



418 11<sup>th</sup> Street

Pawnee City, NE 68420

**Phone:** 402-852-2133 **Fax:** 402-852-3169

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

# APPLICATION

for  
Pawnee City Housing  
Authority Owned or Managed  
Properties

Revision 06/2018







**II. Household Composition**

1. Do you have custody of your minor children? Yes  No  Non Applicable

Explain the custody arrangements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If the parent of the minor is not living in the household, list information as follows:**

Absent Parent Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Absent Parent Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

2. Is anyone in your household attending any school or education program? Yes  No

Student: _____	School: _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. Will anyone be leaving your household or family within the next 12 months? Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

4. Will you be adding anyone to your household in the next 12 months? Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_ Verification



**III. Employment:**

Enter earned income that any household member will have **within the next year** or **had in the last year**.  
**List most current first.**

**Office Income Calculation  
(Office Use Only)**

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Person Working: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Income Amount: \_\_\_\_\_ Position: \_\_\_\_\_  
 Income Per: \_\_Hour \_\_Week \_\_Month \_\_Year Address: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 How long have you worked here/received this income? Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Verification

Subtotal:



**IV. Income**

Do you or anyone in your household receive any of the following income?

Type	Who Receives Income	Amount	How Often Paid or Received	Address of Source/Company	Calculation/Annual Total (Office Use Only)
Child Support/Alimony Court Order Number			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Disability, Death Benefits or Life Insurance Dividends			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Educational grants or scholarships (for example: Pell)			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Net Income from a Business, Rental property or Self Employment			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Other cash payments or contributions			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Pensions, Retirement Funds and Annuities			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Public Assistance (ADC, AABD, TANF)			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Social Security			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Supplemental Social Security (SSI)			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Unemployment Compensation			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Veterans Benefits			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Workers Compensation			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
1. Does any household member receive regular contributions (donations or gifts) from any organization or persons not living in your household?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					
2. Did any household member file a federal income tax return last year?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain: _____					
3. Does any member of the household receive money from someone outside the household to pay bills or living expenses?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					
4. Has anyone in the household applied for any of the following within the last twelve months? Employment, AFDC, unemployment compensation, social security, SSI, pension or disability benefits?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					



**V. Assets**

List all assets currently held by all household members and the cash value of each. Assets include Checking and Savings Accounts, CDs, Stocks, Bonds, Mutual Funds, Retirement Accounts, Real Estate and any other property held as an investment.

**Do you or anyone in your household have:**

Yes	No	Type	Address of Bank/Source	Owner of Account	Account #	Current balance/value	Calculation/Annual Total (Office Use Only)	
		Checking Account					_____ Verification	
		Savings Account					_____ Verification	
		Certificates of Deposit					_____ Verification	
		Any Stocks Bonds, or Mutual Funds					_____ Verification	
		Retirement (401K, IRA)					_____ Verification	
		Life Insurance			Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole		_____ Verification	
					Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole			
		Cash					_____ Verification	
		Savings Bonds					_____ Verification	
		List any items not described above.					_____ Verification	
							Subtotal:	



**Assets Cont'd:**

Own equity in Real Estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you sold or given away any assets within the last two years for less than Fair Market Value? Type of Asset: _____ Cash Value: \$ _____ Date Sold or Given Away: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**VI. Expenses**

Do you or anyone in your household have any of the following expenses. Dependent care expenses are to be reported for any applicant. Medical Expenses only need reported if applicant is at least 62 years old or the applicant is disabled and at least 18 years old.

Type	Who Is the Expense For?	Amount	How Often Paid?	Address of Source/Company	Calculation/Annual Total (Office Use Only)
Daycare/Child Care Services			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
Prescription Drug Plan			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
Prescriptions			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
Vision Expenses			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
Doctor/Hospital Expenses			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
Dental Expenses			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
Any other regular payments for medical expenses?			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
Other (Please List)			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		
			Yearly: _____ Monthly: __ 2 times per month: _ Weekly: _____ Every Two Weeks: _____		



**VII. Residence: Where have the household members resided?**

Please check the box indicating all states and/or territories where any household member has resided. In addition, list the household member's name on the line associated with the state or territory resided in.

State	Who Resided There		
<input type="checkbox"/> Alabama	_____	<input type="checkbox"/> New Jersey	_____
<input type="checkbox"/> Alaska	_____	<input type="checkbox"/> New Mexico	_____
<input type="checkbox"/> Arizona	_____	<input type="checkbox"/> New York	_____
<input type="checkbox"/> Arkansas	_____	<input type="checkbox"/> North Carolina	_____
<input type="checkbox"/> California	_____	<input type="checkbox"/> North Dakota	_____
<input type="checkbox"/> Colorado	_____	<input type="checkbox"/> Ohio	_____
<input type="checkbox"/> Connecticut	_____	<input type="checkbox"/> Oklahoma	_____
<input type="checkbox"/> Delaware	_____	<input type="checkbox"/> Oregon	_____
<input type="checkbox"/> District of Columbia	_____	<input type="checkbox"/> Pennsylvania	_____
<input type="checkbox"/> Florida	_____	<input type="checkbox"/> Rhode Island	_____
<input type="checkbox"/> Georgia	_____	<input type="checkbox"/> South Carolina	_____
<input type="checkbox"/> Hawaii	_____	<input type="checkbox"/> South Dakota	_____
<input type="checkbox"/> Idaho	_____	<input type="checkbox"/> Tennessee	_____
<input type="checkbox"/> Illinois	_____	<input type="checkbox"/> Texas	_____
<input type="checkbox"/> Indiana	_____	<input type="checkbox"/> Utah	_____
<input type="checkbox"/> Iowa	_____	<input type="checkbox"/> Vermont	_____
<input type="checkbox"/> Kansas	_____	<input type="checkbox"/> Virginia	_____
<input type="checkbox"/> Kentucky	_____	<input type="checkbox"/> Washington	_____
<input type="checkbox"/> Louisiana	_____	<input type="checkbox"/> West Virginia	_____
<input type="checkbox"/> Maine	_____	<input type="checkbox"/> Wisconsin	_____
<input type="checkbox"/> Maryland	_____	<input type="checkbox"/> Wyoming	_____
<input type="checkbox"/> Massachusetts	_____		
<input type="checkbox"/> Michigan	_____	<b>U.S. Territory</b>	<b>Who Resided There</b>
<input type="checkbox"/> Minnesota	_____	<input type="checkbox"/> American Samoa	_____
<input type="checkbox"/> Mississippi	_____	<input type="checkbox"/> Federated States of Micronesia	_____
<input type="checkbox"/> Missouri	_____	<input type="checkbox"/> Guam	_____
<input type="checkbox"/> Montana	_____	<input type="checkbox"/> Midway Islands	_____
<input type="checkbox"/> Nebraska	_____	<input type="checkbox"/> Northern Mariana Islands	_____
<input type="checkbox"/> Nevada	_____	<input type="checkbox"/> Puerto Rico	_____
<input type="checkbox"/> New Hampshire	_____	<input type="checkbox"/> Republic of Palau	_____
		<input type="checkbox"/> Republic of the Marshall Islands	_____
		<input type="checkbox"/> U.S. Virgin Islands	_____





**VIII. Criminal and Drug-Related Activity: Answer for ALL Household Members**

1. Are you or any other household member a current user or been arrested, ticketed, charged or convicted of possession, using, dealing or manufacturing a controlled substance?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you or any household member been convicted of methamphetamine production?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you currently on probation or parole?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has any household member been arrested, charged, ticketed or convicted of any of the following? Please include both misdemeanors and felonies.			
Drug related activity including:	Yes	No	
Sale	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault
Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	Sex offender: Is anyone required to register on any state sex offender registry?
Possession	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse/molestation
Use of illegal controlled substances	<input type="checkbox"/>	<input type="checkbox"/>	Burglary
Alcohol related activity including:	Yes	No	Larceny
Driving under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Robbery
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Vandalism
Murder/Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Arson
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Disturbing the peace/disorderly conduct
Assault	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

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If yes was answered to the questions above, complete the following. If you have more than two incidents provide the remaining information on a separate piece of paper.

a. Who was charged or convicted?	b. What crime was the charge or conviction for?		
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____			
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
g. If yes, please name the facility: _____		Yes	No
h. Have you provided a certificate of completion?		<input type="checkbox"/>	<input type="checkbox"/>

a. Who was charged or convicted?	b. What crime was the charge or conviction for?		
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____			
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
g. If yes, please name the facility: _____		Yes	No
h. Have you provided a certificate of completion?		<input type="checkbox"/>	<input type="checkbox"/>



**IX. Additional Information**

Yes No

Have you or has anyone in your household ever received rental assistance or paid rent based on income?  
What name was used by the person receiving assistance? \_\_\_\_\_  
Address: City \_\_\_\_\_ State \_\_\_\_\_  
When: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Name of Housing Agency \_\_\_\_\_

Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to re-certify? If yes, please explain.  
\_\_\_\_\_

Have you or has anyone in your household applied or rented with the Pawnee City Housing Authority? When: Month \_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
What name was used on the application? \_\_\_\_\_  
What name was used and/or who was the Head of Household? \_\_\_\_\_  
When: \_\_\_\_\_ Address \_\_\_\_\_

Have you or has anyone in your household ever been evicted?  
When: \_\_\_\_\_ Why \_\_\_\_\_ Address \_\_\_\_\_  
Name of Landlord \_\_\_\_\_

Do you declare a disability for the purposes of eligibility? Some programs have preferences for persons with disabilities. You are under no obligation to declare this. If yes, provide name and address of doctor who can verify your disability \_\_\_\_\_  
\_\_\_\_\_

Would you or any members of your household benefit from a handicapped-accessible unit? Explain:  
\_\_\_\_\_

Do you have a pet?  
How many: \_\_\_\_\_ Type/breed and weight: \_\_\_\_\_

Do you or anyone in your household have a vehicle?	Yes	No	Model/Year: _____
	<input type="checkbox"/>	<input type="checkbox"/>	License Plate Number: _____

Do you have a second vehicle?	Yes	No	Model/Year: _____
	<input type="checkbox"/>	<input type="checkbox"/>	License Plate Number: _____

**Do you or anyone applying for or receiving help have a guardian, conservator, or individual acting under power of attorney?**  Yes  No

Name of person with Guardian, Conservator or Power of Attorney: \_\_\_\_\_  
Name of Guardian, Conservator, or Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street City State Zip Code (Include area code)

List any additional information or notes. Describe any additional information not previously covered such as special needs, required bedroom size, etc.

Has someone assisted you in completing this form?  Yes  No  
Name of person completing form: \_\_\_\_\_



**X Rental History** (Attach additional pages if needed)

List all places each household member has lived in the past five (5) years, beginning with your current address.

<i>Current Residence</i>		Who lives here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why do you want to move?		Rent Amount \$	
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			

<i>Previous Residence</i>		Who lived here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why did you want to move?		Rent Amount \$	
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			

<i>Previous Residence</i>		Who lived here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why did you want to move?		Rent Amount \$	
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			

<i>Previous Residence</i>		Who lived here?	
Street Address:	Dates: Month/Day/Year	Landlord:	
City/State/Zip:	From:	Address:	
	To:	City/State/Zip:	
		Phone #:	
Why did you want to move?		Rent Amount \$	
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			



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.