



Argyle Park Apartments
Drug Free Housing Community Equal Housing Opportunity
3883 Quitman Street, Denver, CO 80212
303-455-9513
TDD 1-800-545-1833 EXT. 356
Office Hours: Mon-Fri. 7:00am-3:30pm
Located off W. 38th between Sheridan Blvd and Federal Blvd.
Website: TheArgyle.org

The Argyle Park Apartments Application 2020

Requirements

Please refer to Resident Selection Criteria for additional information.

Age 62 or older or younger mobility impaired requiring the special design features of a mobility accessible unit.

Income limits: 1 person - extremely low ... \$16,350, very low ... \$27,250
 2 person - extremely low ... \$18,650, very low ... \$31,100

Not less than 40% of the dwelling units that are available for occupancy in any fiscal year shall be available for leasing only by families that are at extremely low income at time of admission.

Rent

Rent is based on 30% of income, plus income from assets. Utilities are included in rent. Phone and cable are the responsibility of the tenant. Security deposits are based on one full month's rent and are due upon admission. Pets require an additional \$300.00 deposit. (Pet deposit is not applied to assistance animals).

Special features

572 square feet ** storage closet ** security card access to building ** bay windows in living room ** drapes and mini blinds ** emergency call cords in bathroom & bedroom ** kitchen appliances (except dishwasher) coin operated laundry facilities ** assigned parking (subject to availability) ** lunch & dinner meals available ** foot clinic ** Mobile Post Office ** RTD shopping bus ** swamp cooling in hallways and common areas ** hvo computers with internet access ** exercise equipment

Answering questions on the application

Please answer all questions truthfully. Any misrepresentation of information related to eligibility, preference for admission, allowances, family composition, or prior tenant history will be grounds for rejection.

The following documentation is available upon request:

HUD lease and Argyle Park Square House Rules and Regulations

All persons will be treated fairly and equally with regard to race, color, religion, sex, familial status, Handicap or national origin in compliance with Fair Housing Act and Section 504 of the Rehabilitation Act of 1973.

PLEASE KEEP INFORMATIONAL PACKET FOR FUTURE REFERENCE

The Argyle Park Apartments - Independent Living Application

Argyle Park Square Rental Application

Revised June 2020

Please print all sections in ink. Do not leave any sections blank, even those that do not apply to you. For example, if a sections asks asset information and you do not have any assets, you may enter "none" or NIA (non applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information and initial the change.

After you have returned your application to us, we will make a preliminary determination of eligibility. If your household appears to be eligible, your application will be placed on the waiting list.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF FEDERAL FUNDS.

NAME: _____ SEX: ____ MALE ____ FEMALE ____ OTHER

CURRENT ADDRESS: _____ APT.# _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____

SOCIAL SEC. # _____ DATE OF BIRTH: _____ AGE: _____

CO-APPLICANT: _____ SEX: ____ MALE ____ FEMALE ____ OTHER

SOCIAL SEC. # _____ DATE OF BIRTH: _____ AGE: _____

OTHER FAMILY MEMBERS

SOCIAL SEC. # _____ DATE OF BIRTH: _____ AGE: _____

SOCIAL SEC. # _____ DATE OF BIRTH: _____ AGE: _____

Please notify management of any address changes after submission of application.

LOCAL CONTACT PERSON

1. NAME _____ PHONE _____

ADDRESS _____

Relationship: _____

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CURRENT LANDLORD: _____

NAME, ADDRESS, PHONE#: _____

Rental dates: From _____ To _____ Rcnt Paid _____ Utilities Paid _____

PREVIOUS LANDLORD: _____

NAME, ADDRESS, PHONE#: _____

Rental dates: From _____ To _____

List of All States you have lived in.

Why do you wish to move from your present location? _____

Have you ever been evicted? Yes _____ No _____

Are you being displaced from your present home? Yes _____ No _____

If yes, please explain: _____

Have you, or member of your household ever engaged in drug-related or violent criminal activity?

Yes _____ No _____

Have you ever been convicted of drug-related or violent criminal activity?

Yes _____ No _____

Have you ever lived in subsidized housing? Yes _____ No _____

Are you or other member a full- or part-time student? Yes _____ No _____

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SOURCES OF INCOME

	Applicant	Co-Applicant
Social Security SSI	\$ _____	\$ _____
SSI	\$ _____	\$ _____
OAP	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL GROSS MONTHLY INCOME	\$ _____	\$ _____

ASSETS

	Applicant	Co-Applicant
Checking/Savings		
Cert. of Deposit	\$ _____	\$ _____
Property Value	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
TOTAL AMOUNT OF ASSETS	\$ _____	\$ _____

Have any assets been sold or disposed of for less than fair market value? Yes _____ No _____

If Yes, please provide detail: _____

EXPENSES

	Applicant			Co-Applicant		
Health Ins?	Yes _____	No _____	Amount _____	Yes _____	No _____	Amount _____
Medicare?	Yes _____	No _____	Amount _____	Yes _____	No _____	Amount _____
Medicaid?	Yes _____	No _____	Amount _____	Yes _____	No _____	Amount _____

OTHER CONSIDERATIONS:

Do you have a pet? Yes _____ No _____ If so, what kind? _____

Do you have a car? Yes _____ No _____ If so, what make? _____

Please note: Residents are not allowed to move from one apartment to another once they have Taken up residency, except when there is a need for an accessible unit.

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The following questions are asked to determine the effectiveness of a fair housing marketing plan. Your response is optional.

Race: _____ Caucasian _____ African American _____ American Indian/Alaskan
_____ Asian/Pacific _____ Islander _____ Other

Ethnicity: _____ Hispanic _____ Non-Hispanic

IS ANYONE LISTED ON THIS APPLICATION SUBJECT TO LIFETIME SEX OFFENDER REGISTRY?

Yes _____ No _____

How did you hear about our property? _____

APPLICANT CERTIFICATION

We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or if applicant has moved in, management may terminate our Lease.

We authorize management to make any inquiries to verify information on this application either directly or through information obtained from rental and screening services, criminal background investigations, and to contact previous and current landlords. We also authorize management to release any information obtained in connection with these inquiries to appropriate Federal, State, or local agencies.

If our application is approved and we move in, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management regarding changes in household address, telephone number, income and household composition. We understand that if management is unable to contact us that our application will be canceled.

If this application is approved and we move in, we certify that we will accept and comply with all conditions of occupancy set forth in the Lease and House rules, including specifically all conditions regarding pets, rent, damages and security deposits.

Signature of Head of Household

Date

Signature of Spouse/Co-Tenant

Date

Acceptance of completed application _____ Date _____

The Argyle Park Apartments - Independent Living Application

Argyle Park Square Rental Application

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY

FOR USE WITH ALL PROGRAMS EXCEPT SECTIONS 202 AND 811 PROGRAMS

EXPLANATION OF THIS VERIFICATION

SOME ASSISTED HOUSING PROJECTS LIMIT ELIGIBILITY TO SOME OR ALL OF THE UNITS TO PERSONS WITH DISABILITIES. SOME OF THESE UNITS MAY BE LIMITED TO PERSONS WITH PARTICULAR TYPES OF DISABILITIES THIS VERIFICATION IS

NEEDED ONLY WHEN:

- 1) YOUR ELIGIBILITY FOR ADMISSION IS DEPENDENT ON YOUR BEING DISABLED; OR
- 2) YOU CLAIM ELIGIBILITY FOR ALLOWANCES THAT ARE GIVEN TO PERSONS WITH DISABILITIES. AN OWNER MAY ONLY REQUEST THE MINIMUM INFORMATION NECESSARY TO DETERMINE WHETHER YOU MEET THE APPLICABLE DEFINITION OF DISABLED UNDER THE PROGRAM WHICH PROVIDES YOU WITH HOUSING ASSISTANCE

THE DEFINITIONS OF DISABLED WILL VARY DEPENDING ON THE PROJECT YOU ARE APPLYING FOR OR LIVING IN. THE OWNER IS REQUIRED TO CHECK THE DEFINITION OR DEFINITIONS THAT APPLY TO YOUR SITUATION BASED ON THE GUIDANCE PROVIDED IN

HANDBOOK 4350.3.

THE THIRD PARTY FROM WHOM THIS VERIFICATION IS BEING REQUESTED HAS KNOWLEDGE OF WHETHER YOUR DISABILITY MEETS THE APPLICABLE DEFINITION(S) OF DISABLED. THE OWNER MUST VERIFY THIS INFORMATION BEFORE DECIDING ON YOUR ELIGIBILITY FOR ALLOWANCES GIVEN TO PERSONS WITH DISABILITIES. THIS VERIFICATION IS NOT TO BE USED IN ASSIGNING ACCESSIBLE UNITS.

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INFORMATION BEING REQUESTED:

Owners Check the definition or definitions that are applicable to your project, based on the guidance provided in handbook 4350 3.

Health care provider. Locate the box(es) that are checked and circle either YES or NO next to the definitions that correspond to the box(es) to show whether the definition(s) apply to the individual listed above

- ☐ YES NO 1) A person having a physical or mental impairment that
- a) is expected to be of long-continued and indefinite duration;
 - b) substantially impedes the person's ability to live independently; and
 - c) is such that the person's ability to live independently could be improved by more suitable housing conditions.
- ☐ YES NO 2) The person has a disability as defined in Section 223 of the Social Security Act-an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted continuously for at least 12 months or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period
- NOTE: Receipt of veteran's benefits does not automatically qualify a person as disabled, because the Veteran's Administration and Social Security Administration define disabled differently. Applicants who meet Social Security's definition of disabled are eligible even 'f they do not receive social security benefits.
- ☐ YES NO 3) The person has a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act (42 USC 6001(7)) generally provided as follows:
A severe, chronic disability which:
- a) 1s attributable to a mental and/or physical impairment or combination of mental and physical impairments;
 - b) was manifested before age 22;
 - c) is likely to continue indefinitely;
 - d) results in substantial functional limitations in 3 or more of the following areas of major life activity self-care: receptive and responsive language; learning; mobility; self-direction capacity for independent living; and economic self-sufficiently;
- AND
- e) reflects the person's need for a combination and sequence of special, Interdlsc1plmary or generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated.
- ☐ YES NO 4) Is the above a person whose disability is based solely on any drug or alcohol dependence (the person has no other disability which meets the above definition).

Name and Title of person verifying Disability

Signature

Phone

Date

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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 and any owner (or any employee of HUD 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 discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

«siteprojectname» does not discriminate the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



The Argyle Park Apartments - Independent Living Application

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): HUD Multifamily HUB 1670 Broadway 24 th Floor Denver, CO 80202-4801	O/A requesting release of information (Owner should provide the full name and address of the Owner.): LADIES RELIEF SOCIETY OF DENVER 3883 Quitman Street Denver, CO 80212	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): CHFA 1981 Blake St, Denver, CO 80202
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571/2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

The Argyle Park Apartments - Independent Living Application

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W-2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

The Argyle Park Apartments - Independent Living Application

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

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Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

The Argyle Park Apartments - Independent Living Application

Argyle Park Square Rental Application

Family/Owner's Summary of Family Sheet

Member number	Last name	First name	Relationship	Sex	Date of birth	Declaration	Date Verified
Head							

Return this form to: Argyle Park Square
 Attn Manager
 3883 Quitman Street
 Denver, CO 80212
 303-455-9513

Argyle Park Square does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities

Declaration Legend:

- | | |
|-----------------------------------|--------------------------------|
| 1 - Citizen/National | 3 - All other noncitizens |
| 2 - Noncitizen tenant 62 or older | 4 - Not contending eligibility |

The Argyle Park Apartments - Independent Living Application

Argyle Park Square Rental Application

ARGYLE PARK SQUARE Family Summary Sheet

Member number	Last name	First name	Relationship	Sex	Date of birth
Head					
2					
3					

Return this form to:

Argyle Park Square
Attn Manager
3883 Quitman Street
Denver, CO 80212
303-455-9513

Argyle Park Square does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities

The Argyle Park Apartments - Independent Living Application

Argyle Park Square Rental Application



TENANT Citizenship DECLARATION

INSTRUCTIONS: Complete this format for each member of the household listed on the Rental Application Form

LAST NAME: _____

FIRST NAME: _____ Middle Name: _____

RELATIONSHIP TO
HEAD OF HOUSHOLD: _____

SEX (Check One): Male _____ Female _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION NO: _____

ADMISSION NUMBER _____ if applicable,
(this is an 11-digit number found on INS for I-94, Departure Record)

NATIONALITY: _____

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby
(Print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am: _____
(Print or type first name, middle initial, last name)

The Argyle Park Apartments - Independent Living Application

1. A citizen or national of the United States

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child _____

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (Attachment & Verification Consent Form).

AND

- b. One of the following documents:

- (1) Form I-551, ***Alien Registration Receipt Card*** (for permanent resident aliens).
- (2) Form I-94, ***Arrival-Departure Record***, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 205" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General";or
 - (d) "Paroled Pursuant to Sec. 212(d) (5) of the INA."
- (3) If Form I-94, ***Arrival-Departure Record***, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, ***Temporary Resident Card***, which must be annotated "Section 245A" or "Section 210. "

The Argyle Park Apartments - Independent Living Application

- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11) or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under- taken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

The Argyle Park Apartments - Independent Living Application

_____ **3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Return this form to: Argyle Park Square
 Attn Manager
 3883 Quitman Street
 Denver, CO 80212
 303-455-9513

Argyle Park Square does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities

The Argyle Park Apartments - Independent Living Application

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

ARGYLE PARK SQ 101EH026 3883 QUITMAN ST DENVER CO80212

Name of Property

Project No.

Address of Property

LADIES RELIEF SOCIETY OF DENVER SECTION 202/8

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy):

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Form HUD-27061-H (9/2003)

The Argyle Park Apartments - Independent Living Application

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Form HUD-27061-H (9/2003)

The Argyle Park Apartments - Independent Living Application

Date: _____
To: _____
From: Argyle Park Square
Geoff Vannerson, Manager
3883 Quitman Street
Denver, CO 80212

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Subject: Verification of Information Supplied by an Applicant for Housing Assistance
Name: _____
SSN: _____
Address: _____

This person 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 in determining this person's eligibility or level of benefits,

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

This verification is:

(Owner/manager. You must check the reason why this inquiry is necessary.)

_____ is required for determining the applicant's eligibility for a project or units in a project where occupancy is limited to persons who are disabled.

_____ is required for the applicant/tenant to receive allowances available only to households whose head or spouse is elderly disabled.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE-Applicant/Tenant: I authorize the person identified above who represents the housing owner to verify with the third party listed above whether my disability is covered by the paragraph(s) marked with an "X".

Signature

Date

The Argyle Park Apartments - Independent Living Application

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

The Argyle Park Apartments - Independent Living Application

APPLICANT VERIFICATION CONSENT FORMAT

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Citizenship Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby
(print or type first name, middle initial, last name)

consent to the following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) the DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the OHS.

Signature

Date

Check here if adult signed for a child: _____

Return this form to: Argyle Park Square
Attn Manager
3883 Quitman St.
Denver, CO 80212
303-455-9513

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The Argyle Park Apartments - Independent Living Application

Argyle Park Square
3883 Quitman Street
Denver, CO 80212

I, _____ certify that I (am) (am not) a full or part time student.
First and Last Name (circle one)

Signature

Date

The Argyle Park Apartments - Independent Living Application



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Housing

Office of Public and Indian Housing

Special Attention of:
Multifamily Hub Directors
Multifamily Program Center Directors
Supervisory Housing Project Manager
Project Managers
Contract Administrators
Owners and Management Agents Administering
Multifamily Housing Assistance Programs

NOTICE: H 2009-13
NOTICE: PIH 2009- 36 (HA)

Issued: September 15, 2009
Expires: September 30, 2010

Cross References: None

Public Housing Agency Directors
Section 8 and Public Housing Administrators
HUD Directors of Public Housing
PIH Program Center Coordinators
Public Housing Division Directors

SUBJECT: Supplemental Information to Application for Assistance Regarding Identification of Family Member, Friend or Other Person or Organization Supportive of a Tenant for Occupancy in HUD Assisted Housing

I. PURPOSE.

The purpose of this Notice is to provide guidance to owners and management agents (O/As) and Public Housing Agencies (PHAs) on implementation of the requirements of Section 644 of the Housing and Community Development Act of 1992 (Section 644). Under Section 644, O/As and PHAs must provide applicants as part of their application for housing, the option to include information on an individual or organization that may be contacted to assist in providing any delivery of services or special care to applicants who become tenants and to assist with resolving any tenancy issues arising during tenancy.

This Notice transmits Form HUD-92006, Supplement to Application for Federally Assisted Housing, (Attachment A) which must be included as part of the O/A's and PHA's application.

II. APPLICABILITY.

The Argyle Park Apartments - Independent Living Application

The requirements of Section 644 of the Housing and Community Development Act of 1992 apply to O/As and PHAs administering the following assisted housing programs:

- Section 202 Project Rental Assistance Contracts (PRAC)
- Section 811 PRAC
- Section 202/162 Project Assistance Contract (PAC)
- Section 202/8
- Section 8 Project-based
- Section 236
- Section 236 Rental Assistance Payment (RAP)
- Section 221(d)(3) Below Market Interest Rate (BMIR)
- Section 101 Rent Supplement
- Public Housing
- Tenant-based Housing Choice Vouchers
- Project-based Housing Choice Vouchers

III. BACKGROUND.

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 federally assisted housing programs to give any individual or family applying for occupancy the option to provide additional contact information as part of their application. The contact information included in the application for occupancy is 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 housing provider may not require the applicant to provide such information.

The objective of providing such information, if the applicant becomes a tenant, is to facilitate contact by the housing provider with the person or organization identified to assist in providing any delivery of services or special care to the tenant and to assist with resolving any tenancy issues arising during their tenancy. This supplemental application information is to be maintained by the housing provider as confidential information.

A Notice was published in the January 22, 2009 Federal Register of the requirements of Section 644. A copy of the Federal Register is located at: <http://edocket.access.gpo.gov/2009/pdf/E9-1165.pdf>. HUD will be issuing a conforming rule amending the regulations to reflect these requirements.

IV. IMPLEMENTATION REQUIREMENTS.

- A. Owners and management agents (O/As) and Public Housing Agencies (PHAs) must implement the requirements of Section 644 and begin using form HUD-92006, Supplement to Application for Federally Assisted Housing, by no later than 90 days from the issued date of this Notice.

The Argyle Park Apartments - Independent Living Application

- B. O/As and PHAs must notify applicants at the time of application of their right to include as part of their application the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy or other organization. This individual or organization may be contacted by the O/A or PHA to help in resolving issues that may arise during the applicant's tenancy or to assist in providing special care or services the applicant may require as a tenant.
- C. Form HUD-92006, Supplement to Application for Federally Assisted Housing.
 - 1. Form HUD-92006 must be included as an attachment to the O/A's or PHA's application.
 - 2. Applicants
 - a. Applicants must be provided the opportunity to complete the information on form HUD-92006, Supplement to Application for Federally Assisted Housing. The form gives applicants the option to identify an individual or organization that the O/A or PHA may contact and the reason(s) the individual or organization may be contacted. The applicants, if they choose to provide the additional contact information, must sign and date the form.
 - b. Applicants who are currently on the O/A's or PHA's waiting list and who have not been provided the opportunity to complete form HUD-92006, Supplement to Application for Federally Assisted Housing, must be provided the opportunity at the time of admission.
 - c. O/As and PHAs **cannot** require any individual or family applying for occupancy to provide the contact information as providing contact information is optional on the part of the individual or family. Those applicants who choose not to provide the contact information should check the box indicating that they "choose not to provide the contact information" and sign and date the form.
 - d. O/As and PHAs should provide applicants the opportunity at time of admission to update, remove or change contact information provided at the time of application, particularly if a long period of time has elapsed between the time of application and actual admission to the program.
 - e. If the applicant chooses to have more than one contact person or organization, the applicant must make clear to the O/A or PHA the reason each person or organization may be contacted. The O/A or PHA should accommodate the applicant by allowing the applicant to

The Argyle Park Apartments - Independent Living Application

complete a form HUD-92006 for each contact and indicating the reason the O/A or PHA may contact the individual or organization. For example, the applicant may choose to have a relative as a contact for emergency purposes and an advocacy organization for assistance for tenancy purposes.

3. Tenants.

- a. Although it is not required, O/As and PHAs should provide tenants who were not provided the opportunity to provide contact information at the time of application and admission, the option to complete form HUD-92006 and provide contact information at the time of their next annual reexamination/recertification.
- b. O/As and PHAs cannot require tenants who have not provided contact information to provide the contact information at the time of annual recertification as providing this information is optional on the part of the individual or family.
- c. Tenants may request to update, remove or change the information provided on form HUD-92006 at any time and O/As and PHAs must honor this request.
- d. O/As and PHAs should provide tenants who have provided contact information using form HUD-92006, the opportunity to update, remove or change the information at the time of annual recertification to ensure that current information is on file. This includes allowing tenants who originally chose not to provide contact information the opportunity to provide contact information if they request to do so. Remember, providing contact information is optional on the part of applicants or tenants.

V. **USE OF THE CONTACT INFORMATION.**

O/As and PHAs will contact the individual or organization provided only for the use or uses indicated by the applicant or tenant on form HUD-92006. This contact information will assist the O/A or PHA in providing the delivery of any services or special care to the tenant and assist in any tenancy issues arising during the term of tenancy of the tenant.

VI. **RETENTION OF CONTACT INFORMATION (Form HUD-92006).**

1. O/As and PHAs must retain the form HUD-92006 with the applicant's application.
2. O/As or PHAs must retain the information for as long as the tenant is a resident. O/As and PHAs will follow program retention requirements for retention of tenant files after end of participation in the program or after move-out. For example,

The Argyle Park Apartments - Independent Living Application

Multifamily O/As are required to retain tenant file information for term of tenancy plus three years.

VII. CONFIDENTIALITY OF CONTACT INFORMATION.

Section 644 requires that O/As and PHAs keep the contact information confidential. O/As and PHAs are allowed to release the information for the stated statutory purpose only: To assist the O/As or PHAs in providing services or special care for such tenants, and in resolving issues that may arise during the tenancy of such tenants.

VIII. OTHER INFORMATION.

Further questions on the requirements and implementation of Section 644 of the Housing and Community Development Act of 1992 and use of form HUD-92006, Supplement to Application for Federally Assisted Housing, should be directed to the local HUD Field Office in your jurisdiction.

IX. PAPERWORK REDUCTION.

The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB Control Number 2502-0581. In accordance with the Paperwork Reduction Act, HUD 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.

_____/s/
David H. Stevens
Assistant Secretary for Housing -
Federal Housing Commissioner

_____/s/
Sandra B. Henriquez
Assistant Secretary for Public and
Indian Housing

Attachment

The Argyle Park Apartments - Independent Living Application

Attachment A

OMB Control # 2502-0581
Exp. 07/31/2012

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.	
<input type="checkbox"/> 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.

Form HUD- 92006 (03/09)