



Hebrew  
SeniorLife

# Common Rental Pre-Application

FOR SUPPORTIVE SENIOR LIVING APARTMENTS AT

## **CENTER COMMUNITIES OF BROOKLINE**

100 Centre Street  
Brookline, MA 02446  
**Tel:** 617-363-8100  
**Fax:** 617-498-9869  
**E:** CCBleasing@hsl.harvard.edu

## **JACK SATTER HOUSE**

420 Revere Beach Blvd  
Revere, MA 02115  
**Tel:** 781-289-4505  
**Fax:** 781-922-3706  
**E:** JSHleasing@hsl.harvard.edu

## **LEYLAND COMMUNITY**

9 Leyland Street  
Dorchester, MA 02125  
**Tel:** 617-971-5685  
**Fax:** 617-843-6968  
**E:** LCCleasing@hsl.harvard.edu

## **SIMON C. FIREMAN COMMUNITY**

640 North Main Street  
Randolph, MA 02368  
**Tel:** 781-986-8880  
**Fax:** 617-843-6544  
**E:** SCFleasing@hsl.harvard.edu

[www.hebrewseniorlife.org](http://www.hebrewseniorlife.org)

Check your eligibility below, then visit [www.hebrewseniorlife.org](http://www.hebrewseniorlife.org) to learn more about amenities, view floor plans.  
At least one household member must be 62 years of age or older at the time of application.

BROOKLINE		DORCHESTER	RANDOLPH	REVERE
CENTER COMMUNITIES OF BROOKLINE		LEYLAND COMMUNITY	SIMON C. FIREMAN COMMUNITY	JACK SATTER HOUSE
617-363-8100		617-971-5685	781-986-8880	781-289-4505
GOLDMAN RESIDENCES 1550 Beacon Street	COHEN RESIDENCES 112 Centre Street	9 Leyland Street	640 North Main Street	420 Revere Beach Blvd.
DANESH RESIDENCES 100 Centre Street	108 CENTRE STREET			

INCOME LIMIT BY HOUSEHOLD SIZE (EFFECTIVE 4/1/2025)			% OF AREA MEDIAN INCOME	AGE RESTRICTIONS	HEBREW SENIORLIFE LOCATION	MONTHLY RENT		
1 PERSON	2 PERSON	3 PERSON				STUDIO	1 BR	2 BR
\$36,000	\$41,160	\$46,290	30%	62+	108 CENTRE STREET	N/A	30% of income	N/A
\$36,000	\$41,150	\$46,300			COHEN RESIDENCES	30% of income	30% of income	N/A
\$36,000	\$41,150	\$46,300			JACK SATTER HOUSE	30% of income	30% of income	30% of income
\$36,000	\$41,160	\$46,290			LEYLAND COMMUNITY	N/A	30% of income	N/A
\$36,000	\$41,160	\$46,290			SIMON C. FIREMAN COMMUNITY	30% of income	30% of income	N/A
\$60,000	\$68,600	\$77,150	50%	62+	COHEN RESIDENCES	30% of income	30% of income	N/A
					DANESH RESIDENCES*	\$720	\$749	\$879
					GOLDMAN RESIDENCES*	\$720	\$749	\$879
					JACK SATTER HOUSE	30% of income	30% of income	30% of income
					LEYLAND COMMUNITY	N/A	30% of income	N/A
\$72,000	\$82,320	\$92,580	60%	62+	SIMON C. FIREMAN COMMUNITY	30% of income	30% of income	N/A
					108 CENTRE STREET	N/A	\$1,836	N/A
					LEYLAND COMMUNITY	N/A	\$1,610	\$1,931
\$96,000	\$109,700	\$123,400	80%	62+	SIMON C. FIREMAN COMMUNITY	N/A	\$1,547	N/A
					DANESH RESIDENCES*	\$1,864	\$2,034	\$2,445
					GOLDMAN RESIDENCES*	\$1,864	\$2,034	\$2,445
\$120,000	\$137,200	\$154,300	100%	62+	JACK SATTER HOUSE	30% of income	30% of income	30% of income
					DANESH RESIDENCES*	\$2,257	\$2,774	\$3,191
					GOLDMAN RESIDENCES*	\$2,257	\$2,774	\$3,191

\*The Danesh and Goldman Residences also offer market rate units with no income limit.

## COMMON RENTAL PRE-APPLICATION

Thank you for your interest in Hebrew SeniorLife, Inc. Upon request, Hebrew SeniorLife, Inc. will provide help in explaining or translating this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats and additional assistance can be provided.

This form must be filled out in English. Please type or print neatly in ink. All fields are required. Read the instructions before completing each item.

### Instructions for Head of Household:

1. Complete all sections of this application by either typing or handwriting your information (*in ink*). Please do not leave any section blank and if the section does not apply to you, put "N/A". If you are submitting a handwritten application and you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout"). Incomplete applications will not be accepted. Please make sure that you sign and date the last page.
2. The Common Rental Pre-Application (*pre-application*) must be completed in its entirety. All household members 18 years of age and older who are applying for housing must sign and date the Application. All information must be complete and correct. False, incomplete, or misleading information will cause your household's application to be denied.
3. Once your pre-application is complete and on file with Hebrew SeniorLife, Inc., it is your responsibility to contact Hebrew SeniorLife, Inc. in writing whenever there is a change in your address, telephone number, income situation or household composition (*if you need to add or remove a person from your pre-application*). It is your responsibility to respond to any waiting list application updates sent to you by Hebrew SeniorLife, Inc.

### Methods of Submission:

You may submit your application and related documents through one of the following methods:

- by mail or hand delivery to the address of your first-choice community
- by email to your first-choice community
- by emailing your first-choice community for instructions on how to send electronically via a secure upload.

Please note that email is not secure and could be intercepted by third parties. The physical addresses and email addresses for each community can be found on the cover of this application.

Filling out a pre-application does not guarantee eligibility or qualification for an apartment at this community.

After Hebrew SeniorLife, Inc. receives your completed pre-application, we will make a preliminary determination of eligibility based on program and property criteria. If your household appears

to be eligible for housing, your household will be placed on a waiting list, but this does not mean that your household will be offered an apartment. Every household must be screened to qualify for an apartment. When your name nears the top of the waiting list, you will be contacted to provide additional information for eligibility, screening and suitability.

If your household does not appear eligible, you will receive a letter denying your pre-application and you will not be placed on the waiting list. You will have the right to appeal this decision. Instructions for the appeal process will be provided with the appeal letter.

The pre-application process will be completed in accordance with Hebrew SeniorLife, Inc.'s standard procedures, which are summarized in each community's site-specific Tenant Selection Plan. Upon request to Hebrew SeniorLife, Inc, you have the right to receive both the Tenant Selection Plan and the Tenant Selection Plan Resource Guide, which summarize eligibility and screening requirements for occupancy in the development.

**If you do not receive any information from Hebrew SeniorLife, Inc. within 30 calendar days of submitting this application, please contact Hebrew SeniorLife, Inc. directly.**

This is an important document. If you require language interpretation, please call the management agent for this development directly.

Este es un documento importante. Si usted requiere interpretación de idioma, por favor llame directamente al agente de gestión para la propiedad.

这是一份重要文件，如果您需要翻译，请直接致电该物业的代理。

Este é um documento importante. Se precisar de interpretação de linguagem, favor chamar diretamente o agente de administração da propriedade.

Este é um documento importante. Caso você precise de interpretação de idiomas, por favor, ligue diretamente para o agente responsável por gerenciar a propriedade.

“Это важный документ. Если Вам необходима интерпретация языка, обратитесь, пожалуйста, непосредственно к административному агенту по поводу данного объекта.”

Se yo dokiman enpòtan. Si ou bezwen sèvis entèpretasyon, tanpri rele ajan jesyon an, pou pwopriyete an, dirèkteman.

Questo è un documento importante. Se si ha bisogno di un interprete per la lingua, chiamare l'agente responsabile, per la proprietà, direttamente.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng gọi trực tiếp cho đại lý bất động sản.

នេះជាឯកសារសំខាន់។ ប្រសិនបើអ្នកត្រូវការការបកស្រាយភាសា, សូមទូរស័ព្ទទៅភ្នាក់ងារគ្រប់គ្រងសម្រាប់អចលនទ្រព្យនេះដោយផ្ទាល់។

# CHECKLIST

Please complete the following forms as requested, including signature and date. Also please attach any supporting documentation requested.

- Common Rental Pre-Application**
- Application Supplement for Federally Assisted Housing** (*provided at end of this application*)
- Attach proof of your identity**
  - Driver's license or State picture I.D
- Attach proof of your citizenship**
  - Birth Certificate, Passport or Naturalization Certificate
- Attach proof of gross income** (*include all that apply to you*)
  - Most recent Social Security benefit letter (*including SSI & SSDI*)
  - Most recent 6 consecutive paystubs if currently working
  - Other type of income
- If you have indicated a priority/preference in Question 13 in this pre-application, please attach copies of documentation to verify your claim.**

After you have completed and collected these documents, please submit the application along with all of the forms and supporting documentation listed above through one of the following methods:

- by mail or hand delivery to the address of your first-choice community
- by email to your first-choice community
- by emailing your first-choice community for instructions on how to send electronically via a secure upload.

Please note that email is not secure and could be intercepted by third parties. The physical addresses and email addresses for each community can be found on the cover of this application.

Names are placed on the waiting list in the order that completed applications are received.

Your application will not be complete until we receive all the items listed above. Upon request, an applicant will be granted an additional 90 days to verify the Social Security Number for any household member. You will then be notified in writing that we have finished preliminary processing of your application and if you are placed on our waiting list.

We will contact when your name reaches the top of a waiting list. At that time, you will be asked to complete other verification forms needed to determine final eligibility and your rent amount in order to offer you an apartment.

In the meantime, if you have any questions, please feel free to call the relevant number listed for the community on the cover of this application. It is our intent to offer the best senior living available and provide a quality customer service experience.

## Community Information

1. Please check off each community you are applying to, and indicate your preference of building, rental rate, and # of bedrooms for each (*check all that apply*):

	COMMUNITY	BUILDING	RENTAL RATE	FIRST CHOICE # OF BEDROOMS	SECOND CHOICE # OF BEDROOMS
<input type="checkbox"/>	<b>CENTER COMMUNITIES OF BROOKLINE</b> 100 Centre Street Brookline, MA 02446 <b>Tel:</b> 617-363-8100 <b>Fax:</b> 617-498-9869	<input type="checkbox"/> Danesh Residences (100 Centre St.) <input type="checkbox"/> Goldman Residences (1550 Beacon St.) <input type="checkbox"/> Cohen Residences (112 Centre St.) <input type="checkbox"/> 108 Centre Street	<input type="checkbox"/> Market <input type="checkbox"/> Affordable <input type="checkbox"/> Not sure	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms
<input type="checkbox"/>	<b>SIMON C. FIREMAN COMMUNITY</b> 640 North Main Street Randolph, MA 02368 <b>Tel:</b> 781-986-8880 <b>Fax:</b> 617-843-6544		<input type="checkbox"/> Market (2 bedroom only) <input type="checkbox"/> Affordable	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms (market only)	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms (market only)
<input type="checkbox"/>	<b>JACK SATTER HOUSE</b> 420 Revere Beach Blvd Revere, MA 02115 <b>Tel:</b> 781-289-4505 <b>Fax:</b> 6781-922-3706		All Affordable	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms
<input type="checkbox"/>	<b>LEYLAND COMMUNITY</b> 9 Leyland Street Dorchester, MA 02125 <b>Tel:</b> 617-971-5685 <b>Fax:</b> 617-843-6968		All Affordable	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms

## Applicant Information

### 2. Name and address of Head of Household

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Last Name First Name Middle Initial

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Mailing Address Apt. #

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City State Zip

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(            )  Home  Cell  Work

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Area Code Telephone Number

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Email

### 3. If other than English, what language would you like Hebrew SeniorLife Inc. to use to communicate with you?

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### 4. Do you or does any member of your household require any modifications to the unit for mobility and/sensory impairment? Yes No

If yes, please describe:

5. List all the states where all household members have lived:

6. Are you or any household member required to register as a Sex Offender under Massachusetts or any other state law?  Yes  No

If yes, list the name of the person(s); the state where registration(s) needs to be filed and the length of time for which the registration is required.

7. Does the household have a Federal or State mobile housing voucher?  Yes  No

Agency: \_\_\_\_\_

*Note: Hebrew SeniorLife, Inc. will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.*

8. As of January 31, 2010 were you 62 or older and receiving HUD rental assistance at another location?  Yes  No

9. How did you hear about each Hebrew SeniorLife community you are applying to (check all that apply)?

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Housing Navigator website   | <input type="checkbox"/> Flyer                    | <input type="checkbox"/> Newspaper ad |
| <input type="checkbox"/> Metrolist                   | <input type="checkbox"/> Online search engine     | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Hebrew SeniorLife email     | <input type="checkbox"/> Housing authority        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family or friends           | <input type="checkbox"/> Senior center            |                                       |
| <input type="checkbox"/> Housing advocate/caseworker | <input type="checkbox"/> Live in the neighborhood |                                       |

10. List all persons who will live with you, (include unborn children and live-in-aides). If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

#	RELATIONSHIP	LAST NAME	FIRST NAME + MIDDLE INITIAL	SOCIAL SECURITY NUMBER (###-##-####)	BIRTHDATE (MM/DD/YYYY)	STUDENT? (Y/N) FULL TIME (FT) OR PART TIME (PT)
1	Self					
2						
3						
4						

11. Ethnicity, race and disability status of household members

*The following information is optional. Your answers will not affect your application. Hebrew SeniorLife, Inc., does not discriminate based on disability status.*

#	NAME	ETHNICITY (Hispanic/Non-Hispanic/ Decline)	RACE (White/Black/Asian/ American Indian/ Native Hawaiian/ Other/Decline)	DISABLED (Y/N)
1				
2				
3				
4				

**12. Total Income:**

A household’s income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (*starting from the date of application and projecting forward 12 months*). This excludes income earned by live-in-aides.

**12a. Total GROSS (before taxes) monthly Income:**    \$ \_\_\_\_\_

Income means money from ANY source including Wages (*tips, bonus and commission, if applicable*) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

**12b. Value of household assets:**

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/ trust accounts, certificates of deposit, IRA accounts (*for example, 401K, Roth Keogh or other retirement investments*), whole life insurance policy, and real estate of all household members. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

Total asset balance from savings, checking, and investments:    \$ \_\_\_\_\_

Total asset balance from retirement accounts:    \$ \_\_\_\_\_

Total asset balance from Real Property (*houses, condos, land*):    \$ \_\_\_\_\_

Interest/Dividend income earned from assets:    \$ \_\_\_\_\_

**13. Priorities and Preferences:**

Some of the properties that you are applying to may have eligibility requirements, whereby specific priorities/preferences may apply. In order to be considered for certain priorities/preferences, please check below ALL that apply: (*Please note: The selection of priorities/preferences could impact where you are placed on the waitlist*). Some developments may have additional preferences that are not included on this list. You may contact the development directly to inquire about any additional preferences that may apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Homeless due to Displacement by Natural Forces           | <input type="checkbox"/> Mobility accessible unit                                     |
| <input type="checkbox"/> Homeless due to Displacement by Urban Renewal            | <input type="checkbox"/> Visual/Sensory accessible unit                               |
| <input type="checkbox"/> Homeless due to Displacement by Sanitary Code Violations | <input type="checkbox"/> HUD VAWA Certification ( <i>Violence Against Women Act</i> ) |
| <input type="checkbox"/> Involuntary Displacement by Domestic Violence            | <input type="checkbox"/> Rent Burdened 50% of Income                                  |



As your application nears the top of the waiting list, Hebrew SeniorLife, Inc. will require documentation to verify the priority/ preference selected.

In completing this pre-application, the applicant has the right to include the name, address, telephone number, and other relevant information of a family member, friend, or advocate as the contact person to provide assistance to the applicant in connection with this pre-application. *(Federally assisted housing must include form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants, for each adult, attached)*

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Contact Person Name	Telephone Number
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Address

### Certification Of Applicant

*Note: (All adult applicants, 18 or older, must sign the Pre-Application.)*

I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand

- that false statements or information will lead to rejection of this pre-application or termination of tenancy after occupancy;
- that in consideration for being permitted to apply for this apartment, I/we, the applicant(s), do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this pre-application;
- that the owner/manager/agent will rely on the information provided by the applicant, once verified, to make a determination that the applicant is eligible and qualified for housing;
- that I/we, the applicant(s), must notify the communities, for which I have submitted a pre-application, of any change of address in writing and I understand that my pre-application may be cancelled if I/we fail to do so.

The applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list, completes the full rental application and screening is completed by the Agent and suitability for housing is determined.

The applicant authorizes landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

X

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Signature of head of household

Date

X

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Signature of spouse or co-head of household

Date

X

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Signature of co-head of household

Date

X

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Signature of co-head of household

Date

### **Penalties For Misusing This Consent**

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 of 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, for misusing the social security number as provided under 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).

### **Right To Reasonable Accommodation**

Hebrew SeniorLife provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

### **Fair Housing/Equal Opportunity Information**

Hebrew SeniorLife does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

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:</b> (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	
<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.