



Housing Application Heritage Towers



Heritage Towers
428 North Jefferson
Sheridan, WY 82801

Telephone: 307-674-8825
TDD: 307-674-8825

Fax: 307-674-9632

Reference # _____
Applicant Name _____
Interviewer _____
Date Received _____
Time Received _____
Action _____
Unit Preference _____

Office Use Only

Instructions for Head of Household

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. Applications will not be considered unless they are fully completed and both the application and screening for criminal activity and/or drug/alcohol abuse form are both signed and dated. Also a copy of a picture ID and Social Security Card or other acceptable proof of Social Security number must accompany the application.

This application will provide us with the information needed to qualify you for an opportunity for an apartment here at Heritage Towers and placement on the waiting list. When an apartment comes open that you qualify for you will then have to go through the application verification process for certification. This process is composed of signing the required HUD forms, forms for background and credit checks and third party verification forms. Once all back ground and credit checks and third party verifications are returned your rent will be calculated and an offer for an apartment will be extended to you.

Applications will be processed and a written response will be sent to the applicant(s) within ten (10) workings days from the date of receipt of the application.

This page left blank on purpose

General Family Information

Complete this information once for the entire family. Please print.

Name of Head of Household

Last Name _____ First _____ MI _____

Birth Date _____

Social Security Number _____

Are you a United States Citizen _____ yes _____ no

Are you a U.S. Military Veteran _____ yes _____ no

Are you looking for housing due to a Presidential declared disaster _____ yes _____ no

List all states you have lived in:

Name of Co-Head of Household

Last Name _____ First _____ MI _____

Birth Date _____

Social Security Number _____

Are you a United States Citizen _____ yes _____ no

Are you a U.S. Military Veteran _____ yes _____ no

Are you looking for housing due to a Presidential declared disaster _____ yes _____ no

List all states you have lived in:

Current Address _____

City _____

State _____

Zip Code _____

Is the above your mailing address? _____ Yes _____ No If no list mailing address below:

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Is this your Phone? _____ yes _____ no

Message Phone Number _____

Email Address _____

How many live in your household now? _____

Are you or any members of your household a student enrolled in an institution of higher education?
____ yes ____ no

Have you ever lived in subsidized housing? ____ yes ____ no

If yes, where? _____

When? From _____ to _____

Where you ever evicted? ____ yes ____ no

If yes, did you owe rent? ____ yes ____ no

If yes how much did you owe? \$ _____

Do you have any pets? ____ yes ____ no

If yes, what kind? _____ Weight _____ height _____

How many vehicles does the family own? _____

List color, make, year and license plate number for each vehicle: _____

If a live-in attendant is required for an elderly, handicapped or disabled member, please enter the name of the attendant and name and address of qualified professional who can verify the need for the attendant.

Name of Attendant _____

Name and Address of qualified professional _____

Mobility Impaired Featured Equipped Apartments

Would you or co-applicant (require/benefit from) the features of an apartment equipped with features for mobility impairment? ____ yes ____ no

Do you or co-applicant have a preference for an apartment equipped with features for mobility impairment? ____ yes ____ no

RENTAL HISTORY

Are you renting now? ____ yes ____ no

If yes, who is your landlord?

Name _____

Address _____

Phone Number _____

Current rent \$ _____ Security Deposit \$ _____

If you are not renting, please explain your current living arrangements:

If you have moved in the last five (5) years, give names and address and phone number of your previous landlords and dates you lived there. Use extra sheet if you need more space.

Name of Landlord	Address	Phone	Dates you lived there From To
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Have you or your spouse / co-applicant ever used different names from the names given in this application? ____ Yes ____ No If Yes, give name(s) and explain _____

Have you or any members of your household ever used social security numbers different from those listed in this application? ____ Yes ____ No If Yes, please explain _____

Have you, or your spouse / co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ____ Yes ____ No If Yes, please explain _____

How did you hear about Heritage Towers, e.g., newspaper, word of mouth, etc.?

Please give three references (other than family). Use the extra sheet if you need more space.

Name

Address

Phone

Verification Information

Complete this page for each individual who will live in the unit who has a disability requiring special accommodations or design features of the housing units. If you do not wish to be considered for a special unit, it is not necessary to complete this page. Simply enter N/A here _____, initial the upper right-hand corner of the page, and proceed to the next page.

Member Name (Last, First, Initial)	Does any member have special housing needs which require any of the following? (check applicable items):	Name and Address of qualified professional who can verify need for special features of the unit.
	<input type="checkbox"/> Separate Bedroom	
	<input type="checkbox"/> Barrier-Free Apartment	
	<input type="checkbox"/> BR / Bath on 1 st Floor	
	<input type="checkbox"/> Unit for vision impaired	
	<input type="checkbox"/> Unit for hearing impaired	
	<input type="checkbox"/> Unit for mobility impaired	
	<input type="checkbox"/> Other (please specify)	

Heritage Towers is a Section 202/8 project for elderly persons. It began and has historically operated as a project for elderly persons over 62 years of age and mobility impaired. Preference is given to elderly persons or elderly families as described below:

(1) Families of two or more persons, the head of which (or his or her spouse) is 62 years of age or older;

(2) The surviving member or members of a family described in paragraph (1) living in a unit . . . with the now deceased member of the family at the time of his or her death;

(3) A single person who is 62 years of age or older; or

(4) Two or more elderly persons living together or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being."

Financial Information - Income

Complete this page if any member who will live in the unit has any income. You do not need to complete this page for a live-in attendant. List all employment and non-employment income for all household members. Include Salary and Wages (gross amount), Social Security (gross amount), Supplementary Security Income, IRA, Keogh, V.A. Pension, other pensions or annuities, General Assistance (Welfare), ANFC, Child Support, and any other source of income.

Member Name (Last, First, Initial)	Type of Income	Estimated OR Total (circle one) Income:	Address of Income Source	Contact Person Name and Telephone No.
		\$ _____ per wk or mo		
		\$ _____ per wk or mo		
		\$ _____ per wk or mo		
		\$ _____ per wk or mo		

Use this space for additional income information:

Financial Information - Assets

Complete this page if any member who will live in the unit has any assets. You do not need to complete this page for a live-in attendant. List assets of all household members. Include savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, credit union shares, whole life insurance policies, land, real estate including your home, if you own it, and any other assets.

Member Name (Last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate OR Annual Income	Bank / Credit Union / Appraiser	Address

Financial Information - Expenses

Name of Head of House hold _____

Do you have Medicare Part B? ____ yes ____ no

Do you have a Medicare Supplemental Insurance? ____ yes ____ no

Name of Insurance Company _____

Cost of the insurance _____ (circle one) monthly – yearly

Do you have Medicare Part D? ____ yes ____ no

Name of Insurance Company _____

Cost of the insurance _____ (circle one) monthly – yearly

Monthly Prescription expenses you pay out of pocket _____

Other Medical Expenses paid out of your pocket _____

Name of Co-head of Household _____

Do you have Medicare Part B ____ yes ____ no

Do you have a Medicare Supplemental Insurance ____ yes ____ no

Name of Insurance Company _____

Cost of the insurance _____ (circle one) monthly – yearly

Do you have Medicare Part D? ____ yes ____ no

Name of Insurance Company _____

Cost of the insurance _____ (circle one) monthly – yearly

Monthly Prescription expenses you pay out of pocket _____

Other Medical Expenses paid out of your pocket _____

Financial Information

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last two years, e.g., a house or cash (\$1000.00 or over).

Description of Asset	Date Disposed Of	Fair Market Value	Divestiture Costs (e.g., Realtor, CD penalty)	Amount Received	Name and Address of Bank, Institution, Real Estate Agent, or Appraiser who can verify

Do you expect any changes in your income, assets, or expenses during the next twelve months?

____ Yes ____ No If Yes, please explain (use the extra sheet if necessary).

SCREENING FOR CRIMINAL ACTIVITY AND/OR DRUG/ALCOHOL ABUSE

You must complete the Screening for Criminal Activity and/or Drug/Alcohol abuse form attached as part of this application form. If the screening form is not completed, signed and attached – the application will be considered incomplete.

As part of the formal application process you will be required to sign an authorization for a criminal background check and credit check.

RACE AND ETHNIC DATA REPORTING FORM

We are required to collect data of Race and Ethnic Categories. Please complete the Race and Ethnic Data Reporting Form that is attached. Instructions for the form are located on the back of the form. If this form is not signed and attached – the application will be considered incomplete.

ATTACHMENT A

If you wish to or not provide information asked for on Attachment A the document must be signed and returned with the application to consider the application complete

Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. We understand that any false information may make us ineligible for a unit. We certify that all information given in this application is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement. We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental, credit, and criminal screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing. We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the *Instructions for Head of Household* on page 1, and we agree to comply with such information. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living and criminal background check.

If this application is for more than one person, all of our income is available to the household for its needs. We also understand that all adult members of the household must sign a HUD-required *Consent Form* called "Authorization for Release of Information" (9887) before we can be offered a unit and letters to specific individuals or organizations to provide documentation to support the information we have provided.

WARNING: "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 or 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, against the officer or employee of HUD 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).

Signature of Head of Household

Date

Signature of Spouse or Co-applicant

Date

This community does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with nondiscrimination requirements in regulations implementing Section 504: Ken Humphrey Phone & TDD 3-7-674-8825.

EXTRA SHEET FOR ADDITIONAL DETAILS (if needed):

List Question Number:

Your Additional Details:

SCREENING FOR CRIMINAL ACTIVITY AND/OR DRUG/ALCOHOL ABUSE

Failure to accurately respond to any question during the application process is a cause to deny admission.

In conformance with Subpart I of 24 CFR parts 5, this document contains the criminal activity and/or drug/alcohol abuse. In implementing this document, all owner/management agent actions will be in compliance with Fair Housing and Equal Opportunity provisions.

In accordance of Housing Notice H 2012 -11 issued June 12, 2012 all applicants must provide a list of all states the applicant has resided in. Please list below all states you have resided in. An application is not complete without providing a list of states resided in.

Applicant's Name _____

Co-Applicant's Name _____

The following questions must be answered.

1. The owner **MUST** prohibit admission of applicants if any household member was evicted from federally-assisted housing for drug-related criminal activity. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity?

Yes_____

No_____

If "Yes", the owner **MAY** admit such household if the family member has successfully completed an approved supervised drug rehabilitation program or the circumstances leading to the eviction no longer exist. Please explain if either of the foregoing apply:

2. The owner **MUST** prohibit admission of applicants if any household member is engaged in the illegal use of drugs, or if the owner has reasonable cause to believe that a household member's illegal use of a drug or pattern of illegal use may interfere with health, safety and right to peaceful enjoyment of other residents.

Are you or any member of your household currently engaged in the use of illegal drugs?

Yes_____

No_____

3. The owner **MUST** prohibit the admission of persons subject to lifetime registration requirements under a state sex offender program.

Are you or any member of your household subject to lifetime registration requirements under a state sex offender program?

Yes_____

No_____

4. An owner **MUST** prohibit admission if there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety or peaceful enjoyment of the premises by other residents.

Do you or any member of your household abuse alcohol?

Yes_____

No_____

5. An owner **MAY** prohibit admission for 1) drug-related criminal activity; 2) violent criminal activity; 3) other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or 4) other undesirable activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor, or agent of the owner who is involved in the housing operations.

The owner has established the following guidelines of "reasonable time" in which the applicant and each member of the applicant's household must not have engaged in these activities before admission:

Basis of Rejection (one or more of the following):

- *Felony as defined by State or Federal law: conviction within the past three (3) years;*
- *Misdemeanor as defined by State or Federal law : conviction within the past two (2) years;*
- *Driving while under the influence felony or misdemeanor as defined by State or Federal Law: conviction within the past three (3) years;*
- *Drug-related criminal activity: conviction for the manufacture, sale, or distribution, or for possession with the intent to manufacture, sell, or distribute, a controlled substance within the past three (3) years;*
- *A felony or misdemeanor as defined by State or Federal law where a firearm was used in committing the crime: conviction in the past seven (7) years.*
- *Illegal firearms: conviction for possession an illegal weapon within the past five (5) years; OR*
- *Pattern of undesirable behavior as evidenced by law enforcement reports of repeated disturbances involving law enforcement.*

Note: *Drug-related criminal activity does not include the use or possession of a controlled substance if the applicant can demonstrate that the individual has an addiction, a record of such an impairment, or is regarded as having such an impairment; AND has evidence of recovery via proof of completion of an accredited rehabilitation program; AND has not used or possessed a controlled substance for at least one (1) year; AND does not currently use or possess a controlled substance.*

Do you or any member of your household have a record of criminal activity?

Yes_____

No_____

If "Yes", please explain, including date(s):

6. An owner **MAY** admit an applicant who was previously denied admission for drugs and/or criminal activity but now has sufficient evidence that the household member was not involved in drugs and criminal activity for a reasonable length of time. The owner's criteria consist of the elapse of time frames in excess of the minimum time frames set out in paragraph 5 above.

Have you or any member of your household been previously denied admission for criminal activity that has since ceased?

Yes_____

No_____

If "Yes", please explain, including date(s):

The applicant hereby certifies that the above information is true and correct and complete.

The owner hereby certifies that all selection criteria are within the Final Rule on Screening and Eviction for Drug Abuse and Other Criminal Activity, as found in 24 CFR Part 5 *et al.*, published May 24, 2001, and Notice H 2012-11 published June 12, 2012 and are consistent with Fair Housing and Equal Opportunity provisions.

[Heritage Towers]

Date _____ By: _____

Date _____ Applicant: _____

Date _____ Applicant: _____

PENALTIES FOR MISUSING THIS CONSENT:

WARNING: "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 or 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, against the officer or employee of HUD 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).

This community does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with nondiscrimination requirements in regulations implementing Section 504: Kenneth R Humphrey 307-674-8825, TDD 711 - Equal Housing Opportunity

**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)**Heritage Towers 109-11010**

428 N Jefferson - Sheridan Wy 82801

Name of Property

Project No.

Address of Property

Heritaeg Towers of the Christian Church (DOC) Inc. **202/8**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
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.**_____
Signature_____
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 provide 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 no 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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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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.

Heritage Towers

428 North Jefferson - Sheridan, WY 82801
Phone 307-674-8825, TDD 711, Fax 307 674-9632
E-mail: towers@fiberpipe.net
www.eheritagetowers.org



Receipt of Required Documents

Date _____

I/WE _____
(Print name)

(Print name)

have received with the Heritage Towers Housing Application the following informational documents:

1. **HUD Fact Sheet – How your rent is determined**
2. **HUD document – Is Fraud Worth it?**
3. **Tenant Selection Criteria Admissions & Occupancy Requirements (condensed version)**
4. **Notice of Occupancy Rights under the Violence Against Women Act**

Signed _____

Signed _____

This form must be signed and returned with the Application

This community does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with nondiscrimination requirements in regulations implementing Section 504: Kenneth R Humphrey – Administrator – 428 North Jefferson – Sheridan, WY 82801 307-674-8825, TDD 307-674-8825 - Equal Housing Opportunity

5/2017