

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

GOOD SHEPHERD ECUMENICAL RETIREMENT CENTER
2701 Aldersgate Road Little Rock, Arkansas 72205 501-224-7200
APPLICATION FOR RENTAL ASSISTANCE HOUSING

Name: 1. _____ Name: 2. _____

Social Security #: _____ Social Security # _____

1. Maiden Name: _____ Age _____ Date of Birth _____ Sex _M/F decline

1. Race _____ decline Are you a veteran? Yes/No 2. Race _____ decline

2. Age _____ Date of Birth _____ Sex _M/F decline Are you a veteran? Yes/No

Address: _____ City: _____ State _____ Zip _____

Home phone: _____ Cell Phone: _____ Work: _____

E-Mail Address: _____

Have you been convicted? Yes/No Is any applicant subject to a lifetime sex offender registration requirements in any state? Yes/No

Do you or anyone in your household use medical and/or marijuana? Yes/No

Per our HUD regulatory agreement, occupants in the facility must be 62 or older to qualify for residence or fall in the exception category of disabled by definition (mobility only).

How did you hear about Good Shepard? _____

Bedroom Choice: Efficiency ___ 1 Bedroom ___ 2 Bedroom ___ (Couples Only)

Do you require a handicapped accessible apartment? Yes ___ No ___

Do you only want to be on the accessible apartment list? Yes ___ No ___

Please explain any special needs: _____

Do you have a pet? Yes ___ No ___ Small dog ___ Cat ___

Do you have an automobile? Yes ___ No ___ If yes, what year, make, model, color and license number: _____

Do you own your home? Yes ___ No ___ If not, what is your current rent? _____

What is your monthly cost for utilities? (Electric, Gas, Water) _____

Are you currently living in a subsidized facility? Yes ___ No ___ Waitlist preferences will be given in this order: ELI, Involuntary Displaced, Substandard Housing, 50% of income to rent, & LI. What is the condition of your current housing? _____ Currently without housing ___ Standard ___ Are you displaced due to declared disaster ___ Are you homeless ___ Fleeing/Attempting to flee violence ___ Unsafe or Unhealthy ___ No indoor plumbing ___ No kitchen ___

If you checked anything other than standard above, please explain _____

How long have you lived at your current address? _____ May we contact your landlord? Yes ___

No ___

Landlord Name: _____

Address: _____

Does a friend or relative have your Power of Attorney? Yes ___ No ___

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____

Emergency Contacts:

Name	Relationship	Address	Phone/Home/Cell
------	--------------	---------	-----------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Income information:

List gross (Before Medicare Deduction) amount Social Security

Source of income _____ Monthly amount of income _____
Source of income _____ Monthly amount of income _____
Source of income _____ Monthly amount of income _____
Source of income _____ Monthly amount of income _____

Do you receive Social Security income under another person's name & number? Yes/No
If yes, person's name & SS number _____

Asset Information: List all checking, savings accounts, CDs, real estate or other:

Bank of Savings & Loan Name _____ Current value of balance _____
Bank of Savings & Loan Name _____ Current value of balance _____
Bank of Savings & Loan Name _____ Current value of balance _____
Bank of Savings & Loan Name _____ Current value of balance _____

Have you sold or given away any real estate or assets during the past 2 years?
Yes ___ No ___ if yes, please give date and market value at the time of disposal:
Date _____ Market Value _____

Do you own a home? Yes/No Is it livable? Yes/No What is it worth? _____ Is it paid off? Yes/No

Do you have any outstanding medical bills on which you are paying? Yes ___ No ___
If yes, list whom you are paying and the amounts _____

Income information:

Do you have MediPak? Yes ___ No ___ Premium amount \$ _____
Do you have Medicaid? Yes ___ No ___

List any other medical insurance:

<u>Insurance Company</u>	<u>Policy number</u>	<u>Premium</u>	<u>How often Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your primary physician (name, address, phone#) hospital preference, or other

Special needs/requests (this section is optional):

"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 U.S. Government HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 responsibility 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. 408 (a) (6), (7) and (8)"

I understand that Good Shepard is an independent living facility and that I am responsible for maintaining my apartment, responding properly to emergency alarms, and respecting the rights of my neighbors. I understand that to live independently I must be capable of evacuating the building during an emergency, using the stairwell if I am evacuating from floors 3-7. I understand that Good Shepard does not provide any medical facilities, attendant care, or supervise in any way the taking of medications. Information provided by you will only be used to determine your eligibility for HUD guidelines. This is not a contract and does not bind either party. I certify to the best of my knowledge, the information is true and correct and I hereby authorize the verification of information given.

Signature

Date

Note: Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

Good Shepherd Retirement Center does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Priscilla Sinclair will coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.

ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST

Head of household and/or the co-head should complete:

LIST ALL HOUSEHOLD MEMBERS:

Name (Last, First, M. I.)	Relationship	Date of Birth	Sex	Social Security#
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____
_____	_____	____/____/____	____	_____

ELIGIBILITY:

1. I have a family member who is absent from the home due to:	YES	NO
Employment	_____	_____
Military service	_____	_____
Placement in foster care	_____	_____
Temporarily in nursing home	_____	_____
Permanently confined to nursing home	_____	_____
Away at school	_____	_____
Other	_____	_____
2. I have a live-in-attendant	_____	_____
3. Expecting changes in household:	Joint Custody?	
Baby due on _____	_____	_____
Adopting a child or children on _____	_____	_____
Obtaining custody of a child or children on _____	_____	_____
Receiving a foster child or children on _____	_____	_____
Number of children living in household _____	_____	_____

4. Add up all the ASSETS on the next page and enter the amount here
 \$ _____

INCOME, ASSET, AND DEDUCTIONS:

A. Income:	YES	NO
1. Are you or any members of the household currently receiving income from any of the following sources?		
A. Wages/salaries	_____	_____
B. Wages earned through a government program such as Senior Aids, Older American Community Service Employment Program, AmeriCorps	_____	_____
If yes, which program: _____		
Tips, bonuses or commissions	_____	_____
Overtime pay	_____	_____
Income from operation of a business	_____	_____
Social Security	_____	_____
Disability/SSI	_____	_____
Death benefits	_____	_____
Pensions/retirement funds	_____	_____
Annuities or non-revocable trust	_____	_____
Unemployment	_____	_____
Military Pay	_____	_____
Workman's Compensation	_____	_____
Public assistance/TANF	_____	_____
Alimony	_____	_____
Child support	_____	_____
Income from rent or sale of property	_____	_____
Periodic payments from lottery winnings	_____	_____
Regular recurring contributions from persons or agencies outside of household	_____	_____
Insurance policies	_____	_____
Severance pay	_____	_____
Other	_____	_____
2. Did you or any other members of the household file a federal tax return last year?	_____	_____
3. Are there any adult members of the household (18 years of age or older) receiving income not listed above?	_____	_____
If yes, specify the source of the income _____		

Do not leave any areas blank - answer all questions

B. Assets:	YES	NO
1. Do you or any member of the household have any of the following:		
Checking accounts	_____	_____
Savings accounts	_____	_____
Certificates of deposit	_____	_____
Money-market funds	_____	_____
IRA/Keogh account	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Treasury bills	_____	_____
Trust funds	_____	_____
If yes, is the trust irrevocable?	_____	_____
Real estate	_____	_____
Whole life or universal life insurance policy	_____	_____
Cash held in safety deposit boxes or home	_____	_____
Assets held in another state or foreign country	_____	_____
Other	_____	_____
2. Have you or any other members of the household received ant lump sum payments, such as:		
Inheritance	_____	_____
Lottery winnings	_____	_____
Insurance settlements	_____	_____
Other	_____	_____
3. Have you or any other household members disposed of any assets for less than fair market value in the past two (2) years?	_____	_____

DEDUCTIONS:

1. Are there any fulltime students 18 years of age or older in the household?	_____	_____
2. Is any household members elderly (62 or older) or a person with disabilities?		
3. Do you have medical expenses that are not paid for an outside source such as insurance?	_____	_____
4. Do you have disability expenses that are not paid for by an outside source?	_____	_____
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?	_____	_____
5. Do you have attendant care expenses?	_____	_____
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed	_____	_____
6. Do you currently pay for childcare service for any children under the age of 13 residing in your household?	_____	_____
If yes, is this service necessary in order for you to be employed or to attend school?	_____	_____
If yes, are any of these expenses reimbursed by an outside source?	_____	_____

“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 U.S. Government HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 responsibility 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. 408 (a) (6), (7) and (8)”

By signing below I a certifying that I have completed this questionnaire and that the answers that I have give are true and complete to the best of my knowledge.

_____ / /
Head of Household **Date**

_____ / /
Head of Household **Date**

Note: Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

Good Shepherd Retirement Center does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Priscilla Sinclair will coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.

Do not leave any areas blank – answer all questions

Circle all states you have ever lived in.

Alabama	Louisiana	Ohio
Alaska	Maine	Oklahoma
Arizona	Maryland	Oregon
Arkansas	Massachusetts	Pennsylvania
California	Michigan	Rhode Island
Colorado	Minnesota	South Carolina
Connecticut	Mississippi	South Dakota
Delaware	Missouri	Tennessee
Florida	Montana	Texas
Georgia	Nebraska	Utah
Hawaii	Nevada	Vermont
Idaho	New Hampshire	Virginia
Illinois	New Jersey	Washington
Indiana	New Mexico	Washington DC
Iowa	New York	West Virginia
Kansas	North Carolina	Wisconsin
Kentucky	North Dakota	Wyoming

If you have lived at your current address less than 12 years, list previous addresses below **PLEASE PRINT**

Street address

City & state

ZIP

Street address

City & state

ZIP

Street address

City & state

ZIP