

**QUAD Inc.**  
**Application for Housing**  
**January 2008**

Dear Applicant:

Thank you for your interest in HUD Subsidized Housing designed for occupancy by persons with physical disabilities who are primarily reliant on a wheelchair for mobility. The attached application is essential in determining your eligibility for housing under the HUD Section 8 program. Please complete the application thoroughly in ink and supply all requested information. The information you supply must be accurate and will be verified prior to processing of your application.

Housing that is operated by QUAD Inc. is in high demand and we generally have a waiting list of a year or greater for all facilities. Therefore, we do not verify information you provide in your application until your application is being considered for an available apartment. When we receive a completed application we add it to our waiting list as of the date of the postmark. Once your application is added to the waiting list you will be notified of your place on the list and will receive updates from us as your position on the list changes. It is important that you keep us informed of any changes in your contact information once you are added to the waiting list. Applicants who we are unable to contact when vacancies occur are removed from the list. **Acceptance to our waiting list does not constitute approval of your application for housing.** Approval can only be given after thorough review and verification of the eligibility information you provide in your application.

**APPLICATION PROCESS**

1. **Rental Application-** Applicants must complete a separate rental application for each adult applying for housing. Applications must be written legibly in ink with no spaces left open. The application must be signed and dated. Parts of the application that don't apply to the applicant should be marked N/A. Applications are accepted at the Project rental office, By mail to QUAD Inc. at 5125 SW Macadam Ave., #205 Portland, OR 97239, or, by Fax to 503.281.8176.
2. **Assistance Completing the application-** If you require assistance in completing the application please contact the facility manager.
3. **Waiting List-**If an Apartment is not immediately available you will be added to the waiting list. Your application will be screened and verified when an apartment comes available prior to occupancy. Applications added to the waiting list are not approved for housing. Approval may only be given after verification of all eligibility requirements including but not limited to income and disability.
4. **Waiting List Removal-** Applicants will be removed from the waiting list if they can not be contacted at the time their application is being considered. It is important that applicants keep their contact information current by notifying management of any change in address or telephone number.

**OCCUPANCY POLICY**

1. **Occupants per unit-** QUAD Inc. has established occupancy standards to permit tenants to select apartment sizes they deem appropriate to their needs while preventing overcrowding and underutilization of each project. QUAD Inc. permits occupancy as follows:
  - ◆ 0 Bedroom-Studio- one occupant
  - ◆ 1 bedroom- up to two occupants
  - ◆ 2 bedroom- up to four occupants
2. **Accommodation for disability-**In the event an applicant or family member has a physical disability which requires an apartment of larger size than is allowed, QUAD Inc. will allow the applicant family to apply for a larger unit.
3. **Live in Aide-** A Live-in Aide is a person who resides with a person who is disabled and who:

**QUAD Inc.**  
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- ◆ Is determined essential to the care and well being of the person
- ◆ Is not obligated for the support of the person
- ◆ Would not be living in the unit except to provide the necessary supportive services
- ◆ A relative may be a live-in aide, but must meet all the requirements listed above
- ◆ A live-in aide may not qualify for continued occupancy as a remaining family member

4. **Unit and Facility Transfers-** any current tenant may request a transfer to another unit or project by completing a unit/facility transfer request and submitting it to QUAD Inc. The following criteria apply to Unit/Facility transfers:
- ◆ The tenant must have a minimum of 1 year favorable rental history with QUAD Inc. Favorable rental history includes timely payment of all rents, deposits and charges, no lease violations, no disruptive behavior and no interference with the management of the building.
  - ◆ The request for transfer will be reviewed by management and if approved the tenant will be added to the bottom of the waiting list for the requested facility and must wait until their name comes to the top of the list for the appropriate unit.
  - ◆ A unit/facility transfer can only be requested one time in a 5 year period.
  - ◆ Tenants must maintain their favorable rental status during the time they are on the waiting list.

**SELECTION OF RESIDENTS**

1. **Selection of applications**
- ◆ First , to an eligible qualified applicant on the waiting list having a handicap or physical disability requiring the wheelchair accessibility features of the vacant unit
  - ◆ Second, to other eligible qualified applicants having a physical disability, but not directly benefiting from the accessibility features of the unit.
  - ◆ Last, other eligible qualified candidates in compliance with the Affirmative Fair Housing Marketing Plan.
  - ◆ If management determines a person or family is eligible and is otherwise acceptable, and a unit is available, management will assign the family a unit of appropriate size in accordance with the Occupancy Policy. If no suitable unit is available, management will place the family on an approved waiting list for QUAD Inc.
2. **Waiting List-** At the time the application is received the applicant shall be assigned his/her appropriate place on the waiting list, in sequence, based upon the date and time his/her application is received and availability of a suitable size of unit.
3. **Income Targeting-** Extremely low income applicants are targeted to assure that a minimum of 40% of all approved tenants are at or below this level as required by HUD. The waiting list will be reviewed annually to determine if "targeting" needs to be monitored due to the overall composition of the list being in the extremely low income category.

Return all completed application materials, via US mail to:

**QUAD Inc.**  
**5125 SW Macadam Ave, Ste 205**  
**Portland, OR 97239**

Or Fax to 503.281.8176

The time and date we receive your application will determine your place on the applicant list.



SUBSIDIZED RENTAL APPLICATION  
 QUAD Inc. is an equal housing opportunity provider



**Quadriplegics United Against Dependency, Inc. (QUAD Inc.)**

**Manager use only:** Date Received \_\_\_\_\_ Time \_\_\_\_\_ Initial \_\_\_\_\_

QUAD Inc. offers barrier free, HUD Section 8, subsidized housing designed for individuals with severe mobility impairments that are reliant on a wheel chair for mobility. The information contained in this application will be kept confidential and will only be used to determine eligibility for HUD Section 202 or 811 subsidized housing. If you have questions; require assistance in completing this application; would like a tour or have questions, please contact us at: Voice: (503) 287-4260, Fax: (503) 281-8176, Email: [info@quadinc.org](mailto:info@quadinc.org) or visit our web site at [www.quadinc.org](http://www.quadinc.org)

**FAIR HOUSING POLICY-** It is the policy of Quadriplegics United Against Dependency, Inc. (QUAD, Inc.) not to discriminate in the housing it sponsors, operates and manages on the basis of race, color, religion, sex, handicap, disability, familial status, sexual orientation or national origin; and to administer its programs and activities relating to housing in such a manner as to affirmatively further fair housing.

**ALTERNATE FORMAT:** For alternate format application and publications please contact us at 503.287.4260 via Oregon Telecommunications Relay Services, Dial 777 in Oregon.

**Completed applications can be submitted to the Manager of any QUAD Inc. Facility, Faxed to 503.281.8176 or mailed to QUAD Inc. at 5125 SW Macadam Ave., Suite 205, Portland, OR. 97239-3818**

**Applications are added to our waiting list in date order. We will contact you when your application is next in line for an available unit. Applications cannot be approved for occupancy until all information provided is verified. In order to keep your application current on the waiting list you must tell us if your contact information changes and/or at least every six months to inform us of your continued interest in QUAD Inc. Housing.**

**Please fill out this application and the attached tenant screening form completely. Print legibly in ink. All blanks must be filled in before the application will be considered complete and can be processed for eligibility. If the blank does not apply to you put N/A in the blank.**

**Facility Preference:**       Myers Court-N Portland       Rolling Green-Hillsboro  
 Central Station- Gresham       Burnside Station-East Portland

APPLICANT FULL NAME (LAST, FIRST, MI)		EMAIL ADDRESS	TELEPHONE NUMBER
DATE OF BIRTH	ALTERNATE CONTACT	TELEPHONE NUMBER	DRIVERS LICENSE/ID NUMBER/STATE
CURRENT ADDRESS : STREET	CITY	STATE	ZIP CODE
PERMANENT/ MAILING ADDRESS IF DIFFERENT THEN ABOVE : STREET	CITY	STATE	ZIP CODE
CURRENT RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	DATES AT CURRENT ADDRESS: FROM : _____ TO : _____		REASON FOR MOVING
CURRENT LANDLORD /MORTGAGE HOLDER NAME	ADDRESS (STREET, CITY, ZIP)		TELEPHONE NUMBER
PREVIOUS RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	DATES AT PREVIOUS ADDRESS: FROM : _____ TO : _____		REASON FOR MOVING
PREVIOUS LANDLORD /MORTGAGE HOLDER NAME	ADDRESS (STREET, CITY, ZIP)		TELEPHONE NUMBER

**Household members: List all persons who wish to reside in your household- Please print full name – last, first, middle initial**

APPLICANT FULL NAME (LAST, FIRST ,MI)	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	IS MEMBER PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE/ID #	BIRTH DATE
HOUSEHOLD MEMBER FULL NAME	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	IS MEMBER PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE /ID#	BIRTH DATE
HOUSEHOLD MEMBER FULL NAME	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	IS MEMBER PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE/ID #	BIRTH DATE
HOUSEHOLD MEMBER FULL NAME	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	IS MEMBER PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE /ID#	BIRTH DATE
HOUSEHOLD MEMBER FULL NAME	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	IS MEMBER PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE /ID#	BIRTH DATE

**Sources of Income: List all income sources for all household members. This includes, but is not limited to, full time/part time/self employment, unemployment, workers compensation, social security, SSI, public assistance, pensions, child support, student grants/scholarships, the sale of property, interest on assets, dividends, annuities and regular contributions from people who are not household members. Use multiple lines if needed.**

HOUSEHOLD MEMBER	EMPLOYER, AGENCY, INSTITUTION OR OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
HOUSEHOLD MEMBER	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
HOUSEHOLD MEMBER	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
HOUSEHOLD MEMBER	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
HOUSEHOLD MEMBER	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
HOUSEHOLD MEMBER	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$

**Assets: List all assets for all household members. Assets include, but are not limited to, real estate, bank accounts, certificate of deposits, life insurance, stocks and bonds, trust accounts, collections held as an investment, and, any other investment or item of value except household goods and a private vehicle. Use multiple lines if needed.**

HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, REAL PROPERTY, OTHER LOCATION	VALUE OF ASSET
HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, REAL PROPERTY, OTHER LOCATION	VALUE OF ASSET
HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, REAL PROPERTY, OTHER LOCATION	VALUE OF ASSET
HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, REAL PROPERTY, OTHER LOCATION	VALUE OF ASSET
HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, REAL PROPERTY, OTHER LOCATION	VALUE OF ASSET
HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, REAL PROPERTY, OTHER LOCATION	VALUE OF ASSET

HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: DESCRIBE TYPE OF PROPERTY/ASSETT AND SALE PRICE	DATE SOLD OR DISPOSED
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: DESCRIBE TYPE OF PROPERTY/ASSETT AND SALE PRICE	DATE SOLD OR DISPOSED
DO YOU HAVE ANY OTHER ASSSETS NOT LISTED ABOVE EXCLUDING HOUSEHOLD GOODS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: DESCRIBE TYPE OF PROPERTY/ASSETT	VALUE OF ASSET
DO YOU HAVE ANY OTHER ASSSETS NOT LISTED ABOVE EXCLUDING HOUSEHOLD GOODS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: DESCRIBE TYPE OF PROPERTY/ASSETT	VALUE OF ASSET

**General Eligibility Questions:** HUD has certain eligibility requirements that apply to housing in QUAD Inc. facilities. Please answer all of the questions below for any applicant or family member that they are applicable to. Use multiple lines if needed.

HAS ANY HOUSEHOLD MEMBER EVER BEEN EVICTED FROM PUBLIC OR OTHER HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: ENTER LANDLORD , ADDRESS, AND DATE OF EVICTION
HAS ANY HOUSEHOLD MEMBER EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: ENTER CITY, STATE, CLASS OF CRIME AND DATE OF CONVICTION
DOES ANY HOUSEHOLD MEMBER HAVE A PET <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	DESCRIPTION OF PET: TYPE, BREED, SIZE-PLEASE STATE IF THIS IS AN ASSISTANCE ANIMAL
DOES ANY HOUSEHOLD MEMBER OWN A VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	DESCRIPTION OF VEHICLE: MAKE, MODEL, COLOR, YEAR AND LICENSE PLATE
DOES ANY HOUSEHOLD MEMBER HAVE A HISTORY OF DRUG OR ALCOHOL DEPENDENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	LIST DATES OF TREATMENT AND DATE OF LAST RELAPSE IF ANY
IS ANY HOUSEHOLD MEMBER AN ADULT HAVING A PHYSICAL IMPAIRMENT THAT: A) IS EXPECTED TO BE OF LONG-CONTINUED AND INDEFINITE DURATION; B) SUBSTANTIALLY IMPEDES YOUR ABILITY TO LIVE INDEPENDENTLY; AND C) IS SUCH THAT THE YOUR ABILITY TO LIVE INDEPENDENTLY COULD BE IMPROVED BY MORE SUITABLE HOUSING CONDITIONS (WHEELCHAIR ACCESSIBLE, BARRIER FREE HOUSING) <input type="checkbox"/> YES <input type="checkbox"/> NO List Household Member _____		
MYERS COURT APPLICANTS ONLY: IS ANY HOUSEHOLD MEMBER CURRENTLY A FULLTIME STUDENT AT AN INSTITUTION OF HIGHER EDUCATION AND UNDER AGE 24, NOT MARRIED AND/OR NOT A PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	LIST INSTITUION OF HIGHER EDUCATION, START DATE AND CURRENT STATUS
MYERS COURT APPLICANTS ONLY: IS ANY HOUSEHOLD MEMBER NOT A UNITED STATES CITIZEN OR NATIONAL OR HAVE LEGAL IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO List Household Member _____		

I agree to give the owner/owner's representative the authority to investigate and obtain my credit rating, my current and past rental records, and any information necessary to determine my eligibility. The information obtained will be used for management purposes only and will be held in confidence. I understand that additional information may be requested at a later date to complete and verify the information contained in this application. My signature below certifies that the statements made on this application are TRUE and CORRECT and gives my consent for management to verify the information contained in this application.

**FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED OR EVICTION AFTER TENANCY. Applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.**

**Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or use any false writings or document knowing the same to contain false writings or document knowing the same to contain false, fictitious, statement or entry shall be fined or imprisoned for not more then five years or both."**

**I acknowledge that I must keep management informed of my continued interest in the unit at least every 180 days.**

**Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_**

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THE PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION BUT YOU ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANYWAY. HOWEVER IF YOU DO NOT FURNISH THE REQUESTED INFORMATION WE ARE REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

**ETHNICITY :**                     HISPANIC OR LATINO                     NOT HISPANIC OR LATINO

**RACE (MARK ONE OR MORE):**     WHITE     BLACK OR AFRICAN AMERICAN     AMERICAN INDIAN /ALASKA NATIVE  
 ASIAN     NATIVE HAWAIIAN OR PACIFIC ISLANDER

**GENDER:**                     MALE     FEMALE

**OPTIONAL SUPPORTIVE SERVICES – (NOT A REQUIREMENT FOR HOUSING)**

**DO YOU REQUIRE PERSONAL ATTENDANT CARE?**     Yes     No

**ARE YOU INTERESTED IN APPLYING FOR SHARED ATTENDANT CARE SERVICES**     Yes     No

**IF YOU ARE INTERESTED IN QUAD INC. 24/7 SHARED ATTENDANT CARE PROGRAM- A SEPARATE APPLICATION IS REQUIRED**

**Completed applications can be submitted to the Manager of any QUAD Inc. Facility, Faxed to 503.281.8176 or mailed to QUAD Inc. at 5125 SW Macadam Ave., Suite 205, Portland, OR. 97239-3818**

**Applications are added to our waiting list in date order. We will contact you when your application is next in line for an available unit. Applications cannot be approved for occupancy until all information provided is verified. In order to keep your application current on the waiting list you must tell us if your contact information changes and/or at least every 180 days to inform us of your continued interest in QUAD Inc. Housing.**

# Rental Services, Inc.

(303) 420-1212 (800) 628-6414 FAX (303) 420-1477 FAX (800) 296-9902

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## Applicant Screening Request

### Administrative Information

This information is required to process this application.

Rental Services Customer: Quadriplegics United Against Dependency, Inc. (QUAD Inc.)

Rental Property Address: 5125 SW Macadam Avenue, Suite 205 Portland, OR. 97239

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: 503.287.4260 Fax: 503.281.8176 E-mail address: \_\_\_\_\_

Type of report requested – please check one:

- Eviction and Credit Only
- Eviction and Credit Plus Criminal Check
- Full Application Screening
- Full Application Screening Plus Criminal Check

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### Applicant Screening Request Form

Please print clearly. All fields must be completed.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant's Contact #: \_\_\_\_\_ Alt #: \_\_\_\_\_

### Rental History

Landlord Name: \_\_\_\_\_ Landlord's #: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

Lease Dates: \_\_\_\_\_ Rental Rate: \_\_\_\_\_

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10050 Ralston Road, suite #7 \* Arvada, CO 80004 \* (303) 420-1212 \* Fax (303) 420-1477

**Please Complete Page 2**



If you have been at the above residence less than two (2) years, please complete section below.

Previous  
Landlord Name: \_\_\_\_\_ Landlord's #: \_\_\_\_\_

Applicant's Previous Address: \_\_\_\_\_

Lease Dates: \_\_\_\_\_ Rental Rate: \_\_\_\_\_

Employment History

Employer: \_\_\_\_\_ Employer's #: \_\_\_\_\_

Title/ Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/ Hourly Wage: \_\_\_\_\_

If you have worked for the above employer for less than one (1) year, please complete the section below.

Previous  
Employer: \_\_\_\_\_ Employer's #: \_\_\_\_\_

Title/ Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/ Hourly Wage: \_\_\_\_\_

Spouse's  
Employer: \_\_\_\_\_ Employer's #: \_\_\_\_\_

Title/ Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/ Hourly Wage: \_\_\_\_\_

# Rental Services, Inc.

(303) 420-1212 (800) 628-6414 FAX (303) 420-1477 FAX (800) 296-9902

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## Authorization of Release

To Whom It May Concern:

I hereby allow Rental Services, Inc. to verify my employment and rental reference(s) and/ or run a credit and criminal history check. I am aware that they may ask several questions regarding my background and I give them my permission to do so.

Please be advised that I, \_\_\_\_\_, authorize release of information to Rental Services, Inc., your prompt response to any/ all questions is greatly appreciated.

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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10050 Ralston Road, suite #7 \* Arvada, CO 80004 \* (303) 420-1212 \* Fax (303) 420-1477  
[www.arentalservicesinc.com](http://www.arentalservicesinc.com)



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.