CATHOLIC CHARITIES
SENIOR COMMUNITIES

Dear Applicant:

Thank you for your interest in choosing a Catholic Charities' senior community. We offer two types of communities which differ by funding source and income requirements—HUD Rent Assisted and Tax Credit Communities.

WE'RE SMOKE FREE: The policy applies to anyone on Catholic Charities property including residents, visitors, employees and vendors and prohibits the use of cigarettes, cigars, pipes, electronic nicotine delivery systems (vaping) and any other smoking methods including medicinal marijuana which is illegal by Federal Law. Catholic Charities property includes the individual apartments, all common/interior areas and all exterior areas - including any car parked on the property.

Mission in Action

Catholic Charities Senior Communities owns and operates affordable, supportive, smoke free communities for older adults with a resolve to nurture a spirit of purpose, wellness and harmony among both our residents and colleagues.

Income Eligibility

Your annual gross income is an essential factor to qualifying you for residency in any of our communities. The U.S. Department of Housing and Urban Development (HUD) sets the income limits annually.

The established maximum annual income limits (per household):

Community Type	1 Person	2 Person
HUD (all except Starner Hill)	$46,900	$53,600
HUD (Starner Hill)	$33,250	$38,000
Tax Credit	$56,280	$64,320

Updated May 1, 2026

- HUD Rent Assisted residents pay 30% of their adjusted gross income in rent.
- Tax Credit residents' rent is based on the apartment type regardless of individual income. Tax Credit communities also have a minimum annual income to qualify. Section 8 vouchers are accepted.

Age Eligibility

An applicant must be 62 years old or older **at the time of application** to apply to all but four of Catholic Charities' senior communities. The four buildings that accept non-elderly disabled persons* are Basilica Place, Coursey Station, Starner Hill and St. Charles House.

*non-elderly disabled persons are persons that qualify for apartments which are specifically designed and designated for persons under the age of 62 years old with a physical disability that results in a functional limitation in access and use of the apartment.

Supplement to Application for Federally Assisted Housing

As part of your application, you have the right to include information for a contact person. The contact information is for the purpose of identifying a person or organization that may be able to help in resolving issues or provide special care or services to you during your residency. If you do not wish to list a contact person, please indicate that by placing a check mark in the appropriate box and sign.

Return the completed application and *Supplement to Application* to:

Catholic Charities Senior Communities
2300B Dulaney Valley Road
Timonium, Maryland 21093

Please ensure all forms are signed and dated. This application may be refused or rejected solely on the grounds that it is not satisfactorily completed and/or illegible, or if any information is found to be false.

What Happens Next?

A preliminary review of your application is conducted to determine if your application meets the established eligibility criteria set forth in the Catholic Charities Senior Communities' Tenant Selection Plan. Your application is then placed on the Senior Communities Waitlist for which you are eligible as of the date your application was received. A notification letter is mailed to you regarding the status of the preliminary review.

Questions?

If you have any questions, please contact an Applications Coordinator by calling 667-600-2280 or email housing@cc-md.org.

Visit our website at cc-md.org/senior-communities.

CATHOLIC CHARITIES
SENIOR COMMUNITIES

Frequently Asked Questions about Catholic Charities Senior Communities

1. **Do I have to be a Catholic to live in a Catholic Charities Senior Community?**
   No, Catholic Charities is an equal housing opportunity provider. We believe that all people, regardless of their religion, beliefs, race or financial means, are entitled to a home.

2. **Why do I have to keep my address and phone number current?**
   Catholic Charities Senior Communities requires that you notify us whenever there is a change in your address or telephone number. Having current contact information is necessary to notify you of changes to your waitlist status and apartment availability. **If we are unable to contact you, your application may be removed from the waitlist.**

3. **What is the size of the apartment?**
   Some communities have several different floor plans to choose from, however, most floor plans average 540 square feet. (See brochure)

4. **What is gross income?**
   A family's income before any taxes or other exclusions or deductions has been taken out of it. (i.e., Social Security income before Medicare deductions.)

5. **How much is the monthly rent?**
   In HUD Rent Assisted communities, residents pay 30% of their adjusted gross income in rent. Adjusted gross income equals gross income plus income from assets minus allowable medical expenses.
   In Tax Credit communities, residents' rent is based on the apartment type regardless of individual income. Section 8 vouchers are accepted.

6. **How much is the security deposit?**
   The security deposit equals one month's rent.

7. **Is there an application fee?**
   No, there is not an application fee.

8. **Are utilities included?**
   In most communities, residents are responsible for paying for the electric.

9. **Are pets welcomed?**
   Yes, pets weighing 25 pounds or less are welcomed in all communities. There is a $300 pet deposit.

10. **How do I apply for admission to a Catholic Charities Senior Community?**
    Call (667) 600-2280 to receive an application by mail or download at www.cc-md.org\senior-communities. Complete and sign the application and mail it to the address using the envelope provided.

11. **How do I know if I'm eligible?**
    You will be sent a letter of eligibility upon preliminary review of your submitted application. For more information, please see the cover letter.

12. **Is there a waiting list?**
    Yes, all Catholic Charities Senior Communities maintain a waiting list. For details, you can call 667-600-2280 or each community separately.

13. **I own my own home, will I have to sell it before moving in?**
    No, it is not necessary to sell your home before moving into a Catholic Charities Senior Community.

14. **Can I keep my car?**
    Yes, resident parking is available.

15. **What appliances do you offer?**
    In addition to a refrigerator and an electric stove, most apartments are carpeted and the windows have mini blinds. For added peace, residents are offered a personal emergency response system.

16. **Is there an elevator?**
    Yes, all communities have an elevator.

17. **Are there security personnel in the community?**
    All buildings are equipped with a front door-controlled entry system. Some Catholic Charities Senior Communities have on-site security.

18. **What services are available?**
    All Catholic Charities' Senior Communities have **Service Coordinators** who link residents with resources available in the community. Some communities have a **Caring Home Services Program** (CHS) which provides assistance with housekeeping, laundry, minimal personal care, care management and meals[1] to residents aged 62 and older participating in the program. CHS fees vary according to individual income and assets.

[1] A daily meal is provided in select communities that offer the Caring Home Services Program.

19. When I move into a Catholic Charities Senior Community, will I remain on the waitlist for other communities?

It is required that your name be removed from all Catholic Charities Senior Community waiting lists upon admission to one of the Catholic Charities Senior Communities.

20. Will my application be denied for poor credit due to domestic violence?

You cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

21. Can I smoke in a Catholic Charities Senior Community?

No, all of our communities are smoke free, which includes the individual apartments, all common/interior areas and all exterior areas - including any car parked on the property.

22. Do I have to attend the initial certification meeting in person?

Yes, Catholic Charities requires that applicants attend their initial certification meeting at the property to which they are applying, to see and tour the building as well as begin their initial certification paperwork. Applicants with disabilities will be notified they have the right to request reasonable accommodations to participate in the formal interview process.

23. What if I am unable to attend the initial certification meeting in person?

Applicants who live more than fifty (50) miles from the property to which they are applying, applicants who currently reside in an assisted living community/nursing home and applicants who have a verifiable medical reason may attend the meeting virtually.

24. What happens at the interview?

All items on the application will be reviewed and confirmed, and verification forms will be signed authorizing Catholic Charities Senior Communities to obtain third-party written confirmation of the information provided on the application. If an applicant/resident is able to live in an apartment only with assistance, the applicant/resident must ensure Catholic Charities Senior Communities in writing that they will provide for that assistance. Until all items are verified, eligibility cannot be determined, nor any housing offered.

CATHOLIC CHARITIES
SENIOR COMMUNITIES

2300B Dulaney Valley Road, Timonium, MD 21093 | (667) 600-2280

APPLICATION FOR ADMISSION

KEEP A COPY FOR YOUR RECORDS

Please fill in all that applies to you as Head of Household. If a question on the application does not apply to your household, write NONE or N/A for that question.

Please check your choice(s):

(You may select as many communities as desired, but at least one (1) must be selected in order for your application process to begin. If there is no selection, your application will be returned.)

HUD Rent Assisted

- ☐ Aberdeen Court, Aberdeen*
- ☐ Abingdon Gardens, Abingdon
- ☐ Arundel Woods, Glen Burnie*
- ☐ Basilica Place, Baltimore
- ☐ Coursey Station, Lansdowne
- ☐ DePaul House, Violetville**
- ☐ Friendship Station, Odenton*
- ☐ Friendship Village, Odenton
- ☐ Holy Korean Martyrs, Woodlawn
- ☐ Owings Mills New Town, Owings Mills
- ☐ Our Lady of Fatima I, Baltimore
- ☐ Our Lady of Fatima II, Baltimore
- ☐ Reister's Clearing, Reisterstown
- ☐ Reister's View, Reisterstown
- ☐ Starner Hill, Grantsville
- ☐ St. Charles House, Pikesville
- ☐ St. Joachim House, Violetville**
- ☐ St. Luke's Place, Edgemere*
- ☐ Trinity House, Towson**
- ☐ Village Crossroads II, Nottingham

Tax Credit

- ☐ Everall Gardens, Overlea
- ☐ Kessler Park, Lansdowne
- ☐ St. Mark's Apartments, Catonsville

**Rent Assisted & Tax Credit*

- ☐ Village Crossroads I, Nottingham

**Caring Home Services Available*
Weekly housekeeping, laundry and individualized personal services.

***Also, daily meal provided.*

# of bedrooms desired 0 ☐ 1 ☐ 2 ☐ (0 and 2 bedroom units are not available in all communities)

A. GENERAL INFORMATION

HEAD OF HOUSEHOLD INFORMATION

1. Applicant Name: _____
(Print name as it appears on social security card)

Present Address: _____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

Telephone Number: _____ _____ _____
(Home) (Cell) (Work)

How long have you lived at your present address? _____Years from_____ to_____

2. If you have lived at the above address less than five (5) years, list your previous address:

(a.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

(b.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

3. Are you or any member of your household bringing a pet to live with you? Yes_____ No_____
(If yes, the pet cannot weigh more than 25 lbs.)
4. Have you ever been convicted of illegal drug use or any other criminal activity? Yes_____ No_____
(a.) Date of conviction? _____State where conviction occurred? _____
5. Are you subject to a lifetime registration requirement under a state sex offender registration program?
Yes_____ No_____
6. Please list all states in which you currently and have previously resided. _____

_____
7. Have you ever used or been known by any other name? Yes_____ No_____
If yes, please list the name(s) used: _____

SPOUSE OR CO-TENANT INFORMATION

8. Applicant Name:_____
(Print name as it appears on social security card)

Present Address: _____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

Telephone Number: _____ _____ _____
(Home) (Cell) (Work)

How long have you lived at your present address? _____Years from_____ to_____
9. If you have lived at the above address less than five (5) years, list your previous address:

(a.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

(b.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

10. Have you ever been convicted of illegal drug use or any other criminal activity? Yes_____ No_____
(a.) Date of conviction? _____State where conviction occurred? _____

11. Are you subject to a lifetime registration requirement under a state sex offender registration program?

Yes_____ No_____

12. Please list all states in which you currently and have previously resided. _____

_____

13. Have you ever used or been known by any other name? Yes_____ No_____
If yes, please list the name(s) used: _____

If your household has more than 2 members, provide General Information for these members in Appendix A.

B. HOUSEHOLD COMPOSITION & CHARACTERISTICS

List yourself, as Head of Household, and all persons who will be living with you in this apartment:

(a) Full Name	(b) **Last 4 digits of Social Security #**	(c) Birth Date	(d) Birth Place (State)	(e) Age	(f) Sex	(g) Relationship
Example: John Smith	**xxx-xx-1223**	**07/01/1940**	**MD**	**71**	**M**	**Self**

C. APARTMENTS FOR PERSONS WITH A PHYSICAL DISABILITY

Apartments for persons with a physical disability are apartments which are specifically designed and designated for persons with a physical disability that results in a functional limitation in access and use of the apartment.

Do you need an apartment specifically designed and designated for persons with a physical disability?

Yes_____ No_____

D. CARING HOME SERVICES PROGRAM

A fee for service program that provides assistance with housekeeping, laundry, minimal personal care and care management. Meals are provided at select communities. Please see the first page of the application for specific communities.

Are you or your spouse/co-tenant(s) interested in the Caring Home Services Program? Yes_____ No_____

E. CURRENT HOUSING STATUS/NEED

1. If you rent your home, what is your rent payment? $_____
2. If you own your home, are you planning to sell ___ or rent ___ the property?
   What is your mortgage payment $_____
3. If you have lived at your current address for less than five (5) years or you currently live with a family member, please provide us with the following information for each landlord/mortgage company.

   Current Landlord/Mortgage Company Name: _____

   Landlord/Mortgage Company Address: _____

   City/State/Zip: _____

   Landlord/Mortgage Company Phone Number: _____

   (a.) Previous Landlord/Mortgage Company Name: _____

   Landlord/Mortgage Company Address: _____

   City/State/Zip: _____

   Landlord/Mortgage Company Phone Number: _____

(b.) Previous Landlord/Mortgage Company Name: _____

Landlord/Mortgage Company Address: _____

City/State/Zip: _____

Landlord/Mortgage Company Phone Number: _____

4. Are you now living in a government assisted unit? Yes_____ No_____
5. Do you presently have a Section 8 voucher or certificate? Yes_____ No_____
6. Do you plan to have anyone live with you who is not listed on this application? Yes_____ No_____
   If yes, please name and explain: _____

   _____
7. Does anyone live with you NOW who is not listed on this application? Yes_____ No_____
   If yes, please name and explain: _____

   _____
8. Have you or your co-tenant ever been evicted? Yes_____ No_____
   If yes, please explain the circumstances: _____

   _____
9. Why do you wish to move? _____

   _____
10. Would you consider an efficiency unit if available? Yes_____ No_____
11. Have you or your co-tenant's residency or government assistance in an assisted housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?
    Yes_____ No_____
12. How did you hear about Catholic Charities Senior Communities? _____

F. INCOME INFORMATION

Answer each of the following questions. For each YES answered, provide detailed information requested in the charts that follow the list of questions.

1. Do you or any member of your household work full time, part time, or seasonally? Yes_____ No_____
2. Do you or any member of your household expect to work during the next twelve (12) months?
   Yes_____ No_____
3. Do you or any member of your household work for someone who pays them in cash? Yes_____ No_____
4. Do you or any member of your household receive or expect to receive unemployment? Yes_____ No_____
5. Do you or any member of your household receive or expect to receive income from Social Security?
   Yes_____ No_____
6. Do you or any member of your household receive or expect to receive SSI or Public Assistance?
   Yes_____ No_____
7. Do you or any member of your household receive or expect to receive income from a pension, annuity, or IRA?
   Yes_____ No_____
8. Do you or any member of your household receive or expect to receive regular contributions from organizations or individuals not living in the unit? Yes_____ No_____
9. Do you or any member of your household receive or expect to receive Welfare Assistance?
   Yes_____ No_____

10. Do you or any member of your household receive or expect to receive alimony? Yes_____ No_____
11. Do you or any member of your household receive income from assets including interest or dividends from checking or savings accounts, Certificates of Deposit, stocks, or bonds? Yes_____ No_____
12. Do you or any member of your household receive income from rental property, real estate, or business ventures? Yes_____ No_____
13. Do you or any member of your household have a Direct Express card? Yes_____ No_____
14. Do you or any member of your household a have whole life insurance policy? Yes_____ No_____
    If yes, what is the cash value? $_____

Please list the amount of **GROSS INCOME** expected monthly in the chart below for each person who will be living in the unit. **If no income, write $0.**

Income Source	**Head of Household**	**Spouse/Co-Tenant**	**3rd Co-Tenant**	**4th Co-Tenant**
Wages/Salaries, etc.	$ /mo.	$ /mo.	$ /mo.	$ /mo.
Unemployment Benefits				
Social Security (SSA)				
Supplemental Security				
Pension/Annuity/IRA				
Recurring Cash				
Welfare Assistance				
Alimony				
Interest/Dividend Income				
Rental/Real Estate Income				
Other Income: _____				

G. ASSET INFORMATION

Enter the requested information in the chart below for each household member's assets:

1. **BANK ACCOUNTS**: Checking, Savings, CD's, Money Market, IRA, Direct Express, etc.

Bank Name	**Type of Account**	**Balance**	**Interest Rate**
		$	%
		$	%
		$	%
		$	%
		$	%

2. **SECURITIES/STOCKS**:

Name of Company	**# of Shares**	**Price Per Share**	**Annual Dividend**
		$	$
		$	$
		$	$

3. **BONDS**:

Denomination Amounts	**Number of Bonds**

4. **PROPERTY OWNED**:

Please list the address and market value of each property/real estate owned.

Address	**Fair Market Value**	**Mortgage Balance (if any)**
	$	$
	$	$
	$	$

5. Have you sold or given away any assets for less than its Fair Market Value in the past two (2) years?
Yes_____ No_____

Asset	**Fair Market Value**	**Amount Received**
	$	$
	$	$
	$	$

H. <u>MEDICAL EXPENSES</u> (Not required for Tax Credit Communities) _____ _____

1. Do you pay for a care attendant or for any equipment for a disabled member(s) of your household which is necessary to permit someone in your household to work? Yes_____ No_____
   If yes, please identify expenses: _____
2. If you presently have any of the following medical expenses which you pay **<u>OUT OF POCKET</u>** and are not reimbursed, please fill in the following requested information:

Medical Expense	**Monthly Out of Pocket**
AARP insurance	$
Blue Cross/Blue Shield insurance	$
Dental expenses	$
Eyeglasses, hearing aids, batteries	$
Home health care costs	$
Medical expenses of a permanently institutionalized household member	$
Medicare insurance	$
Monthly payments on medical bills	$
Other medical insurance	$
Physician visit	$
Prescriptions/Non-prescription	$
Rental of medical equipment	$
Service of health care facilities	$
Transportation to medical office/visits/hospitals	$

3. Do you receive medical assistance through SSI? Yes_____ No_____

I. <u>SERVICES</u> _____ _____

Would you like to be contacted by Answers for the Aging for additional information about services in your community? Yes_____ No_____

J. APPLICANT CERTIFICATION

If accepted, I certify that the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for housing. I authorize Catholic Charities Senior Communities to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. As a condition of consideration for housing, a credit, rental, criminal and sex offender history check will be required. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I understand that if my application is approved, I must keep my contact information current. Failure to do so may result in removal from the waitlist.

_____ _____

(Signature of Head of Household) (Date)

_____

(Print Name of Head of Household)

_____ _____

(Signature of Spouse or Co-Tenant) (Date)

_____

(Print Name of Spouse or Co-Tenant)

_____ _____

(Signature of Third Co-Tenant) (Date)

_____

(Print Name of Third Co-Tenant)

_____ _____

(Signature of Fourth Co-Tenant) (Date)

_____

(Print Name of Fourth Co-Tenant)

_____ _____

(Management) (Date)

PLEASE RETURN THIS COMPLETED AND SIGNED APPLICATION WITH THE ATTACHED SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING TO:

CATHOLIC CHARITIES SENIOR COMMUNITIES
2300B Dulaney Valley Road
Timonium, Maryland 21093

PLEASE REMEMBER TO KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

APPENDIX A

ADDITIONAL HOUSEHOLD MEMBERS

THIRD CO-TENANT INFORMATION

1. Applicant Name:_____
(Print name as it appears on social security card)

Present Address: _____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

Telephone Number: _____ _____ _____
(Home) (Cell) (Work)

How long have you lived at your present address? _____Years from_____ to_____

2. If you have lived at the above address less than five (5) years, list your previous address:

(a.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

(b.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

3. Have you ever been convicted of illegal drug use or any other criminal activity? Yes_____ No_____

(a.) Date of conviction? _____State where conviction occurred? _____

4. Are you subject to a lifetime registration requirement under a state sex offender registration program?

Yes_____ No_____

5. Please list all states in which you currently and have previously resided. _____

_____

Have you ever used or been known by any other name? Yes_____ No_____

If yes, please list the name(s) used: _____

FOURTH CO-TENANT INFORMATION

6. Applicant Name:_____
(Print name as it appears on social security card)

Present Address: _____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

Telephone Number: _____ _____ _____
(Home) (Cell) (Work)

How long have you lived at your present address? _____Years from_____ to_____

7. If you have lived at the above address less than five (5) years, list your previous address:

(a.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

(b.)_____
(Street) (Apt. #)

_____ _____
(City) (State) (Zip Code)

_____Years from_____ to_____

8. Have you ever been convicted of illegal drug use or any other criminal activity? Yes_____ No_____
   (a.) Date of conviction? _____State where conviction occurred? _____
9. Are you subject to a lifetime registration requirement under a state sex offender registration program?
   Yes_____ No_____
10. Please list all states in which you currently and have previously resided. _____

_____

Have you ever used or been known by any other name? Yes_____ No_____
If yes, please list the name(s) used: _____

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other:_____

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.