The Arlington

3300 W. Washington Blvd., Los Angeles, CA 90018
Phone: (424) 372-9804 TTY: (800) 855-7100

APPLICATION INSTRUCTIONS

Dear Applicant:

Thank you for your interest in The Arlington, a 84-unit, Tax Credit, affordable housing community located in Los Angeles, California.

The general waiting list is currently closed. Applications are only being accepted for the accessible units and/or units with accessible features.

This packet provides important information about the property and how to apply. Please read this information carefully.

Please complete the attached application in its entirety. Please do not submit copies of SS cards, personal ID, licenses, or any financial or personal documents at this time. Upon request, application materials will be made available in a format that meets the needs of an applicant with disabilities.

Be sure to check your application for accuracy. You will not be able to change your application information (except for contact information) after the application is submitted. If your contact information changes (e.g., address, phone number, email, etc.), please notify us by mailing the updated information to the above address using your name as it appears on your previously submitted application.

Completing the Application

- Use BLACK INK to complete the application.
- Complete all the information – no blanks. Incomplete applications will be returned for additional information.
- Do not use white out. White out corrections are not accepted. To make corrections, make one (1) line through any mistakes and initial any changes.

If you pick up or download an application, please fill out the application and then submit your completed application in person or by mail to:

In Person or By Mail: The Arlington
3300 W. Washington Blvd.
Los Angeles, CA 90018

Applications that meet the preliminary screening requirements will be entered into our waiting list. Applications will be processed on a first come first served basis and in the order they are received.

We hope that you will have the opportunity to make The Arlington your home. If you have any questions or concerns, please contact the management office at arlington@tsaproperties.com.

Sincerely,

The Arlington Management

Rental Application Cover Page for The Arlington

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. **The Arlington** has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. **The Arlington** also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section labelled "Reasonable Accommodation Information" of the Rental Application (page 1).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

   Property Management Contact Name: Natalia Lopez

   Title: Property Manager

   Phone Number: (424) 372-9804 TTY/TDD (if available): (800) 855-7100

   Email: arlington@tsaproperties.com

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An individual with disability may ask for, among others:
   a. A change in rules, or;
   b. A physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
   c. An accessible apartment;
   d. And Auxiliary Aids and Services necessary to ensure effective communicate between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live at **The Arlington** and use our services, then contact **The Arlington** staff to communicate your needs.





Rental Pre-Application
3300 W. Washington Blvd., Los Angeles, CA 90018
Phone: (424) 372-9804 TTY: (800) 855-7100
Email: arlington@tsaproperties.com

The Arlington

INSTRUCTIONS

Please complete ALL sections of this application. Please do not leave any questions blank or use White Out. ALL adult household members (18 and over) must sign the application. If the property has an age restriction, the household must age qualify at the time of application. Screening criteria available upon request. Please do not submit multiple applications.

OCCUPANCY LIMITS

To qualify for each of the unit sizes, please note the minimum and maximum occupancy guidelines. See the Tenant Selection Plan for additional information regarding occupancy guidelines. Please check the bedroom size requested.

Non-Age Restricted

	Minimum	Maximum
☐ 0 Bedroom	1 person	2 people
☐ 2 Bedroom	2 people	5 people
☐ 3 Bedroom	4 people	7 people

REASONABLE ACCOMMODATION INFORMATION

The Arlington has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office (323) 372-9804 or TTY (800) 855-7100 or by email arlington@tsaproperties.com

1. Do you require that your apartment be designed for the disabled/mobility impaired? ☐ Yes ☐ No
   - Please check if applies: ☐ Mobility ☐ Vision ☐ Hearing
   - Please explain the required modification needed: _____

A person with a disability may ask for:

- A change in rules (reasonable accommodation)
- A physical change to their apartment or shared areas in the building (reasonable modification)
- An accessible apartment
- Aids and services to help them communicate with us

If you or anyone in your household has a disability and needs any of these things to live at The Arlington and use our services, please contact the management staff to fill out a 'Reasonable Accommodation or Modification Form.'

2. Will you, or any ADULT household member, require a live-in aide? (3rd party verification will be required) ☐ Yes ☐ No

Name of Attendant: _____ Relationship (if any): _____

HOUSEHOLD INFORMATION

List ALL household members that are applying to live in the apartment beginning with the Head of Household (HOH). Include any household member that is under the age of 18 and will reside in the household 50% of the time or more. Be sure to include your own name. Failure to provide accurate and complete contact information may result in application denial.

	Last Name	First Name	Relationship to HOH	Optional M/F	Current Age
1.			Self		
2.					
3.					
4.					
5.					
6.					
7.					

CURRENT CONTACT INFORMATION (Required)

1. What is your preferred method of being contacted? ☐ E-Mail ☐ Mail ☐ Other_____

Provide the information below for all ADULT household members. Please follow the applicant order as it is listed on page 1 under Household Information.

Applicant 1 Email: _____	Phone: _____	Cell Phone ☐	Landline ☐
Applicant 2 Email: _____	Phone: _____	Cell Phone ☐	Landline ☐
Applicant 3 Email _____	Phone: _____	Cell Phone ☐	Landline ☐
Applicant 4 Email _____	Phone: _____	Cell Phone ☐	Landline ☐
Applicant 5 Email _____	Phone: _____	Cell Phone ☐	Landline ☐
Applicant 6 Email _____	Phone: _____	Cell Phone ☐	Landline ☐
Applicant 7 Email: _____	Phone: _____	Cell Phone ☐	Landline ☐

2. List any Case Worker or Agency that you are working with, that you would like us to be aware of or contact.
   Agency Name: _____ Case Worker Name: _____
   Agency/Case Worker Phone: _____ Email: _____

OTHER HOUSEHOLD INFORMATION

		Yes	No
1	Are you currently separated or estranged from your spouse?	☐	☐
2	Do you expect any additions to the household within the next 12 months?	☐	☐
	Name & Relationship: _____		
	Explanation: _____		

RENTAL HISTORY AND HOUSING REFERENCES

Please list all locations you have lived in the last TWO (2) years starting with CURRENT address. If additional space is required, use the back of this page.

Current Landlord's Name/Address	Your Address	Own/Rent	Dates
Name: _____	_____	Own ☐	From: _____
Address: _____	_____	Rent ☐	To: _____
_____	_____	Homeless ☐	
Phone: _____			

Previous Landlord's Name/Address	Your Address	Own/Rent	Dates
Name: _____	_____	Own ☐	From: _____
Address: _____	_____	Rent ☐	To: _____
_____	_____	Homeless ☐	
Phone: _____			

Do you currently have Section 8 rental assistance or are you expecting a Voucher? (Examples include: Housing Choice Voucher, Section 8 Voucher, HUD-VASH, etc.) YES ☐ NO ☐

Expected Date: _____
Name of Agency: _____
Contact Person: _____

EFFECTIVE COMMUNICATION

1. How did you hear about this property?

☐ Banner ☐ Flyer ☐ LAHD Registry ☐ Walk-By
☐ C.E.S. ☐ Friend/Family ☐ Newspaper ☐ Other _____
☐ Comm. Center ☐ Internet/Online ☐ TSAHousing.com

2. Please notify the management office if you need application assistance such as large type font, information by audio tape, computer disk, Braille and/or a language other than English. Best efforts will be made to accommodate such requests.

Primary Language:

☐ (Arabic) عربى ☐ (Cantonese) 广东话 ☐ (Mandarin) 普通话
☐ (Russian) русский ☐ (Spanish) Español ☐ (Tagalog) Tagalog
☐ (Vietnamese) Tiếng Việt ☐ (Korean) 한국어 ☐ Other: _____

DRUG and CRIME FREE ACKNOWLEDGEMENT

Drug and Crime Free Acknowledgement: Your initials below will acknowledge that you understand that this apartment community will vigorously enforce a drug and crime free environment. You and your guests agree not to engage in any drug-related activity, including the manufacture, sale, distribution, use, or possession of illegal drugs. These activities are a material violation of the lease and good cause for termination of tenancy. Each adult household member 18+ initials below.

_____ Initials HOH _____ Initials _____ Initials _____ Initials _____ Initials _____ Initials _____ Initials

PROPERTY PREFERENCES

1. Is any member of your household disabled according to the Fair Housing Act definition for handicap (disability):
   a. A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarding as having such an impairment. For a definition of "physical or mental impairment and other terms, please see 24 CFR 100.201
   b. Handicap does not include current, illegal use of or addiction to a controlled substance.
   c. An individual shall not be considered to have a handicap solely because that individual is a transgender person.

☐ Yes ☐ No ☐ Do not wish to disclose

2. ☐ Please check here if you are currently displaced by governmental action or if your dwelling has been destroyed as a result of a disaster formally recognized pursuant to federal disaster relief laws. (Third-party verification will be required).
3. ☐ Please check here if you are currently displaced as a result of the City of Los Angeles' public projects. (Third–party
4. verification will be required).
5. I/We certify that I am/we are not:
   (a) an owner, developer or sponsor of the project;
   (b) an officer, employee, agent, consultant or elected or appointed official of the owner, developer or sponsor; or
   (c) a member of the Immediate Family of such person described in subsections (a) and (b)

_____ Initials HOH _____ Initials _____ Initials _____ Initials _____ Initials _____ Initials _____ Initials

6. The Arlington is a non-smoking property. Each applicant 18+ must initial below to acknowledge that you understand smoking will not be permitted throughout the property up to the property line.

_____ Initials HOH _____ Initials _____ Initials _____ Initials _____ Initials _____ Initials _____ Initials

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. Please note that we will be contacting applicants from the waitlist for available units based on self-reported income. Actual third-party verified income will be used to qualify households for each specific unit at the time of eligibility interview.

PLEASE PROVIDE THE TOTAL HOUSEHOLD's ANNUAL GROSS INCOME: $_____

(Include all anticipated income for the next twelve months)

Please list all current sources of income for all household members:

_____

_____

_____

ASSET INFORMATION

Include all assets held and **the income derived** from the assets. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Assets include all bank accounts (checking, savings, CD, money market, debit accounts), investment accounts, real property, and cash on hand. Only list the income derived from assets.

PLEASE PROVIDE THE TOTAL HOUSEHOLD's ANNUAL GROSS INCOME FROM ASSETS: $_____

Please list all current asset sources for all household members (including minors):

RACE AND ETHNICITY

We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at The Arlington. This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law. As such, we appreciate your checking the appropriate boxes below regarding your race/ethnicity. You are not obligated to provide this information. If you choose not to disclose, please indicate below.

Ethnic Categories (Select One)

- ☐ Not-Hispanic
- ☐ Hispanic (select sub-category)
  - ☐ Puerto Rican
  - ☐ Cuban
  - ☐ Mexican, Mexican American, Chicano/a
  - ☐ Another Hispanic, Latino/a or Spanish Origin
- ☐ Decline to Disclose

Racial Categories (Select one or more)

- ☐ American Indian/Alaska Native
- ☐ Asian (select sub-category)
  - ☐ Asian Indian
  - ☐ Japanese
  - ☐ Other Asian
  - ☐ Chinese
  - ☐ Korean
  - ☐ Filipino
  - ☐ Vietnamese
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander (select sub-category)
  - ☐ Native Hawaiian
  - ☐ Samoan
  - ☐ Guamanian or Chamorro
  - ☐ Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Disclose

FULL-TIME STUDENT INFORMATION

This apartment is governed by Federal and/or State Housing Program(s) that restrict households comprised entirely of full-time students unless an applicable exception is met. We must determine household student status prior to eligibility and, if such eligibility is granted, each subsequent year the household remains in the unit. **If unsure of Full-Time status, inquire with academic institution for determination of "Full-Time" prior to completing the following section.**

		Yes	No
1.	Are you or any member of your household above (including minors) currently a Part-Time Student?	☐	☐
2.	Are you or any member of your household above (including minors) currently a Full-Time Student?	☐	☐
3.	Does the entire household consist of people who are currently full-time students?	☐	☐
4.	Does the entire household consist of people who are either currently a full-time student or were a full-time student for 5 months or more in the current calendar year?	☐	☐
5.	Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?	☐	☐

If Yes to any of the previous questions, complete the following:

		Yes	No
6.	Is anyone in your household receiving assistance under Title IV of the Social Security Act (AFDC, TANF, CalWorks – not SSA/SSI)?	☐	☐
7.	Is anyone in your household enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program?	☐	☐
8.	Is anyone in your household married and filing (or are entitled to file) a joint tax return? (please provide a copy of marriage certificate or tax return)	☐	☐
9.	Is anyone in your household a single parent with a dependent child(ren) and neither of you or your child(ren) are dependents of another individual?	☐	☐
10.	Is anyone in your household under the age of 24, who has exited the Foster Care System (currently age 18-24)?	☐	☐

SIGNATURE CLAUSE

I understand that I will acquire no rights to the above property until I sign a rental agreement and submit a security deposit. I further understand that false, fraudulent misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements expressed or implied between the parties.

I understand that management is relying on this information to prove my household's eligibility for housing at The Arlington. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false or misleading information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize and consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I 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 understand that my occupancy is contingent on meeting management's resident selection criteria and any low-income housing program requirements.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this application together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete an accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

All adult household members must sign below:

Head of Household Signature	**Date**	**Other Adult Signature**	**Date**
Other Adult Signature	**Date**	**Other Adult Signature**	**Date**
Other Adult Signature	**Date**	**Other Adult Signature**	**Date**
Other Adult Signature	**Date**		

For Management Use

Date & Time received by Management: _____ Received by: _____

WARNING: "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 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 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. 408 (a) (6), (7) and (8).**

Notice of Free Interpretation Services

English- Free Interpretation Services are available. Please ask for assistance in the office.

Spanish- Interpretación Servicios gratuitos están disponibles. Por favor pedir ayuda en la oficina.

Chinese (Traditional)- 免費的翻譯服務。請向辦公室提供援助。

Chinese (Simplified)- 免费的翻译服务。请向办公室提供援助。

Korean- 무료 통역 서비스를 사용할 수 있습니다. 사무실에서 도움을 요청하십시오.

Tagalog- Libreng Serbisyo Interpretasyon ay magagamit. Mangyaring humingi ng tulong sa opisina.

Vietnamese- Giải thích miễn phí Dịch vụ có sẵn. Xin hỏi trợ giúp trong văn phòng.

Arabic- تتوفر خدمات الترجمة الفورية مجانا. من فضلك اطلب المساعدة في المكتب.

Hindi- फ्री व्याख्या सेवाएं उपलब्ध हैं। कार्यालय में सहायता के लिए कहें।

Portuguese- Gratuito Serviços de interpretação disponíveis. Por favor, peça ajuda no escritório.

Russian- Бесплатные услуги переводчика доступны. Пожалуйста, обратитесь за помощью в офисе.

EQUAL HOUSING OPPORTUNITY

APPENDIX 2

NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY AT

The Arlington

WHAT ACCOMMODATIONS AND AUXILIARY AIDS CAN I ASK FOR?

You or anyone in your household can ask for:

1. an accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property, public and common use areas, or participate in, or benefit from, a program, service or activity;
2. accessibility alterations (physical changes) to your unit or a common area;
3. auxiliary aids and services necessary to ensure effective communication between us. This can include providing information in alternative formats such as Braille, American Sign Language (ASL) interpreters, or large print documents.

We will pay all reasonable costs for reasonable accommodations and auxiliary aids necessary to ensure effective communication between us.

WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the

request, or if required by law.

WHAT ARE REASONABLE ACCOMMODATIONS?

Reasonable accommodations are changes, modifications, exceptions, alterations, or adaptations in our rules, policies, practices, programs, services, activities, or facilities that may be necessary to (1) provide an Individual with a Disability an equal opportunity to use and enjoy a dwelling, including public and common use areas of a development; (2) participate in, or benefit from, a program (housing or non-housing), service or activity; or (3) avoid discrimination against an Individual with a Disability. A reasonable accommodation includes any physical or structural change to a unit or a public or common use area.

Examples are:

1. allowing an assistance animal in a “no-pets” building;
2. allowing payment of rent on a date other than the first of the month if necessary due to the date the tenant receives disability income;
3. granting a reserved parking space closer to the individual’s unit;
4. providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants;
5. accepting references from professional caregivers and others when landlord references are not available for an individual moving from a nursing home or other places that serve Individuals with Disabilities;
6. installing a wheelchair ramp;

7. installing grab bars in the shower or bathroom;
8. installing a roll-in shower;
9. installing visual alerting systems and flashing lights for individuals who are deaf or hard of hearing;
10. adjusting counter heights for individuals who use wheelchairs;
11. transferring a tenant in a non-elevator building who has difficulties walking up or down stairs to a ground floor unit with no or very few stairs; and
12. requesting that **The Arlington** notify another individual in addition to the tenant or applicant when any concerns arise. See Appendix 8, Supplemental and Optional Contact Information for Applicants.

WHAT ARE AUXILIARY AIDS?

Auxiliary Aids are aids, services, or devices that enable individuals with vision, hearing, manual, or speech impairments to have an equal opportunity to participate in, or enjoy the benefits of**,** programs, services, or activities, including housing and other programs, services, and activities.

Examples are:

1. giving you documents in large print, Braille, on cassettes or CDs, or electronically, or reading documents to you;
2. providing a sign language interpreter or using a video relay service;
3. providing note takers; real-time computer-aided transcription services; exchange of written notes;
4. providing audio description or audio recordings;

5. providing closed captioned video.

These are just examples. You can ask for other reasonable accommodations and auxiliary aids you need because of your disability.

WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR AUXILIARY AID?

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

HOW DO I ASK FOR REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?

You can ask a Property Manager or fill out a Request Form (See Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy). We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?

You need to tell us what you need and how it is related to your disability.

WHAT HAPPENS AFTER I ASK?

We will respond to you as quickly as possible.

We may ask you for more information.

Your need for reasonable accommodations or auxiliary aids may be obvious or already known. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for the accommodation or auxiliary aid is obvious or already known, we will not ask for any additional information. If the need is not obvious, we may ask you to provide more information, which may include information from someone else who knows about your disability needs. We will only seek limited information that is necessary to understand the disability-related need for your accommodation or auxiliary aid. We do not need to receive full medical records or to know unrelated information about the nature or severity of any disabilities. Any information we do receive will be kept confidential.

If we ask you for information from someone else, we will provide you with Appendix 4, Additional Information for Request for Reasonable Accommodations.

You can choose how to get the additional information:

1. You can sign Part 2 of Appendix 4 and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

   OR:

2. You can sign Part 2 of Appendix 4 and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete. When Appendix 4 is returned, we will tell you if we need more information.

We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability.

We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the waiting list(s) or your tenancy will not be affected because you make a request.

HOW LONG WILL IT TAKE TO GET AN ANSWER?

Usually, we will respond within five (5) business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer as soon as we can, but no later than within thirty (30) days.

For questions or help with your request, please contact:
(Owner/Property Manager to complete)

Property Management Staff Name: Natalia Lopez

Title: Property Manager

Address: 3300 W Washington Blvd., Los Angeles, CA 90018

Phone Number: (424) 372-9804

TTY/TDD Number: (800) 855-7100

Email (if available): arlington@tsaproperties.com

See Tenant Handbook Section 3.15 for more information.



APPENDIX 8



SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: The Arlington

THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR 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: _____

Phone Number: _____

TTY/TDD or VP Number: _____

Cell Phone Number: _____

Email Address (if applicable): _____



APPENDIX 8



Name of Additional Contact Person or Organization: _____

Address: _____

Phone Number: _____

TTY/TDD or VP Number: _____

Cell Phone Number: _____

Email Address (if applicable): _____

Relationship to Applicant: _____

Reasons that you approve us to contact the Additional Contact Person or Organization: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Proposed termination of rental assistance
- ☐ Proposed eviction
- ☐ Late rent payment
- ☐ Help with Recertification Change
- ☐ Change in lease terms
- ☐ Change in policies or procedures
- ☐ Other (please specify):

Commitment of 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 on this form is confidential and will not be disclosed to anyone except as permitted by you, 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.

Option Not to Provide a Supplemental Contact Person:

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

Signature of Applicant:

Date: _____

Signature: _____

See Tenant Handbook Section 3.18 for More Information