

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



# CHAUTAUQUA OPPORTUNITIES, INC.

A COMMUNITY ACTION PARTNERSHIP 

Helping people. Changing lives.

## Customer Attestation Form

I understand my intake information will be distributed to any COI service I choose. Sharing intake information will assist in providing me with services; I also understand my basic information will be used annually by Chautauqua Opportunities to review the quality of customer service.

Employees of Chautauqua Opportunities, Inc. share the responsibility of safeguarding their customers' confidentiality. This includes all conversations, records, and other information. It is the customer's right and expectation that confidential information will be respected and safeguarded by Chautauqua Opportunities, Inc. and its programs and personnel: Only those staff who have a direct need to know, regarding your service at COI, will have access to your information and only to the information that is pertinent to the service being delivered.

If you are asked any questions at intake that you would prefer not to answer, you have the right to withhold information. You have the additional right to withhold or limit the access to any and all of your personal information at any time in the future. If you have any questions regarding this or any other process at Chautauqua Opportunities Inc., you may call the administrative office at 366-3333 and speak directly to the Executive Director about your concerns. Your privacy is of utmost priority to us.

I certify that all information is accurate and true. I also understand that I must report any changes in income as they occur. Failure to report income in the household can result in possible pay back of any monies provided for services and might, in some; situations be viewed as fraud. If COI has reason to believe that any information is fraudulently proved COI will be required to take action immediately by reporting the fraud to the appropriate authority. This could also mean removal from services.

### Notification of Non-Custodial Parental Responsibility

Chautauqua Opportunities, Inc. would like to remind our customers that children benefit when both parents are involved in child rearing responsibilities and privilege.

Wherever possible, COI advocates for active, involved, responsible parenting. While COI acknowledges that not all parents will share their time with their children; all parents can come to a fair and equitable plan that encourages maximum mutual involvement and commitment to the healthy development and rearing of their children. This involves spending time with children as well providing for their basic needs.

COI encourages you to work together for the benefit of your children. If this does not seem possible, COI encourages you to access our family mediation services.

Customer Name (Printed) \_\_\_\_\_

Customer Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Chautauqua Opportunities is an Equal Opportunity Lender, Provider, and Employer**  
**Chautauqua Opportunities, Inc. is an equal opportunity provider and employer.**

Laughlin Community Action Center  
402 Chandler Street, Jamestown, NY 14701 (716) 661-9430 FAX (716) 661-9436  
Connections North  
10825 Bennett Road, Dunkirk, NY 14048 (716) 366-8176 FAX (716) 366-4502

To file a complaint of discrimination, write to:

USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410  
(800) 795-3272 (voice) or (202) 720-6382 (TDD)



	YES:	Details of Crime:	
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### III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
<b>Total Family Income</b>		\$

Please provide any additional income information on a separate sheet of paper.

### IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

### V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

#### Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Co-Head

\_\_\_\_\_  
Date

**Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.**

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
<b>4. Household Member</b>								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
<b>5. Household Member</b>								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
<b>6. Household Member</b>								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	

Please provide any additional household member information on a separate sheet of paper.

## II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?
		If YES: Who and Where: _____
		Details of Crime: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?
		If YES: Who: _____
		State: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?
		If YES: Who and Where: _____



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## CATTARAUGUS COUNTY WAITING LIST APPLICATION

Housing Choice Voucher (HCV) Program

**This form must be completed by the Head of Household. Use the legal name for each household member.**

Date	Head of Household Name			Email Address		
Home Phone		Work Phone		Cell Phone		Other Phone
Address (Please list last known address if you are currently homeless)				Apt. #	City	State ZIP Code
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your mailing address the same as listed above?					
If No:	Mailing Address			Apt. #	City	State ZIP Code

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

### I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

**Relation:** head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

**Race:** Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
						HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
3. Household Member						

132 North Union St. Suite 107

Olean, NY 14760 PHONE (716) 372-2550 FAX (716) 372-9107