:** (Include ALL assets held by ALL household members including minors.)

	Amount		
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Cash On Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

	Amount		
Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Asset Disposed of in past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

**STUDENT INFORMATION**

YES    NO  
   

1. Is **THE HEAD OF HOUSEHOLD** currently a full or part-time student, or planning to be one within the next 12 months?

All questions that were answered YES will be verified through the appropriate third-party sources. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, sexual orientation, disability or marital status.

**\*\*\* All Section 8 HCV Applicants who are issued a Section 8 Voucher through the Auburn Housing Authority are REQUIRED to reside in the City of Auburn for the first year\*\*\***



**Information for Government Monitoring Purposes**

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information but are encouraged to do so. Auburn Housing Authority may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Auburn Housing Authority is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial here: \_\_\_\_\_.

**Applicant Head of Household**

**Spouse/Co-Applicant:**

Race/National origin:

- American Indian/ Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) \_\_\_\_\_

Gender:  Male  Female

Race/National origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) \_\_\_\_\_

Gender:  Male  Female

**The following information is VOLUNTARY, (but may be helpful in determining appropriate voucher size and assisting applicant with information) If you do not wish to furnish the following information, please initial here: \_\_\_\_\_.**

**YES NO**

- Does any member of your household qualify for disability under Section 504 of the Rehabilitation Act of 1973 or the Federal Fair Housing Act as amended in 1988 and the Americans with Disabilities Act?

Explain: \_\_\_\_\_

**YES NO**

- Does any member of your household require a handicap accessible unit or any reasonable accommodations? Such as (please check all that apply or explain)

- Wheelchair Accessible Unit      Unit for Vision-impaired      One-Level Unit
- Unit for Hearing-Impaired      Extra Bedroom

Explain: \_\_\_\_\_

(Verification of qualification for disability and/or for an accessible unit or reasonable accommodation must be provided at the time of admission to the program)



**Signature Clauses:**

I/We understand that Auburn Housing Authority is relying on this information to prove my household's eligibility for the Section 8 Housing Choice Voucher Program. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I/We consent to release the necessary information to determine my eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my application. I/We also understand that such action may result in criminal penalties.

I/We authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for assistance. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We authorize the Auburn Housing Authority and/or its designee to obtain a credit bureau report and criminal report. I/We authorize and direct my Federal, State, or local agency, organization, business, landlord, employer, or individual to release to Auburn Housing Authority any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance. I/We give my consent for the releases also for the minor children in my care. I/We understand that my assistance is contingent on meeting management's applicant selection criteria and the Section 8 Housing Choice Voucher program requirements.

**All ADULT household members must sign below:**

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Signature

Date

---

Signature

Date

---

Signature

Date

---

Signature

Date



**Authorization for Release of Information**

I/We \_\_\_\_\_  
 (All household members 18 and older)

do hereby authorize the Auburn Housing Authority or its authorized representatives/designees to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for housing in this project owned or managed by the Auburn Housing Authority. I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program. I/we agree that a photocopy of this authorization may be used for the purposes stated above.

I/We understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                     |                                |   |
|---------------------|--------------------------------|---|
| Child Care Expenses | Disability Assistance/Expenses | Social Security Numbers                   |
| Credit History      | Identity and Marital Status    | Residences and Rental History             |
| Criminal Activity   | Medical Expenses               | Family Composition                        |
| Employment          | Pensions                       | Federal, State, Tribal, or Local Benefits |
| Assets              | Income                         | Contributions                             |

I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Section 8 HCV Program.

**Individuals or Organizations That May Release Information:**

- |  |                             |                       |               |
|--|-----------------------------|-----------------------|---------------|
| Banks and Other Financial Institutions | Landlords                   | <b>Providers of:</b>  | Credit        |
| Law Enforcement Agencies               | Courts                      | Disability Assistance | Alimony       |
| Credit Bureaus                         | Schools and Colleges        | Medical Care          | Child Care    |
| US Social Security Administration      | Employers, Past and Present | Pensions/Annuities    | Child Support |
| US Department of Veteran's Affairs     | Social Service Agencies     | Utility Companies     | NY Connects   |
| Mental Health Agencies                 | Service Provider Agencies   | Cayuga Co. MH (SPOA)  |               |

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Auburn Housing Authority. I/We understand that I have a right to correct any information that I can prove is incorrect.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Date



### Service Provider/Agency Information

If you are currently receiving assistance or services from a service provider, agency or anyone else, **please complete the information below**. This information will be used to help with the Section 8 HCV waiting list process. In the event that we are unable to contact you, the information below may prevent you from being removed from the Section 8 HCV waiting list. Please provide up to date and accurate information.

**I am receiving assistance or services from:**

<input type="checkbox"/> Cayuga /Seneca Community Action Agency	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> ARISE	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Cayuga County Mental Health	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Unity House	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Cayuga County Department of Social Service (DSS)	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Cayuga Counseling	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Catholic Charities	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Chapel House	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Rescue Mission	Caseworker Name: _____ Caseworker Telephone Number: _____
<input type="checkbox"/> Other	Agency Name: _____ Caseworker Name: _____ Caseworker Telephone Number: _____







**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 10/31/2019.

**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:

**Auburn Housing Authority  
7 Merriman Street  
Auburn, NY 13021**

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: (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.

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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.

Form HUD- 92006 (05/09)

**Save your completed application and email to [aha@auburnha.org](mailto:aha@auburnha.org).**