

## ***Wakefield Housing Authority***

26 Crescent Street  
Wakefield, MA 01880-2430  
Tel. (781) 245-7328  
Fax. (781) 245-5136  
(NYNEX TTY) – (800) 439-2370

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Dear Applicant:

Enclosed please find our application for conventional housing.

### **Elder/Disabled Applicants:**

**Age:** You must be 62 years old or disabled for the Federal Programs.

If you are under 62 years of age and wish to be considered as a disabled applicant for the Federal Program, you must provide the Authority with documentation which indicates that you comply with both the statutory and regulatory definitions of a handicapped person. For your convenience, we are attaching a form letter to be given to your physician to complete.

### **Income for Federal housing:**

<b>Federal Housing:</b>	1 person	\$41,500
	2 people	\$47,400

**Crystal View**  
**101 Broadway**



***CRYSTAL VIEW IS SMOKE FREE HOUSING***



April 2018

## **I am interested in Elderly/Disabled Housing.....**

### **How old do I have to be before I can apply?**

For the state housing you need to be either 60 years old or disabled.  
For the federal housing you need to be either 62 years old or disabled.

### **Are there any preferences or priorities?**

We have a local preference for both our state and federal public housing.  
**For the state housing:** If you or your spouse were a veteran and you live in Wakefield, we can also give you a veteran preference.

If you are in an emergency situation, we have emergency applications available for our state housing. Some examples of an emergency situation might be that you cannot remain in your current home because of medical needs – you live on the third floor and are now in a wheel chair. Or, your landlord is selling the house and you must leave. These types of situations are considered emergencies because they are through no fault of your own. If you think you may have an emergency, you should talk with the staff at the housing authority.

### **What types of verifications and checking do you do?**

First we do a CORI (Criminal Offender Record Investigation). We will also ask you to sign landlord reference forms. When your name is near the top of the waiting list, we will verify your income and deductions.

### **How much will my rent be?**

Rent is based on income. You will pay 30% of your net income. Your rent includes your electric and heat. The only other bills you might have would be for telephone and cable.

### **What is “net” income?**

We take your gross income (social security, pension, interest from bank accounts, etc.) and subtract your deductions (medical costs, prescriptions, elderly deduction, health insurance, etc.) to arrive at your “net” income. We then multiply that by 30% to arrive at your rent.

### **How much can I have in assets?**

Assets can be unlimited. You can even own a home. But you must remember that the interest from your assets is added to your income. For example, if you have a mutual fund and it paid a \$1,000 dividend, the \$1,000.00 would be added to your income. If you own a home, the market value of the home multiplied by .06% would be considered the income from your asset and would be added to your gross income.

### **Do I need to pay first month, last month and security?**

No. Your rent starts the day you move in. If you move in during the middle of the month, we pro-rate the rent for the number of days you are in the unit for that month.

### **I have a pet. Can I bring my pet with me to live in housing?**

We have a “Pet Policy” which allows our tenants to have a pet. There are guidelines as to the size of the pet; responsibilities and medical needs. We have a “pet deposit” in the amount of \$160.00 or one month’s rent (whichever is the least). This may be paid in three monthly installments.

### **Can I own a car?**

Yes. While parking is very limited, we always find our tenants parking spaces.

### **Can I still work?**

Yes. You can still work while you live in public housing, but your income must remain below the income limits. In the state housing you can work for up to 20 hours a week at minimum wage and this amount is not applied toward your income for rent purposes.

THIS BOX IS FOR OFFICE USE ONLY

Date/Time Stamp #1  
Time Stamp #2

(For Resident Section Use Only)

Initials Date

**CRYSTAL VIEW IS  
SMOKE FREE HOUSING**

Application Complete	Yes	No	_____
Entered into Logbook	Yes	No	_____
File created		Yes	No _____
Categorically Eligible		Yes	No _____
Wakefield Resident/Employee	Yes	No	_____
Entered MCS database	Yes	No	_____
Approval/Denial letter sent	Yes	No	_____

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The information which you are being asked to provide as the Head of Household is used to determine if your Household is both *eligible* and *qualified* for admission to the programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to confirm all information provided below. By signing this application, you are certifying that the information you have provided is correct. **Misrepresentation of information is grounds for removal from the waiting list or eviction from housing.**

For applicants to federal housing, title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

**Incomplete applications will not be processed.** You will be notified by letter that your application is incomplete. It is the responsibility of the applicant to provide all required information for the program(s) which you have indicated. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete. Make sure you sign the last page.

1. (a.) Name of Applicant: \_\_\_\_\_  
(b.) Address or Current Residence: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
(c.) City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(d.) Mailing Address \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
(e.) City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(f.) Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Type of Public Housing you are applying for: Federal Elderly/Handicapped

**To be eligible for Federal elderly/handicapped housing you must be at least 62 years old or handicapped.**

**If handicapped, your handicap must be other than a history of alcohol or substance abuse.**

3. Do you have a place of employment in Wakefield? ☐ Yes ☐ No

4. Do you have any special needs due to a disability? ☐ Yes ☐ No

Please specify: \_\_\_\_\_

- Do you need a wheel chair accessible apartment? ☐ Yes ☐ No

5. **Racial Designation:** (Responding to this question is optional) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.

☐ American-Indian ☐ Asian \_\_\_\_\_ ☐ Black ☐ Hispanic ☐ White ☐ Other (specify)

6. Members of household to live in Unit, including Head of Household:

Name: First, Middle, Last	Relationship	Social Security Number*	Sex*	Date of Birth*	Occupation or Student Status
	HEAD	- -		/ /	

\*This information will be used to verify income, assets, and criminal record information.

7. Is a change in the household composition expected? ☐ Yes ☐ No

If yes, what type of change? \_\_\_\_\_

When? \_\_\_\_\_

## 8. INCOME BEFORE DEDUCTIONS:

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Household Member	Name and Address of Employer or Source of Income	Gross Income for Next 12 months
Name	Salaries, Wages, (Including Overtime/Tips)	\$
	Net Income From Business or Profession	\$
	Trust Income, Interest & Dividends,	\$
	Pensions and Annuities	\$
	VA Disability	\$
	Regular Unemployment or Disability Compensation	\$
	Regular Social Security Benefits and/or SSI	\$
	T.A.F.D.C. or Public Assistance	\$
	Regular Alimony	\$
	Support Payments, Gifts	\$
	Other Income	\$
	<b>TOTAL GROSS INCOME</b>	<b>\$</b>

9. **EXPENSES:**

If necessary for Employment	\$
Unreimbursed Medical Expenses	\$
Alimony Payments	\$
Health Insurance	\$
Disability related expenses (Transportation)	\$
Other	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

10. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

Household Member	Type of Asset	Account Number Or Location	Amount or Value	Interest Rate
	Checking			
	Checking			
	Savings			
	Savings			
	CD's or IRS's			
	Stocks			
	Bonds			
	Real Estate			
	Insurance Annuity			
	Cash			

11. Have you sold, given or placed in trust any money, real estate or other asset in the past two years? If yes, please describe: \_\_\_\_\_

12. Are you receiving any income from any trust funds which were established with household assets? If yes, please describe: \_\_\_\_\_

13. Does anyone in your household own a car? ☐ Yes ☐ No

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

14. **References:** List two references. These should not be relatives or household members.

(a.) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

(b.) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**15. List Addresses for the Last Five Years in Reverse Order:**

(a.) Address (Present): \_\_\_\_\_ Apt. # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

(b.) Address (Present): \_\_\_\_\_ Apt. # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

(c.) Address (Present): \_\_\_\_\_ Apt. # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

(d.) Address (Present): \_\_\_\_\_ Apt. # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

16. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? ☐ Yes ☐ No

If yes: Name of Head of Household at that time: \_\_\_\_\_

Relation to Present Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

When you moved out, were you in compliance with the lease and other program requirements?

☐ Yes ☐ No

If NO, please explain: \_\_\_\_\_

\_\_\_\_\_

17. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of the Wakefield Housing Authority? (If so, this will not necessarily disqualify your Application.) ☐ Yes ☐ No

If YES, please explain:

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18. Do you have any Pets? ☐ Yes ☐ No

If YES, please describe:

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19. **Emergency Reference:** Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in cases of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

20. **Criminal Record:**

(a.) Have you or any member of your household who will live in the unit been convicted of a crime?

☐ Yes ☐ No

If YES, please explain:

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(b.) Do you or any member of your household who will live in the unit have any criminal matters pending?

☐ Yes ☐ No

If YES, please explain:

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21. Are you and each member of your household a U.S. Citizen, or do you and each household member at least possess eligible immigrant status which can be verified with the U.S. Immigration and Naturalization Service? You will be required to complete a certification form (Application Addenda #1)

☐ Yes ☐ No

## CERTIFICATION OF CITIZENSHIP OR ELIGIBLE IMMIGRANT STATUS

This form must be completed for **each** household member. Parents or legal guardians will sign for children under the age of eighteen.

Misrepresentation of information is grounds for termination of assistance. Information provided on this form is subject to verification with the Immigration and Naturalization Service (INS). **Please print in a legible manner.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month/Day/Year

- ☐ I declare that I am a United States Citizen
- ☐ I choose not to declare my citizenship or eligible immigrant status.
- ☐ I declare that I have eligible immigrant status as defined by the INS and am at least 62 years of age. (Checking this box requires proof of age)
- ☐ I declare that I have eligible immigrant status as defined by one of the INS documents in the attached chart and can present the document in an original form (not a copy) as evidence of my status.

I certify that the above representations are true as of the date of this certification

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Signed under pains and penalties of perjury (18 USC 1001 and 1010)

If signed on behalf of a minor, please initial the following statement.

I am at least 18 years of age, a member of the assisted household, and I am the legal guardian for the child listed above. Initials: \_\_\_\_\_



# Acceptable INS Documentation for Purposes of Eligible Immigrant Status

INS Form #	Type of Form	Status Criteria
1-551	Alien Registration Receipt Card (AKA "Green Card")	Permanent Resident Alien Status
1-94	Arrival-Departure Record with annotation	Admitted as Refugee pursuant to Section 207
		Section 208 or Asylum
		Section 243(h) or Deportation Stayed by Attorney General
		Paroled pursuant to Section 212(d)(5) immigration Naturalization Act (INA)
1-94	Arrival-Departure Record Without annotation	Letter from an INS Asylum Officer granting Asylum and application filed on or after 10/1/90
		Letter from an INS District Director granting Asylum if application filed before 10/1/90
		Final court decision granting Asylum (no appeal)
		Court decision Withholding of Deportation
		Letter from an INS Asylum Officer granting Withholding of Deportation and application filed on or after 10/1/90
1-688	Temporary Resident Card	With "Section 245A" or "Section 210" annotation
1-688-B	Employment Authorization Card	With "Provision of Law 274s.12(11)" or "Provision of Law 274a.12" annotation
INS Receipt	Request for Replacement Documents	Must be for one of the accepted documents and status listed above.

## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Wakefield Housing Authority  
26 Crescent Street  
Wakefield, MA 01880  
Office 781-245-7328  
Fax 781-245-5136

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

**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 Law 102-55- authorizes the Department of Housing and Urban Development (HUD) to collect all the information(except Social Security Number(SSN) which will be used by HUD to protect disbursement from fraudulent actions.