



November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house;</li><li>▫ Required to repay all overpaid rental assistance you received;</li><li>▫ Fined up to \$ 10,000;</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
Assets	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

- You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:
- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
  - Any move in or out of a household member; and,
  - All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

- You should be aware of the following fraud schemes:
- Do not pay any money to file an application;
  - Do not pay any money to move up on the waiting list;
  - Do not pay for anything not covered by your lease;
  - Get a receipt for any money you pay; and,
  - Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:  
 HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



**Social Security Administration Introduces New Automated Phone System.**  
**Request a Proof of Income Letter in Less than 10 Minutes,**  
**Without Speaking to an Agent.**

Effective March 1, 2014, Local Social Security offices are no longer mailing Proof of Income Letters to recipients who contact them by phone – or – in person. Communications from the Social Security Administration (SSA) indicate these changes are being made due to cuts in the agency's budget, and concerns about potential, fraudulent tampering with unofficial documents containing Social Security Numbers.

Individuals requesting Proof of Income Letters from Social Security are being asked, if at all possible, to create a password-protected, online account. You may create an online account only to gain access to your own personal information. In order to create an online account, you must:

- Have a valid E-mail address,
- Have a Social Security number,
- Have a U.S. mailing address, and
- Be at least 18 years of age.

**I am pleased to share with those of you who do not have Internet access or ready access to a computer that the Social Security Administration has introduced an new interactive phone system, which will now permit you to request a Proof of Income Letter without speaking to an agent. The new phone system can be accessed at any hour of the day or night.**

When you call the Social Security national toll-free number (1-800-772-1213), you will be asked:

1. To Choose your language of preference [*English or Spanish*],
2. To State why you are calling in a few words [*Response: Proof of Income Letter*]
3. To Indicate whether you are already receiving Social Security benefits, [*Yes or No*], and
4. To indicate why you need to prove your income a) for tax purposes or b) other purposes. [*Response: Proof of Income*].

Typically, once the system learns you are calling to request a Proof of Income Letter for purposes other than taxes, you will be asked to **state and spell your First Name**; to **state and spell your Last Name**; and to **provide your Social Security Number**. In limited cases, the system may ask for additional information, such as Date of Birth, Place of Birth, Mother's Maiden Name, and Current Mailing Address. **Remember to speak slowly and clearly for the automated system.**

The Social Security Administration's national toll-free number (1-800-772-1213) can serve many clients at once. **Calls to Social Security's new automated system last less than 10 minutes.**

FILE OF LIFE EMERGENCY INFORMATION

NAME \_\_\_\_\_

APT NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Who should be contacted in the event of illness:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_

Current medications, including all over-the-counter medications:

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Name of doctor who should be contacted in the event of illness:

\_\_\_\_\_ Phone No. \_\_\_\_\_

Which hospital do you prefer \_\_\_\_\_

What allergies should the Rescue Squad be aware of:

\_\_\_\_\_  
\_\_\_\_\_

*Please complete and return with your Financial Questionnaire.*

## EMERGENCY INFORMATION

Name \_\_\_\_\_

Apt. # \_\_\_\_\_ Phone \_\_\_\_\_

DOB \_\_\_\_\_ Move-in Date \_\_\_\_\_

### PHYSICAL CHARACTERISTICS

Eye Color \_\_\_\_\_ Glasses? \_\_\_\_\_

Hair Color \_\_\_\_\_ Height \_\_\_\_\_

Weight (optional) \_\_\_\_\_

### ADDITIONAL INFORMATION

Auto? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

Pet? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

e-mail: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

e-mail: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_

Optional and Supplemental 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.

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

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

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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.

**Please complete and return with your Financial Questionnaire.**

# FINANCIAL QUESTIONNAIRE

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Apt. # \_\_\_\_\_

For Office  
Use Only:

**Complete the following information and bring this questionnaire to your recertification interview scheduled for:**

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

## Income:

n/a  
 sent  
 received

**1. Are you employed? (if "yes" bring 6 most recent pay stubs)**

Yes  
 No

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_

n/a  
 sent  
 received

**2. Do you receive any income from self-employment (i.e. selling products, babysitting, odd jobs, etc.)?**

Yes  
 No

If yes, gross amount \$ \_\_\_\_\_

n/a  
 sent  
 received

**3. Do you receive Social Security?**

Yes  
 No

If yes, gross amount \$ \_\_\_\_\_

n/a  
 sent  
 received

**4. Do you receive Supplemental Security Income (SSI)?**

Yes  
 No

If yes, gross amount \$ \_\_\_\_\_

n/a  
 sent  
 received

**5. Do you have any other monthly income checks you receive (i.e., alimony, pension, welfare, or disability benefits)?**

Yes  
 No

a. From whom do you receive the check: \_\_\_\_\_

Address of Sender: \_\_\_\_\_

Amount of check: \_\_\_\_\_

Yes  
 No

n/a  
 sent  
 received

b. From whom do you receive the check: \_\_\_\_\_

Address of Sender: \_\_\_\_\_

Amount of check: \_\_\_\_\_

## Assets:

**1. Do you have any checking accounts?**

Yes  
 No

*Please bring your **6 MOST RECENT CONSECUTIVE** checking account statements.*

n/a  
 sent  
 received

a. Name of Bank: \_\_\_\_\_

Address of bank: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Is this a joint account? YES \_\_\_ NO \_\_\_ If so, with how many people? \_\_\_

What percentage of the money do you have control over? \_\_\_\_\_

What is the present balance in this checking account? \_\_\_\_\_



# FINANCIAL QUESTIONNAIRE

- n/a
- sent
- received

b. Name of Bank: \_\_\_\_\_  
Address of bank: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_ NO \_\_\_ If so, with how many people? \_\_\_  
What percentage of the money do you have control over? \_\_\_\_\_  
What is the present balance in this checking account? \_\_\_\_\_

**2. Do you have any savings accounts?**

- Yes
- No

*Please bring your MOST RECENT savings account statement for each account.*

- n/a
- sent
- received

a. Name of Bank: \_\_\_\_\_  
Address of bank: \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_ NO \_\_\_ If so, with how many people? \_\_\_  
What percentage of the money do you have control over? \_\_\_\_\_  
What is the present balance in this savings account? \_\_\_\_\_

- n/a
- sent
- received

b. Name of Bank: \_\_\_\_\_  
Address of bank: \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_ NO \_\_\_ If so, with how many people? \_\_\_  
What percentage of the money do you have control over? \_\_\_\_\_  
What is the present balance in this savings account? \_\_\_\_\_

**3. Do you have any Certificates of Deposits or Money Market Funds, IRA or other retirement accounts? If yes, how many \_\_\_\_\_**

- Yes
- No

Please provide the following information on each of the above. Use a separate sheet, if needed.

- n/a
- sent
- received

a. Name of bank or savings & loan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_ NO \_\_\_ If so, with how many people? \_\_\_  
Current Value \$ \_\_\_\_\_ Current Interest Rate \_\_\_\_\_  
Is there a penalty for early withdrawal? YES \_\_\_ NO \_\_\_ If so, what is it? \$ \_\_\_\_\_

- n/a
- sent
- received

b. Name of bank or savings & loan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_ NO \_\_\_ If so, with how many people? \_\_\_  
Current Value \$ \_\_\_\_\_ Current Interest Rate \_\_\_\_\_  
Is there a penalty for early withdrawal? YES \_\_\_ NO \_\_\_ If so, what is it? \$ \_\_\_\_\_





# FINANCIAL QUESTIONNAIRE

## 4. Do you have any stock, bonds, annuities, etc.?

- Yes  
 No

- n/a  
 sent  
 received

a. Name of Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_ Value: \_\_\_\_\_  
Is this jointly owned? YES \_\_\_ NO \_\_\_ If yes, with how many people? \_\_\_\_\_  
Who has control over it? \_\_\_\_\_

- n/a  
 sent  
 received

b. Name of Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_ Value: \_\_\_\_\_  
Is this jointly owned? YES \_\_\_ NO \_\_\_ If yes, with how many people? \_\_\_\_\_  
Who has control over it? \_\_\_\_\_

## 5. Do you own (or are you buying) any property?

- Yes  
 No

- n/a  
 sent  
 received

If yes, Address: \_\_\_\_\_  
If yes, with how many people? \_\_\_\_\_  
Is this owned jointly? YES \_\_\_ NO \_\_\_ Current Value \$ \_\_\_\_\_  
Do you have a mortgage? YES \_\_\_ NO \_\_\_  
Mortgage Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Do you receive any income from this property? YES \_\_\_ NO \_\_\_ If yes, how much? \$ \_\_\_\_\_

## 6. Do you have any life insurance policies? List below.

- Yes  
 No

- n/a  
 sent  
 received

a. Name and Address of Policy \_\_\_\_\_  
\_\_\_\_\_

Is this a term or whole/universal life insurance policy? \_\_\_\_\_  
Value of Policy \$ \_\_\_\_\_ Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_  
Does this policy have a cash surrender value? YES \_\_\_ NO \_\_\_ If so, how much? \$ \_\_\_\_\_

- n/a  
 sent  
 received

b. Name and Address of Policy \_\_\_\_\_  
\_\_\_\_\_

Is this a term or whole/universal life insurance policy? \_\_\_\_\_  
Value of Policy \$ \_\_\_\_\_ Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_  
Does this policy have a cash surrender value? YES \_\_\_ NO \_\_\_ If so, how much? \$ \_\_\_\_\_



# FINANCIAL QUESTIONNAIRE

## Expenses:

n/a  
 verified

1. Do you have Medicare? Who pays for Medicare? \_\_\_\_\_

Yes  
 No

n/a  
 verified

2. Do you have Medicaid?

Yes  
 No

3. Do you pay for health insurance (do not include Medicare)?

Yes  
 No

n/a  
 sent  
 received

a. Company Name: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Premium Amount \$ \_\_\_\_\_

Premium paid: MONTHLY \_\_\_\_\_ QUARTERLY \_\_\_\_\_ YEARLY \_\_\_\_\_ OTHER \_\_\_\_\_

n/a  
 sent  
 received

b. Company Name: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Premium Amount \$ \_\_\_\_\_

Premium paid: MONTHLY \_\_\_\_\_ QUARTERLY \_\_\_\_\_ YEARLY \_\_\_\_\_ OTHER \_\_\_\_\_

4. Do you have out-of-pocket prescription expenses?

Yes  
 No

n/a  
 sent  
 received

a. Pharmacy: \_\_\_\_\_

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

n/a  
 sent  
 received

b. Pharmacy: \_\_\_\_\_

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

n/a  
 sent  
 received

c. Pharmacy: \_\_\_\_\_

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

5. Are you paying on any hospital bills?

Yes  
 No

n/a  
 sent  
 received

a. Hospital name: \_\_\_\_\_

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

Amount you pay each month \$ \_\_\_\_\_ Balance of account \$ \_\_\_\_\_

n/a  
 sent  
 received

b. Hospital name: \_\_\_\_\_

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

Amount you pay each month \$ \_\_\_\_\_ Balance of account \$ \_\_\_\_\_



# FINANCIAL QUESTIONNAIRE

6. Do you have out-of-pocket expenses with any physician/dentist/medical practioners/therapists that you visit regularly (you expect to visit during the next 12 months)?

Yes  
 No

n/a  
 sent  
 received

a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

n/a  
 sent  
 received

b. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

n/a  
 sent  
 received

c. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

n/a  
 sent  
 received

d. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

n/a  
 sent  
 received

e. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

n/a  
 sent  
 received

f. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

7. Did you have any additional expenses during the previous 12 months? (i.e. over-the-counter (OTC medications that your doctor asks you to use regularly, eye glasses, hearing aids, etc.). DO NOT INLCUDE PRESCRIPTIONS

Yes  
 No

n/a  
 sent  
 received

\_\_\_\_\_

n/a  
 sent  
 received

8. Do you have any pets? If yes, vet address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  
 No

Pet type and name \_\_\_\_\_

Your signature below indicates the information provided herein is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

