

GARDEN TERRACE SENIOR LIVING
500 N EMERSON AVE.
WENATCHEE, WA 98801
509.663.2154

Office Use Only	
Application # _____	Bedroom Size _____
Applied on: _____ @ _____	
Translator Needed: YES / NO	
Processed by: _____	

APPLICATION FOR ELDERLY or DISABLED HOUSING

Please fill out these forms and return them to Garden Terrace at the address above.

It is the sole responsibility of the applicant to keep his/her application current. Contact should be made at least every six months to maintain your place on the waiting list.

Check all that apply:

I am interested in a... Studio _____ One Bedroom _____ ADA Accessible _____

Submission of this application does not guarantee that you will receive an apartment. It will help us to determine your eligibility, and place you on a waiting list, if you qualify. **It is important that you fill out the form accurately and provide all the information necessary to complete the application.** You must notify us immediately if there are any changes in your family size or income.

NAME OF APPLICANT: _____
MAILING ADDRESS: _____

Home Phone: _____ Message Phone _____ Work Phone _____

I. FAMILY COMPOSITION: List all people who will live in your household, starting with the Head of Household. **Head of Household must be at least 62 years of age or disabled as defined by HUD regulation.**

NAME OF FAMILY MEMBERS	Relation to Family Head	62 or older Y/N	Disabled Y/N	Birth Date	Social Security Number	U.S. Citizen or Legal Resident Y/N
1.	HEAD					
2.						

*Please list any family member who is 18 years of age or older and is disabled, or a full-time/part-time student:

*Do you qualify for a disability allowance? Yes / No

* Do you have a disability which requires a unit with special features? Yes / No

If yes, what unit features will you need for your disability? _____

* Do you have a disability which requires an auxiliary aid? Yes / No

If yes, what auxiliary aid(s) do you require for your disability? _____

List all states each household member has resided in:

Household Member Name	States You Have Resided
1.	
2.	



II. AGE/INCOME DOCUMENTATION

- Documentation Needed: (1) A copy of your Birth Certificate or other proof of your birth date.
 (2) Driver’s License or Valid I.D.
 (3) Social Security Cards for every family member that has one.

- A) Are you now, or have you ever lived in Public Housing, received Section 8 Assistance, or any other form of government housing assistance (as Head of Household or as a family member)? Yes ____ No ____
 If YES, list where, when, name of program: _____
- B) Do you presently owe any monies for rent and/or other charges to a former Housing Authority/Public Housing Agency/Owner or landlord while receiving rental assistance? Yes, ____ No ____ Unsure ____
 If YES or UNSURE, please explain: _____
- C) Have you ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? ____ If YES, please explain: _____

- D) Has any family member in your household been involved in the use, manufacture of methamphetamines in public housing, and/or distribution of illegal drugs? ____ If YES, please explain: _____

- E) Has any family member in your household been involved in violent criminal behaviors? ____ If YES, please explain: _____

- F) Is any member in your household subject to a lifetime sex offender registration requirement in any state? ____ If YES, please explain: _____

III. LANDLORD’S REFERENCES: Please list all landlords from the past four (4) years. Landlord, credit, and criminal background checks will be conducted for each applicant prior to determining final eligibility. For additional references, please attach a separate sheet if necessary.

LANDLORDS NAME & ADDRESS	ADDRESS OF THE RENTAL	LANDLORDS TELEPHONE #	DATES YOU RENTED
1. _____ _____			
2. _____ _____			
3. _____ _____			



IV. TOTAL HOUSEHOLD INCOME: List all current **monthly** money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation (L&I), retirement benefits, Public Assistance, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Household Member	Name of Employer	Monthly Earned Wages	Welfare (TANF)	Child Support	SS/SSI Benefits	Unemployment Benefits	All Other Income
1.							
2.							
3.							

- 1) Does any member of your household have a checking or savings account? YES___ NO ___
- 2) Is any member of your household employed full-time, part-time or seasonally? YES___ NO ___
- 3) Does any member of your household work for someone who pays them in cash? YES___ NO ___
- 4) Does any member of your household now receive or expect to receive unemployment benefits? YES___ NO ___
- 5) Does any member of your household now receive or expect to receive child support? YES___ NO ___
If YES, name and address of absent parent(s)_____
- 6) Does any member of your household receive or expect to receive alimony payments? YES___ NO ___
- 7) Does any member of your household receive or expect to receive income from a pension or annuity?
YES___ NO ___
- 8) Does anyone outside of your household pay for any of your bills or give you money? YES___ NO ___
If YES, please explain:_____
- 9) Does any member of your household receive income from assets including interest on checking or savings accounts, interest or dividends from certificates of deposit, stocks or bonds, income from the rental of property?
YES___ NO ___
- 10) Does anyone in your household receive financial aid, educational grants and/or scholarships? YES___ NO ___
If YES, please explain:_____

V. ASSETS: List all assets as in, bank checking and savings accounts, retirement accounts (IRA's, Keogh, Sepp accounts), Certificates of Deposit, stocks/bonds, dividends, house, mobile home, or any other form of real estate. Include all names on accounts.

Type of Asset	Name(s) on Account	Bank Name	Account #	Current Balance

- 1) Do you or any member of your household own or have an interest in any real estate and/or mobile home? _____
If YES, please explain _____
- 2) Have you ever owned a home, property, or other real property? _____ If YES, please explain:



3) Have you disposed of, sold, or given away any assets for less than the actual value (*Fair Market Value*) during the past two (2) years? ___ If YES, please complete the following:

Type of Asset: _____

Date of Disposal: _____

Amount Received for Asset: _____

Market Value of Asset at Time of Disposal: _____

4) Do you own a car(s)? If YES, give year and model(s) _____

How did you hear about our housing?

Friend / Relative ___ Radio ___ Newspaper ___ Flier ___ Other ___

• **FOR OFFICE USE ONLY:**

• **TOTAL INCOME: \$** _____

VI. APPLICANT'S CERTIFICATION AND SIGNATURES

The information in this application is full, true and complete to the best of my knowledge. I understand that if I have not given full, true and complete information to the best of my knowledge, my application for housing assistance may be denied. In addition, I certify that the subsidized rental unit I am applying for will be my only permanent residence and I do not nor will I maintain a separate subsidized rental unit in a different location.

I hereby give my consent to inquiries being made by Garden Terrace Senior Living for the purpose of verifying the statements contained in this application and to obtain a credit report.

SIGNATURES:

Head of Household

Date

Spouse or Other Head of Household Member

Date

Attachments:

- Supplement to Application for Federally Assisted Housing HUD 92006
- Citizenship Declaration
- Race Ethnic Data Reporting Form
- Garden Terrace Food Service Agreement

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)

Garden Terrace Senior Living **12711202** 500 N Emerson Ave, Wenatchee, WA 98801

Name of Property Project No. Address of Property

Garden Terrace Senior Living **Sec 202**

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 form 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.

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.

**Owners Notice No. 1
(214 Review of Citizenship Status for HUD Housing)
Garden Terrace Senior Living**

Date: _____

Dear _____

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance.

You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (see Exhibit 3-5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. **Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by _____ (date)**


Manager/Property: Garden Terrace Senior Living
Address: 500 N Emerson Ave., Wenatchee, WA 98801
Phone Number: 509.663.2154

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the person listed above. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance. If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible. If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments:

Citizenship Declarations Exhibit 3-5 (One per household member to complete) and Family Summary (to list all household members)

Note: Upon full review, the full Citizenship Packet will include: Owners Notice # 1 Exhibit 3-3, Family Summary Sheet Exhibit 3-4, Citizenship Declaration Format(s) Exhibit 3-5, Verification Consent Form (s) (if applicable) Exhibit 3-6, Owners Summary of Family Exhibit 3-7 and Final Decision Notice for Applicant Family Exhibit 3-11. Additional forms may be required based on non-citizenship status/verification.

Property Name: Garden Terrace 504 Coordinator Name: Kenneth Neher	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. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	
Address: 500 N Emerson Ave., Wenatchee, WA 98801	Telephone # 509.663.2154	

Citizenship Declaration
(214 Review of Citizenship Status for HUD Housing)

INSTRUCTIONS:

Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ If applicable (this is an 11-digit number found on DHS Form 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 shown below and complete either block number 1, 2, or 3:

DECLARATION

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

OPTIONS: (Choose option 1,2 or 3 and sign and date)

_____ **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: _____ (sign adults name but complete declaration with child's name)

_____ **2. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS as evidenced by one of the documents listed below (b 1-5).** 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 (end of option 2)

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

- a. Verification Consent Format (Exhibit 3-6) **AND**
- b. One of the following documents:

- 1. Form I-551, *Permanent Resident Card*

2. Form I-94, *Arrival-Departure Record* annotated with one of the following:
 - "Admitted as a Refugee Pursuant to Section 207";
 - "Section 208" or "Asylum";
 - "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - A court decision granting withholding of deportation; or
 - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. 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.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

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: _____ (sign adults name but complete declaration with child's name)

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, 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 undertaken to obtain this evidence.


Check if adult signed for a child: _____

Signature Date

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: _____

Property Name: Garden Terrace Senior Apartments 504 Coordinator Name: Kenneth Neher	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. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	
Address: 500 N Emerson Ave., Wenatchee, WA 98801		Telephone # 509.663.2154

FOOD SERVICE AGREEMENT

Participation in the meal program is a **condition of occupancy** for living at Garden Terrace. Except when exempted, failure by a tenant to comply with the mandatory meal agreement will be a violation of the lease and will subject the tenant to eviction procedures in accordance with the lease.

Currently the cost is \$190 per month per person. That provides one evening meal Monday through Friday. The menu is published monthly, but there may be some menu variations at times. Meal subsidies may be available for those on extremely low incomes.

EXEMPTIONS:

- 1) A Medical Condition that requires a special diet that we are unable to provide. The resident **MUST** present verification from a physician of the medical condition that requires exemption.
- 2) Temporarily Exempt for absences from the property. Verification will be through resident's professional care provider.
 - (a) Absence from the project for one or more weeks for hospital care, temporary nursing home care, or vacation. The owner requires a tenant to provide a reasonable advance notice (in writing) of 7 days (except for hospital emergencies). If advance notice is given and the absence is more than 6 days, the exemption (meal credits) would become effective as of the date the tenant departs. If you do not give advance notice, exemption would start on the 8th day of your absence. For an absence of 6 days or less, meal credits will not be given.
 - (b) Hospital emergencies (if admitted and able, please call to notify us of your absence)
 - (c) Temporary immobility (see tray delivery below).
- 3) A paying job that requires absence from the project during the time period that the meals are served.

Garden Terrace reserves the right to make the final determination regarding any exemptions. Exemptions are not granted for physical conditions, mental/emotional problems, or general ill health.

A resident who has returned from the hospital or is temporarily immobile may have a tray delivered to their apartment. Garden Terrace charges \$1.00 per day for tray delivery after 30 days. This amount will be added to the resident's monthly billing.

I have read the policies pertaining to the food service and understand that participation in the meal program is a requirement for living at Garden Terrace and agree to participate so that this service will be available to all the residents at as low a cost as possible.

1. _____
Signature Date

2. _____
Signature Date

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.

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Signature of Applicant

Date

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

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