

# FLYNN HOUSE RESIDENCY GUIDELINES

To insure that you and other residents gain maximum benefit from your Flynn House residency, it is important and necessary that you agree to and abide by the following guidelines with the understanding that violation will affect their residency and could result in eviction from Flynn House.

## 1. ALCOHOL AND DRUG USE

The possession of alcohol, illegal drugs, drug paraphernalia or prescription drugs in the barbiturate, opiate or benzodiazepine class, whether prescribed or not, is not allowed. If you are under the influence of such substances your tenancy at Flynn House will be terminated.

## 2. ALCOHOL AND DRUG TESTING

### Upon Evidence or Suspicion of Use

If you are suspected of either using or being under the influence of alcohol, illegal drugs, or abuse of prescription drugs, the House Manager shall enact the following procedure:

(1) You will be questioned directly about possession or use of drugs or alcohol. Should you admit to possession or use, your tenancy will be terminated. You will be offered the opportunity to enter treatment at Gosnold and, if you accept the offer, the House Manager shall facilitate admission by calling Gosnold, assisting to find transportation, etc.

(2) Should you deny drug or alcohol possession or use, you will be requested to submit to a Breathalyzer and/or saliva or urine screen administered by the House Manager. Should that screen indicate the presence of alcohol, illicit drugs or any drugs not prescribed for you, you will be expected to submit to further urine verification testing by a drug-testing lab. During the verification testing period, you will not be allowed to remain in the house. You will however, be offered the opportunity to enter a Gosnold residential program until the results of such verification testing is obtained. Should the lab verification test be negative, you will be restored to your previous status as a Flynn House resident.

(3) Should you refuse to submit to the requested Breathalyzer and/or urine screen, your tenancy will be terminated and you will be required to leave the Flynn House program.

### Random Testing

The House Manager will, at the time and day of his choosing, request that you submit to a Breathalyzer and/or urine or saliva screen. Random screening will normally be done weekly during your first three months of residency. Based on longevity of residency and with the concurrence of the case manager, the frequency of random screening may be altered. Should the screen reflect the presence of alcohol, illicit drugs or any non-prescribed drugs, or should you refuse to submit to the requested test, the House Manager shall proceed in accordance with Sections (2) and (3) above, whichever applies.

## 3. PRESCRIPTION MEDICATION

All prescription drugs must be by order of a licensed physician or other authorized health professional (e.g., nurse practitioner, clinical nurse specialist). You are required to inform the House Manager and the Gosnold Case Manager of any and all prescribed medications. Residents of the Flynn House are prohibited from taking any narcotic medications, whether prescribed or not. All other non-narcotic, prescribed medications must be distributed and supervised by the House Manager. You will be expected to sign an authorization that allows Flynn House management or Gosnold Case Managers to discuss relevant information about prescriptive medication with your prescribing practitioner.

#### **4. GUESTS**

Guests are not allowed in your room at the Flynn House. Any individuals picking up Flynn House residents must remain in the driveway or living room area. At no time are any individuals other than Gosnold staff or Flynn House residents allowed in your room at the Flynn House unless in the presence and company of the Gosnold Case Manager. This rule will be strictly enforced for confidentiality and security reasons.

#### **5. HOUSE MEETINGS**

House meetings are scheduled weekly and you are required to attend these meetings. The meetings aim to foster communication between residents, the House Manager, Gosnold Case Manager, and Flynn House management. The meetings are also opportunities for you to contribute suggestions to enhance communal residency at Flynn House.

#### **6. RESIDENT COURTESIES**

All residents and staff of Flynn House are expected to treat each other courteously and with dignity and respect. You agree not to disturb the right of privacy, peace and quiet of the other Flynn House residents or area neighbors.

Quiet time is between 10:00 PM to 8:00 AM. During that time, all TV, radio or stereo must be turned down to a reasonable sound level. All TVs, radios and stereos must be turned off from 12 midnight until 6 a.m. The House Manager has final say on determining what is reasonable and may suspend TV, radio or stereo use at his discretion.

Flynn House staff is not liable for theft of personal items you maintain on the premises. It is your responsibility to keep your items secure. You may not park a vehicle on the premises at the Flynn House.

Residents shall not engage in romantic or sexual relations with other house residents. Failure to abide by this rule shall result in a Request to Vacate the Premises.

#### **7. FLYNN HOUSE CONSERVATION EFFORTS**

**Heat** is supplied by Flynn House and is controlled by programmed thermostats. Please do not adjust the current settings or damage the thermostat covers. Please be sure all windows and doors are closed when the heat is on.

**Water.** Please be conservative with water usage. Please limit showers to once a day and for 10 minutes or less. Please use universal water saving efforts which include not letting water run unnecessarily. There is no water sprinkler or car washing allowed on the property. Flynn House uses a septic system to treat waste water. Septic systems are delicate and cannot tolerate anything **except** human waste and white toilet paper. Please do not put tampons, diapers, hair, bleach or products containing bleach, kleenex, paper towels or anything else in the toilet or sink, as this could clog the system and create septic backups.

**Electric:** Please be conservative with electrical use. Please turn out lights in rooms when not in use. Do not use the oven for anything besides food preparation.

#### **8. VIOLENCE AND UNLAWFUL ACTIVITIES**

Physical violence, verbal abuse, harassment, or any other form of violence is prohibited at Flynn House. The use or possession of firearms or a weapon of any kind is also strictly prohibited. Residents agree not to engage in any such activity including but not limited to using, distributing, possessing illegal drugs, theft,

illegal gambling, and prostitution. No pornography, whether on computer or magazine allowed. If you engage in any such activity your residency will be terminated.

### 9. INDIVIDUAL SERVICE PLANS

You must agree to develop an Individual Service Plan (ISP) with a Gosnold Case Manager and to comply with the requirements of the ISP. The ISP will include an individual plan for clinical treatment, as well as, mandatory attendance at AA and/or NA meetings or other support groups.

### 10. EMPLOYMENT/COMMUNITY SERVICE/EDUCATION

You are expected to pursue employment opportunities as soon as possible following admission to Flynn House and to work with a Gosnold Case Manager in that effort. If employment is not readily available you are expected to enroll for volunteer work at local organizations. The case manager will provide assistance in these areas but it is your responsibility to actively pursue these endeavors. If you are not employed, or enrolled in volunteer work, then you are required to be attending school on a full-time basis.

### 11. OVERNIGHT ABSENCES AND CURFEW

To benefit from the Flynn House program and to comply with residency requirements, you must keep Flynn House as your primary residence. Primary residence is defined as spending the night at Flynn House for seven (7) nights per week. Overnight passes may be issued to residents who have maintained continuous residence at the Flynn House. No overnight passes shall be issued during a resident's first 30 days at Flynn House except for emergency reasons only.

After the 30 day period has been completed, all requests for overnight passes shall be **in writing** and indicate the reason for the request, the name, address and telephone number of the location where you can be reached and the dates of departure and return to the Flynn House. Overnight pass requests must be made 48 hours prior to the overnight requested. Any overnight requests for more than two consecutive overnights (for a vacation, trip, etc.) must be made 7 days in advance. Approval or denial of the request will be made in writing and provided to the resident. **Approval or denial of the overnight pass request shall be the sole discretion of the Flynn House Case Manager.**

Unless you are away on an approved overnight absence, you are expected to be in the House by 11 p.m. on Sunday through Thursday nights and 12 midnight on Friday and Saturday nights.

### 12. SAFETY AND SANITATION

Flynn House has a fire alarm system and a sprinkler system that will be engaged in the event that a fire occurs. A call will automatically go to the Falmouth Fire and Police when the fire alarm sounds. In case of a fire, please notify the house manager and leave the house immediately. In the interest of safety, Flynn House forbids the use of candles, incense, no open flames, no cigarettes or pipe smoking, no heaters of any sort are allowed at Flynn House. The use of extension cords is strictly prohibited. Safety regulations prohibit the use of hot plates, toaster ovens, air conditioners or portable space heaters in your bedroom.

Residents are required to maintain Flynn House in a clean, safe, and sanitary condition. You are expected to clean up after yourself following use of the common room, bathroom or kitchen, and to share in the cleaning of common areas through a rotating housekeeping chore schedule.

You are required to clean your room and you must agree to allow staff to conduct a room inspection, at any time, for basic cleanliness, fire and safety code compliance and maintenance needs. All rooms will be inspected on a weekly basis by Flynn House Management Staff.

Smoking is prohibited anywhere inside Flynn House and is only permitted in designated areas outside of the house and away from the entrance doors. Pets are prohibited at Flynn House.

You will be issued keys to the house. You may not distribute the original or copy these keys. You further agree to return all keys upon termination of tenancy.

### **13 HOUSE MAINTENANCE NEEDS**

Flynn House management is responsible to maintain the property and to repair malfunctioning equipment or infrastructure. If you discover maintenance needs (broken faucet, malfunctioning toilet, an electrical problem, etc.) please report it to the House Manager. The House Manager will arrange for the necessary repair. Please do not try to fix things yourself. From time to time, the House Manager will survey the Flynn House with a representative of management to identify maintenance needs.

### **14. HOUSE FURNISHINGS**

Your room is equipped with a bed, wardrobe closet, nightstand, and lamps. Phone access is not provided. You will most likely bring some of your own things such as pillows, CD player, etc. You may add these and other items that will make your stay more comfortable but they must be limited due to space and safety concerns. Please discuss these needs with the House Manager BEFORE you bring them to Flynn House. Residents are not permitted to bring additional items of furniture into the common or living areas of the house.

When you leave Flynn House you will be expected to remove your personal items and leave the room in broom swept condition with all of the original furnishings intact.

### **15. AMENDMENTS TO RESIDENCY GUIDELINES**

The Flynn House Staff and Gosnold reserve the right to amend these Residency Guidelines as needed in order to protect the safety and interests of Flynn House residents.

### **16. RESIDENCY GUIDELINE VIOLATIONS AND PROCEDURE**

Residents who are unwilling or unable to comply with these guidelines will have their Residency terminated and receive a written Request to Vacate Notice. The Request to Vacate shall provide written notice to the Resident of the reason(s) for termination of residency. If the Resident disputes the reasons contained in the Request to Vacate, the resident shall have a right to a review of the Request to Vacate notification of the reason(s) for discharge and/or termination of residency with the House Manager, Gosnold Administrative Operations Coordinator and Case Manager within 48 hours of receiving the Request to Vacate in order to determine the appropriateness of the termination of residency.

Provided, the Resident shall be required to vacate the premises if the Notice of Termination requires, even while the review is pending. Requests for a review of the residency termination must be made in writing and delivered to the House Manager within 24 hours of receiving the Request to Vacate Notice.

I have reviewed and understand the Flynn House Residence Guidelines and I agree to abide by these rules as a condition of my acceptance into Flynn House.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Revision Date: April 2010/rjm

# Gerald Flynn House Full Privacy Notice for Falmouth Housing Authority

11/5/10

## A. What This Notice Covers

1. This notice describes the privacy policy and practices of Falmouth Housing Authority. Our is located at 115 Scranton Avenue, Falmouth MA 02540. To request a copy of this policy, please contact Renee Hansen during normal business hours at (508) 548-1977 x 213.
2. The policy and practices in this notice cover the processing of protected personal information for clients of Falmouth Housing Authority.
- 3.
4. Protected Personal information (PPI) is any information we maintain about a client that:
  - a. allows identification of an individual directly or indirectly
  - b. can be manipulated by a reasonably foreseeable method to identify a specific individual, or
  - c. can be linked with other available information to identify a specific client. When this notice refers to personal information, it means PPI.
5. We adopted this policy because of standards for Homeless Management Information Systems issued by the Department of Housing and Urban Development. We intend our policy and practices to be consistent with those standards. See 69 Federal Register 45888 (July 30, 2004).
6. This notice tells our clients, our staff, and others how we process personal information. We follow the policy and practices described in this notice.
7. We may amend this notice and change our policy or practices at any time. Amendments may affect personal information that we obtained before the effective date of the amendment
8. We give a written copy of this privacy notice to any individual who asks.  
The specific records covered are:
  - A. Client Demographics
  - B. Prior Living Condition
  - C. Disabling conditions
  - D. Employment History
  - E. Educational History
  - F. Income & Benefits
  - G. Services

## B. How and Why We Collect Personal Information

1. We collect personal information only when appropriate to provide services or for another specific purpose of our organization or when required by law. We may collect information for these purposes:
  - a. to provide or coordinate services to clients
  - b. to locate other programs that may be able to assist clients
  - c. for functions related to payment or reimbursement from others for services that we provide

- d. to operate our organization, including administrative functions such as legal, audits, personnel, oversight, and management functions
  - e. to comply with government reporting obligations
  - f. when required by law
2. We only use lawful and fair means to collect personal information.
  3. We normally collect personal information with the knowledge or consent of our clients. If you seek our assistance and provide us with personal information, we assume that you consent to the collection of information as described in this notice.
  4. We may also get information about you from:
    - a. Individuals who are with you
    - b. Other private organizations that provide services (identify)
    - c. Government agencies (identify)
    - d. Telephone directories and other published sources
  5. We post a sign at our intake desk or other location explaining the reasons we ask for personal information. The sign says:

#### *GERALD FLYNN HOUSE CLIENT PRIVACY POLICY*

*This notice describes the privacy policy of Falmouth Housing Authority in reference to the Gerald Flynn House program. We may amend this policy at any time. We collect personal information only when appropriate. We may use or disclose your information to provide you with services. We may also use or disclose it to comply with legal and other obligations. We assume that you agree to allow us to collect information and to use it or disclose it as described in this notice. You can inspect personal information about you that we maintain. You may also ask us to correct inaccurate or incomplete information. You may ask us about our privacy policy or practices. We respond to questions and complaints. More information about this policy is available in the "Privacy Notice for the Gerald Flynn House". Please contact Renee Hansen at (508) 548-1977 x 213 during normal business hours for a copy*

#### **C. How We Use and Disclose Personal Information**

1. We use or disclose personal information for activities described in this part of the notice. We may or may not make any of these uses or disclosures with your information. We assume that you consent to the use or disclosure of your personal information for the purposes described here and for other uses and disclosures that we determine to be compatible with these uses or disclosures:
  - a. to **provide or coordinate services** to individuals
  - b. for functions related to **payment or reimbursement for services**
  - c. to **carry out administrative functions** such as legal, audits, personnel, oversight, and management functions

- d. to create **de-identified (anonymous) information** that can be used for research and statistical purposes without identifying clients.

**when required by law** to the extent that use or disclosure complies with and is limited to the requirements of the law

- e. to **avert a serious threat to health or safety** if

- (1) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, **and**
- (2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

- f. to **report about an individual we reasonably believe to be a victim of abuse, neglect or domestic violence to a governmental authority** (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence

- (1) under any of these circumstances:

(a) where the disclosure is **required** by law and the disclosure complies with and is limited to the requirements of the law

(b) if the individual agrees to the disclosure, **or**

(c) to the extent that the disclosure is **expressly authorized** by statute or regulation, **and**

(I) we believe the disclosure is necessary to prevent serious harm to the individual or other potential victims, **or**

(II) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is **not intended to be used against the individual** and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

**and**

- (2) when we make a permitted disclosure about a victim of abuse, neglect or domestic violence, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:

(a) we, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm, **or**

(b) we would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of professional judgment.

- g. for **academic research purposes**

- (1) conducted by an individual or institution that has a formal relationship with the CHO if the research is conducted either:

(a) by an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a designated CHO program administrator (other than the individual conducting the research), or

(b) by an institution for use in a research project conducted under a written research agreement approved in writing by a designated CHO program administrator.

**and**

(2) any written research agreement:

(a) must establish rules and limitations for the processing and security of PPI in the course of the research

(b) must provide for the return or proper disposal of all PPI at the conclusion of the research

(c) must restrict additional use or disclosure of PPI, except where required by law

(d) must require that the recipient of data formally agree to comply with all terms and conditions of the agreement, **and**

(e) is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.

h. to a law enforcement official **for a law enforcement purpose** (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:

(1) in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena

(2) if the law enforcement official makes a **written request** for PPI that:

(a) is signed by a supervisory official of the law enforcement agency seeking the PPI

(b) states that the information is relevant and material to a legitimate law enforcement investigation

(c) identifies the PPI sought

(d) is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, **and**

(e) states that de-identified information could not be used to accomplish the purpose of the disclosure.

(3) if we believe in good faith that the PPI constitutes **evidence of criminal conduct** that occurred on our premises

(4) in response to an oral request for the purpose of **identifying or locating a suspect, fugitive, material witness or missing person** and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics, or

(5) if

(a) the official is an authorized federal official seeking PPI for the provision of **protective services to the President** or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of



investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others), **and**

- (b) the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

**And**

- i. to comply with **government reporting obligations** for homeless management information systems and for oversight of compliance with homeless management information system requirements.

(1) Before we make any use or disclosure of your personal information that is not described here, we seek your consent first.

#### **D. How to Inspect and Correct Personal Information**

1. You may inspect and have a copy of your personal information that we maintain. We will offer to explain any information that you may not understand.
2. We will consider a request from you for correction of inaccurate or incomplete personal information that we maintain about you. If we agree that the information is inaccurate or incomplete, we may delete it or we may choose to mark it as inaccurate or incomplete and to supplement it with additional information.
3. To inspect, get a copy of, or ask for correction of your information please contact Renee Hansen at 508-548-1977 x 213 and ask a copy of Gerald Flynn House Full Privacy Notice.
4. We may deny your request for inspection or copying of personal information if:
  - a. the information was compiled in reasonable anticipation of litigation or comparable proceedings
  - b. the information is about another individual (other than a health care provider or homeless provider)
  - c. the information was obtained under a promise or confidentiality (other than a promise from a health care provider or homeless provider) and if the disclosure would reveal the source of the information, **or**
  - d. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
5. If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the personal information that we maintain, documentation of the request and the reason for the denial
6. We may reject repeated or harassing requests for access or correction.

#### **E. Data Quality**

1. We collect only personal information that is relevant to the purposes for which we plan to use it. To the extent necessary for those purposes, we seek to maintain only personal information that is accurate, complete, and timely.
2. We are developing and implementing a plan to dispose of personal information not in current use seven years after the information was created or last changed. As an alternative to disposal, we may choose to remove identifiers from the information.
3. We may keep information for a longer period if required to do so by statute, regulation, contract, or other requirement.

**F. Complaints and Accountability**

1. We accept and consider questions or complaints about our privacy and security policies and practices.
2. Please contact Renee Hansen at (508)548-1977 x 213 if you have any complaints or concerns.
3. All members of our staff (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Each staff member must receive and acknowledge receipt of a copy of this privacy notice.
4. The date of the notice is located under the title of this document. Please check the date copy to ensure you have the latest version

*I have read the above information and understand it completely:*

---

Applicant

---

Date

RESIDENCE HISTORY FORM

Please **COMPLETE** the below **FOR THE PAST 5 YEARS**, in order from most recent to least recent. Note this information **WILL BE CHECKED** as part of the application process. If there is any additional information you would like to provide (i.e., reasons for leaving the unit, if the Landlord brought any court action against you, if the lease was in a name other than yours, if your Landlord did not return your deposit check, etc) please note it on the reverse of this form. You may also use the reverse if you need more lines.

**DATES UNIT  
OCCUPIED:**  
FROM: TO:

\_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

(OVER)

\_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**UNIT ADDRESS:**

**OWNER/ LANDLORD  
NAME:**

**OWNER/LANDLORD  
ADDRESS:**

**OWNER/LANDLORD  
PHONE:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMMENT AREA**

---

Please use this page if you would like to provide any additional information in reference to your application.

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: (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.	

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.

