Application for Admission and 202 PRAC Rental Assistance
Serving Elderly Families as Defined by HUD

Dear Applicant:

Thank you for your interest in applying for housing at **Ford City Motor Lofts** through the HUD Section 202 PRAC program. We encourage you to carefully review all application materials before completing your application.

It is important that you read Tenant Selection Criteria before filling out the application. **PLEASE DO NOT LEAVE ANY SECTION ON THE APPLICATION FORM BLANK**. If a section on the application does not apply to you please write *none or zero*. Application needs to be completed in **BLUE or BLACK INK** and **NO** use of correction tape or **WHITEOUT**. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) initial near the change. Incomplete applications may delay processing time and could result in disqualification.

The owner/agent will complete a preliminary review to determine if there are any obvious factors that would deem a household ineligible. Examples of obvious factors include, but are not limited to, the household being over income, not meeting age requirement (62+), or no appropriate units available based on the number of people who will be living in the unit. Applicants who do not qualify based on this initial review will receive a Notice of Rejection. Rejected applicants will have 14 calendar days to appeal the rejection.

Completed residential application along with the supplement documents to the application can be returned in person to the property of preference or by mail post marked. The head-of-household will receive a notice after the application has been submitted. If you have any questions, please contact the property of your area of choice. For Salisbury, NC call: 704-310-8248. Also, you can email housing@osceola-coa.com or visit our website at https://osceolagenerations.org/

Assistance is available for applicants who need help completing the application.

Age Requirement
The head of the household must be 62 years of age or older at the time of application, regardless of disability.

Income Eligibility
Your annual gross income is an essential factor to qualifying you for residency in any of our communities. The U.S. Department of Housing and Urban Development (HUD) sets the income limits annually and are subject to change. The established maximum annual income limits (per household):

Number of Occupants	1 Person	2 People
50% AMI	$30,700	$35,100

*Updated April 1, 2025

- HUD Rent Assisted residents pay 30% of their adjusted gross income in rent.

To speed-up the application process, be sure to include copies of the following items:

- Copy of Photo ID for each adult household member.
- Copy of Social Security Card for each household member.
- Proof of age for each household member (Birth Certificate, Baptismal Certificate,
- Military Discharge papers, valid passport, naturalization certificate, Social Security Administration Benefits printout)
- Proof of Income
  1. Income statement from Social Security Administration (Benefit Print-out from Social Security Office)
  2. Pension or Retirement Statement
  3. Employment Verification Form

Amenities:

✓Service Coordinator available	✓ Garden Space
✓Spacious Floor Plans	✓ Resident computer center and library
✓Fully Equipped Kitchen	✓ Storage Space
✓Laundry Room Facilities	✓ Pet Friendly (Pet deposit and pet fees can vary by community)
✓Accessible Units	✓ Community Room

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Property Name:	Ford City Motor Lofts	Telephone:	704-310-8248
Address:	419 S Main St	Fax:	
Address 2:	Salisbury, NC 28144	TTD/TTY:	711 National Voice Relay
Property Web Site	www.osceolagenerations.org	Email	housing@osceola-coa.com

Please return this application and the attached Supplement to the Application (attached) to the above address.

For Office Use Only: Date received _____	Time received _____	By (Initials) _____	HOH Name _____

Applicant Name					
How did you hear about us?	☐ Newspaper ☐ Radio ☐ Internet ☐ HUD ☐ Other				
Gender	☐ Male ☐ Female ☐ Prefer not to disclose				
What is your relationship to the Head of household?	☐ Head of Household ☐ *Co-head ☐ *Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide (live in aides complete a different application and must be approved before move in) ☐ None of the Above *You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.				
If not HOH, please provide the name of the HOH					
Current Address					
Address Line 2					
City, State, Zip					
Home Phone		Cell Phone			
Work Phone		Email address			
May we contact you at work?			☐ NA	☐ Yes	☐ No
Birth date		Social Security Number		☐ No SSA Assigned	

If you do not have a Social Security Number, you claim you are exempt because: ☐ NA

☐ You were 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/10 *(if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.)*

☐ You are not contending eligible immigration status

Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	☐ Yes	☐ No
Are you a victim of a recent presidentially declared disaster?	☐ Yes	☐ No
Are you currently receiving housing assistance from HUD or a PHA?	☐ Yes	☐ No
Are you a student enrolled in an institute of higher education?	☐ Yes	☐ No
If yes	☐ Full-time	☐ Part-time
Are you currently using marijuana?	☐ Yes	☐ No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? *This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.*	☐ Yes	☐ No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	☐ Yes	☐ No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	☐ Yes	☐ No
Have you ever been convicted of a crime?	☐ Yes	☐ No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	☐ Felony	☐ Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ Yes	☐ No
If yes, when?		

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK ☐ AL ☐ AR ☐ AZ ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ IA ☐ ID ☐ IL ☐ IN
☐ KS ☐ KY ☐ LA ☐ MA ☐ MD ☐ ME ☐ MI ☐ MN ☐ MO ☐ MS ☐ MT ☐ NC ☐ ND ☐ NE ☐ NH
☐ NJ ☐ NM ☐ NV ☐ NY ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VA
☐ VT ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington, D.C.

EQUAL HOUSING OPPORTUNITY

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PREFERENCES: Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

☐	I currently live on this property and am requesting a new unit (Unit Transfer or Household Split Preference)
☐	I live in another property owned or managed by Osceola Council on Aging
☐	I am a victim of a recent presidentially declared disaster
☐	I have been or am being involuntarily displaced due to circumstances beyond my control *(e.g. fire, flood)*
☐	I am in imminent danger

RENTAL HISTORY:

Are you currently homeless? *If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.*	☐ Yes	☐ No

If you are not the Head-of-Household (HOH), Is your current landlord the same as the HOH? *(if Yes, continue to the Previous Landlord information; if No, Complete the Information below)*			☐ Yes	☐ No
Present Landlord				
Address				
Address				
City, State, Zip				
Contact Name (if known)		Phone Number		
How long have you lived at this address				
Reason for leaving				
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*			☐ Yes	☐ No
Do you currently have any outstanding overdue balances owed to this landlord?			☐ Yes	☐ No
Have you given this landlord notice that you will be moving?			☐ Yes	☐ No
Have you been evicted or is this landlord attempting to evict you or another person living with you?			☐ Yes	☐ No
Have you ever been asked to sign a repayment agreement to return money to HUD?			☐ Yes	☐ No

If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? *(If Yes, continue to the next section. If No, complete the Information below)*			☐ Yes	☐ No
Previous Landlord #1				
Address				
Address				
City, State, Zip				
Contact Name (if known)		Phone Number		
How long did you live at this address				
Reason for leaving				
Were you or any member of your household evicted from this property?			☐ Yes	☐ No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*			☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?			☐ Yes	☐ No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?			☐ Yes	☐ No

UTILITY PROVIDERS: You may not live in the unit unless you can establish utilities in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?		☐ Yes	☐ No
Will you be able to establish utilities in your unit? Electric……	☐ Yes	☐ No	☐ N/A
Do you receive any assistance from organizations other than HUD to pay your utility bills?		☐ Yes	☐ No
Is assistance provided under the HHS Low-Income Home Energy Assistance Program (LEAP)?	☐ Yes	☐ No	☐ NA

EQUAL HOUSING OPPORTUNITY

Monthly amount you receive to assist with your utility bills.	$	or ☐ NA

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit. Please review the property Pet/Assistance Animal Rules. These Rules are available upon request.

Do you plan to house an animal in the unit?	☐ Yes	☐ No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?	☐ Yes	☐ No

ANIMAL TYPE *(I.E. DOG, CAT, TURTLE, ETC.)*	BREED *(IF APPLICABLE)*	HEIGHT *(MEASURED AT WITHERS IF APPLICABLE)*	WEIGHT	NOTES

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:
If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than two people will live in the unit. This application must include information about everyone who will live in the unit.

If you are not the HOH, please skip to questions about income and assets.

Will anyone else live in the unit with you? *If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.*	☐ Yes	☐ No

If yes, how many people will live in the unit?	Adults		Minors	

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
2			
☐ Co-head ☐ Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide ☐ None of the Above			
SSN	or ☐ No SSA Assigned	Date of Birth	

If this member does not have a Social Security Number, member is exempt because: ☐ NA
☐ Member was 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/10 *(if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.)*
☐ Member is not contending eligible immigration status.
☐ Member is a minor added to the family within the last six months (Exempt for 90 days with possible extension).
☐ Other. Please Explain

Please indicate each state where the member has lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK	☐ AL	☐ AR	☐ AZ	☐ CA	☐ CO	☐ CT	☐ DE	☐ FL	☐ GA	☐ HI	☐ IA	☐ ID	☐ IL	☐ IN
☐ KS	☐ KY	☐ LA	☐ MA	☐ MD	☐ ME	☐ MI	☐ MN	☐ MO	☐ MS	☐ MT	☐ NC	☐ ND	☐ NE	☐ NH
☐ NJ	☐ NM	☐ NV	☐ NY	☐ OH	☐ OK	☐ OR	☐ PA	☐ RI	☐ SC	☐ SD	☐ TN	☐ TX	☐ UT	☐ VA
☐ VT	☐ WA	☐ WV	☐ WI	☐ WY	☐ Washington, D.C.									

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	**Special Features**
☐ 1 Bedroom Unit	☐ Communication Accessible Unit (Hearing)
	☐ Communication Accessible Unit (Visual)
☐ Mobility Accessible Unit	☐ Special features:
	☐ Special features:

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INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?		☐ Yes	☐ No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?	$	☐ NA	

Do you currently have more than one employer? ☐ NA ☐ Yes ☐ No If *yes, please provide additional employment information on a separate sheet.*

Monthly Social Security.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly SSI.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Social Security Dual Entitlement.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Social Security for someone else.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly SSI for someone else.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Retirement Benefits.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly VA Benefits.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Unemployment Benefits – Regular.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Unemployment Benefits – CARES Act.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Public Assistance.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Alimony Amount.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Monthly Child Support Amount.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Income from a pension or annuity or other asset.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Income for someone living in the unit paid directly to someone who does not live in the unit *(e.g., Representative Payee).*	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Regular contributions from organizations or from individuals not living in the unit.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Contributions from family for rent, childcare or other bills.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Any lump sum amounts from delay of payments for SSI or VA Disability.					$
Do you receive any contributions to a crowdfunding account (e.g., Go Fund Me)					$
Other	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$

Assets

Have you sold or given away real property or other assets valued at $1000.00 or more (including cash donations) in the past two years?	☐ Yes	☐ No
Have you given any money to charities in the past two years?	☐ Yes	☐ No
Do you have a checking account? *If you answer yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.*	☐ Yes	☐ No
Do you have a savings account? *If you answer yes, you will be required to provide the most recent bank statement so that we may estimate the value of the asset in accordance with HUD requirements.*	☐ Yes	☐ No

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Do you have a Peer-to-peer payment account? *(Venmo, PayPal, Apple Wallet, etc.) Please provide a printout showing the last three months of transactions and the current balance.*		☐ Yes	☐ No
Do you have a Crowdfunding/Fundraiser account? *(GoFundMe or other like account) Please provide a printout showing the last twelve months of transactions and the current balance.*		☐ Yes	☐ No
Do you own Cyber Currency? *(Bitcoin or other like currency) Please provide documentation showing the current value and any interest paid (gain or losses) for the last three months.*		☐ Yes	☐ No
Do you have a 401K or other employment savings account?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the account? *(include any Required Minimum Distribution)*	☐ NA	☐ Yes	☐ No
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
If yes, please provide a current statement or a contact for verification:			
Do you own an IRA or other retirement account?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the account? *(include any Required Minimum Distribution)*	☐ NA	☐ Yes	☐ No
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
If yes, please provide a current statement or a contact for verification:			
Do you own an annuity?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the annuity?		☐ NA	
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
If yes, please provide a current statement or a contact for verification:			
Do you have access to or own a trust fund?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the trust fund?	☐ NA	☐ Yes	☐ No
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
If yes, please provide a current statement or a contact for verification:			
Do you own a home or other property? *If yes, Please provide a current property tax statement*		☐ Yes	☐ No
If you own a home, is this home currently for sale?	☐ NA	☐ Yes	☐ No
If you own a home, is this home being rented? *If yes, please provide current lease.*	☐ NA	☐ Yes	☐ No
If yes, what is the monthly rent amount? ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
Do you own a business? *Please provide the previous year's financial statement and tax return.*		☐ Yes	☐ No
If yes, what is the annual net income? ☐ NA or		$	
Do you own stocks/bonds/certificates of deposit (CD)?			
Other Asset – Describe Current Value/Balance $			
Other Asset – Describe Current Value/Balance $			
Other Asset – Describe Current Value/Balance $			

Medical Expenses: Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Medical expenses for all family members are included when determining the Medical Expense Deduction. You will be asked to provide receipts to verify the expense. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1– annual premium		$	
Health Insurance - 1 – annual deductible		$	
Health Insurance - 2 – annual premium		$	
Health Insurance - 2 – annual deductible		$	
Dr. visit/medical treatments - annual out-of-pocket expense		$	
Prescription Drugs - annual out-of-pocket expense		$	
Do you have an HMO or a medical plan/policy that pays all or part of the cost of your medications?		☐ Yes	☐ No
If yes, please give the name of the HMO, plan, or insurance company.			
What amount (or percentage) of the cost must YOU pay?	$	%	
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?		☐ Yes	☐ No
If yes, who reimburses you?			

Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense *(i.e., aspirin to treat a heart condition or calcium supplements to treat osteoporosis)*	$
Personal use items annual out-of-pocket expense *(i.e., glasses, incontinent supplies, hearing aids)*	$
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	$
Mileage to and from medical appointments	$
Other	$
Other	$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	$
Other?	$

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?	☐ Yes	☐ No
Monthly Amount Child #1 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____	
Monthly Amount Child #2 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____	

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. If no household member works, then the household does not qualify for a Disability Assistance Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? *e.g., costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work*	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work as a result of such an expense.		

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).

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☐ No ☐ Yes Do you give permission for the owner/agent to contact you electronically
(Email/Text/Applicant/resident portal/Other electronic methods)

Would you like to request a complete copy of the owner/agent's resident selection criteria?

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

_____
Applicant Name (please print)

Signature _____ Date _____

The owner/agent does not discriminate on the basis of disability 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 the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Ford City Motor Lo
Address: 419 S Main St,
City: Salisbury, NC Zip: 28144
Telephone: 704-310-8248
Telephone: TTY 711

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください (Japanese)

EQUAL HOUSING OPPORTUNITY

SUBSIDY ACKNOWLEDGEMENT

Please check one:

1. _____I have indicated on my application that **I am receiving subsidy** at my current residence.
2. _____I have indicated on my application that **I am NOT receiving subsidy** at my current residence.

If number one is checked above, please complete and sign the EIV Existing Tenant Verification Search Form in addition to signing below.

I understand that I must move out of my current residence and turn in keys to the office staff prior to moving in to the apartment I am applying for.

I also understand that if I **fail** to complete the move out process at my current residence before I move into the property, that **NO** rent subsidy or utility allowance will be provided to me by HUD here until the day after the move out is completed.

I understand that I will be responsible for paying the market rent until I qualify to receive subsidy.

_____ _____
Applicant Date

_____ _____
Applicant Date

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Ford City Motor Lofts 053-EE210 — 419 S Main St, Salisbury, NC 28144

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

Roni James — PRAC 202

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 incompliance 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.