

**FOR OFFICE USE ONLY**

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

Time: \_\_\_\_\_

**255 IOWA AVE SE****HURON, SD 57350****(605) 352-1520****APPLICATION FOR MANOR APARTMENTS**

**The Huron Housing and Redevelopment Commission does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. The Huron Housing and Redevelopment Commission is an equal opportunity provider and employer.**

Please provide accurate information.

Complete every item on the application - leave nothing blank. Print N/A if an item does not apply to you.

All applicants must meet income eligibility requirements.

Applicants must be handicapped or disabled and be receiving case management services.

Head of Household Legal Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

The following is requested by the federal government for certain types of loans and grants in order to monitor compliance with the Federal Civil Rights laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application and the law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

Ethnicity: \_\_\_\_\_ Hispanic/Latino  
(Check One) \_\_\_\_\_ Not Hispanic/LatinoRace: \_\_\_\_\_ White \_\_\_\_\_ Black/African American  
(Check All That Apply) \_\_\_\_\_ American Indian/Alaska Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Other  
Pacific Islander**HOUSEHOLD COMPOSITION:**

Names of all Family Members	Relation to Head Of Household	Elderly?	Disabled?	Date of Birth	Social Security Number
		Yes/No	Yes/No		
	Head				

Do you have an animal that will reside with you in the unit?

\_\_\_\_ Yes \_\_\_\_ No

If "Yes", what type of animal? \_\_\_\_\_

**HOUSEHOLD COMPOSITION CONTINUED:**

Do you or a member of your household qualify for a reasonable accommodation due to a disability?

Yes \_\_\_\_\_

No \_\_\_\_\_

Accommodation Requested: \_\_\_\_\_

Do you or any member of your household have a history of substance abuse that has not been abated through rehabilitation?

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you or any member of your household been charged with a crime?

Yes \_\_\_\_\_

No \_\_\_\_\_

Are you or any member of your household a registered sex offender?

Yes \_\_\_\_\_

No \_\_\_\_\_

Did you or anyone in your household file a Federal tax return last year?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you have a Case Manager?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you have a Representative Payee?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please list name(s) and telephone number(s):

Case Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representative Payee: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**INCOME AND EMPLOYMENT:**

List the income for the all members 18 or older, including income received on behalf of household members under 18. Include all income you expect to receive in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home. Income can include:

Alimony, child support, disability benefits, assistance to attend school, food stamps, military pay, periodic gifts, retirement, self employment, social security benefits, SSI, unemployment, wages and salaries, welfare benefits, worker's compensation, lottery winnings in periodic payments, income from assets, etc.

Name of Family Member	Gross Amount Received	How Often Received	Source of Income or Employer Name	Address
		Weekly Bi-Weekly Monthly		

**ASSETS:**

Please list assets of all household members. **Each item must be "YES" or "NO"**. Please provide the name and complete address of the financial institution that can verify each asset item.

Cash on Hand: Amount \$ \_\_\_\_\_

	YES or NO	Amount \$	Name of Institution (Bank)
Checking			
Savings or CD's			
Stocks or Bonds			
Money Market Accounts			
Cash Value of Life Insurance			
Equity in Real Property			
Other			

Have you disposed of any assets (i.e. real estate, certificates of deposit, etc.) within the last two years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain listing the value of the asset and the amount received. Please indicate how the proceeds from the disposed asset were invested and/or spent. \_\_\_\_\_

**ALLOWANCES:**

Medical expenses for elderly, handicapped or disabled persons are allowable deductions to income. Child care expenses related to work or to attend school are also allowable deductions to income. Please list the requested information for costs in the **past 12 months**.

Name of Family Member	Physician, Hospital, Clinic, Drug Store or Child Care Provider	Address	Cost Monthly/Annually

Health Insurance Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Premium: \$ \_\_\_\_\_ How often paid? (Circle One) Monthly, Quarterly, Semi-Annually, Annually  
Please attach a statement from the company indicating the annual premium and the frequency of premium payments.

## HOUSING INFORMATION:

Does your family lack a regular nighttime residence, live in a shelter, or other non-residential place? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program or any other type of federally subsidized housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", when and where? \_\_\_\_\_

Do you owe money to any Public Housing Authority or a provider of any type of federal housing assistance? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please list the name and address of the Public Housing Authority or other provider and how much you owe. \_\_\_\_\_

Do you owe any utility provider money for unpaid utility bills? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please list. \_\_\_\_\_

Have you or anyone in your household ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does anyone living outside your household pay for or provide money of any of your household bills or living expenses? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

What type of dwelling do you currently live in? (Check one)

\_\_\_\_\_ Rented Home

\_\_\_\_\_ Own Home

\_\_\_\_\_ Rented Apartment

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Rented Mobile Home

\_\_\_\_\_ Own Mobile Home

\_\_\_\_\_ In the Home of Relative or Friend

Lot Rent \$ \_\_\_\_\_

Present amount of Monthly Rent: \$ \_\_\_\_\_

List all landlords within the past 2 years, listing most current landlord first:

Landlord Name	Address	Phone	Dates		
			From		To

## IN THE EVENT OF AN EMERGENCY, WHO DO WE NOTIFY?

Emergency Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**I declare that I have read and understand this application, and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under SDCL 4-9-5, a person is guilty of a felony if in a governmental matter such as this, he makes false written statements when the statement is material and he does not believe it to be true.**

**I agree to inform the Huron Housing Authority Staff immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing.**

**My signature below constitutes my consent for the Huron Housing & Redevelopment Authority to obtain verifying information from any necessary source.**

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

\_\_\_\_\_  
Co - Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**6. Do you currently receive rental assistance?** Yes ( ) No ( )  
 Amount Per Month

If yes, are you receiving: Section 8 Certificate ( ) \_\_\_\_\_  
 Section 8 Voucher ( ) \_\_\_\_\_  
 Other ( ) \_\_\_\_\_

**7. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.**

	<u>Yes</u>	<u>No</u>
Is any member of your household employed, full-time, part-time, or seasonally?	_____	_____
Does any member of your household expect to work for any period during the next 12 months?	_____	_____
Does any member of your household work for someone who pays them in cash?	_____	_____
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	_____	_____
Does any member of your household now receive or expect to receive unemployment benefits?	_____	_____
Does any member of your household now receive or expect to receive child support?	_____	_____
Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____
Does any member of your household now receive or expect to receive alimony payments?	_____	_____
Is any member of your household entitled to alimony payments that he/she is not now receiving?	_____	_____
Does any member of your household receive or expect to receive welfare assistance?	_____	_____
Does any member of your household receive or expect to receive Social Security benefits?	_____	_____
Does any member of your household receive or expect to receive income from a pension or annuity?	_____	_____
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	_____	_____
Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property?	_____	_____

**For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.**

FAMILY MEMBER	SOURCE OF INCOME/ TYPE OF INCOME	ANNUAL INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed attach a separate sheet.

**8. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.**

FAMILY MEMBER	FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE	BALANCE
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List value of all stocks, bonds, trusts, pension contributions, or other assets: \_\_\_\_\_

\_\_\_\_\_

Do you own a home or other real estate? \_\_\_\_\_

\_\_\_\_\_

Did you have any assets in the last two years not listed above? \_\_\_\_\_

If yes, did you dispose of any assets for less than fair market value? yes or no \_\_\_\_\_

(This means that the assets were either given away or sold at less than the allotted market value.)  
What were the assets, the market value at the time of disposition, the amount received, and date  
you disposed of the assets? \_\_\_\_\_

\_\_\_\_\_

Any assets listed as disposed of for less than fair market value in the two years preceding the  
effective date of the certification or recertification will be counted as assets if the difference between  
the value and the amount received exceeds \$1000.

**RESIDENT'S STATEMENT:** I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner/manager to verify all information provided on this application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and that I am aware that false statements are punishable under Federal law and grounds for eviction.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Property Name: \_\_\_\_\_

Federal law requires us to obtain criminal background and sex offender registration for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below. The questions regard drug-related, sex offender and other criminal activity that could adversely affect the health, safety or welfare of other residents. Failure to provide complete and accurate information will result in the rejection of the application.

1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past three years?  
☐ Yes ☐ No
2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  
☐ Yes ☐ No
4. Have you been convicted of any drug-related crime within the past five years?  
☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years?  
☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you currently and have previously resided.  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Have you ever used or been known by any other name? ☐ Yes ☐ No

**PENALTY OF PERJURY CLAUSE**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of subsidy, termination of the lease agreement and referral to the U.S. Inspector General's office.

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Name (Print) \_\_\_\_\_

\_\_\_\_\_ does not discriminate on the basis of handicap status in the admission or access to, or treatment or employment in, its federally assisted properties, programs and activities.

The following person has been designated to coordinated compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Developments regulations implementing Section 504: \_\_\_\_\_



**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**Name of Property** **Project No.** **Address of Property**

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**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

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**Name of Head of Household** **Name of Household Member****Date** (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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.**

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**Signature**

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**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 format 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.

# Citizen/Non-citizen Declaration

## INSTRUCTIONS: Complete this Declaration for each member of the household

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SSN: \_\_\_\_\_ ALIEN REGISTION NUMBER: \_\_\_\_\_

I-94 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:**

### PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am:  
(Print Full Name of Household Member)

☐ **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.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

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

☐ Check here if adult signed for a child.



# Citizen/Non-citizen Declaration

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form
- c. One of the documents from the list below

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "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. A final court decision granting asylum (but only if no appeal is taken);
  - b. 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);
  - c. A court decision granting withholding of deportation; or
  - d. 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 c above are not currently available, complete the Request for Extension block below.

Signature: \_\_\_\_\_

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

☐ Check here if adult signed for a child.

## 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.

Signature: \_\_\_\_\_

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

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, 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.



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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<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.

AUTHORIZATION FOR RELEASE OF INFORMATION  
USE FOR ALL PURPOSES

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Huron Housing and Redevelopment Authority (HRA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Program, and/or other housing assistance programs administered by the HRA. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and USDA Rural Development in administering and enforcing program rules and policies.

In addition, I authorize and consent to the exchange of information between the HRA and supportive service agencies from whom I am receiving services, i.e. Community Counseling Services, Huron Area Center for Independence, Department of Social Services, Cornerstones Career Learning Center, Inc., concerning my family's circumstances, and/or other matters relating to my disability and/or medical condition.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers
Courts and Post Offices	Credit Providers and Credit Bureaus
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support and Alimony Providers	Medical and Child Care Providers
Retirement Systems	Veterans Administration
Welfare Agencies	Banks and other Financial Institutions
	Utility Companies

CONDITIONS

I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HRA and will stay in effect for a period of fifteen (15) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Head of Household	_____ [State(s) of Residency In Past 3 Years]	_____ Date
_____ Spouse	_____ [State(s) of Residency In Past 3 Years]	_____ Date
_____ Adult Member Signature	_____ [State(s) of Residency In Past 3 Years]	_____ Date

# HURON CRIME FREE MULTI-HOUSING PROGRAM

"Keeping Illegal Activity Out of Rental Property"



Designed as a partnership between law enforcement, managers and tenants to help tenants, managers and owners in keeping drug and criminal activity out of rental property.

The program is based on a national program that originated in Mesa, Arizona in 1992 and currently is an international program. The program has shown a national average of 50%-60% reduction in crime and/or police calls for those properties actively working the program.

The program is designed to help rental property managers, with the assistance of tenants, deal with potential and current renters who may be involved in criminal activities within the rental property. By using the Crime Free Lease Addendum and the following standards, managers are able to prevent potential criminal behavior from

moving onto the property. This creates a safer place for the resident to call home. Huron has been part of this national program since 1997 and property managers and tenants started seeing the positive effects within three months of joining the program.

Even though no program can guarantee that there will never be any criminal activity on a property, the Crime Free Multi-Housing program has shown that it can help make a property safer and better for the tenants.

If you have any questions about the program or the minimum standards, you are encouraged to speak with the manager or contact:

Huron Police Department  
239 Wisconsin Ave. SW  
Huron, SD 57350  
(605) 353-8550

## ***Huron Crime Free Multi-Housing Minimum Standards***

1. South Dakota criminal backgrounds checks on all applicants.
2. No registered sex offenders allowed to reside on property.
3. No person with a felony drug conviction in the last 5 years allowed to reside on property.
4. No person with a felony assaultive behavior conviction in the last 5 years allowed to reside on property.
5. Apartment doors will be equipped with 180-degree eye-viewers, deadbolt with 1" throw and strike plate installed with 2 ½ to 3" screws.
6. Apartment sliding doors and windows will have 2 locks.
7. Owners/Managers will have completed a Crime Free Multi-Housing Manager Seminar.
8. Apartment buildings will have adequate lighting as determined by the Huron Police Department.