

## **McKeesport Housing Authority - Affordable Housing Communities**

**\*\*\*ALL COMMUNITIES ARE SMOKE FREE\*\*\***

**Please number your choices in the order of the communities you prefer to reside in:**

- \_\_\_\_\_ Crawford Village**  
Family Community with 1,2,3 & 4 Bedroom Apartments
- \_\_\_\_\_ Kooser Court**  
Family Community with Accessible 2,3, & 4 Bedroom Apartments (UFAS)
- \_\_\_\_\_ R.B Harrison Village**  
Family Community with 1,2,3 & 4 Bedroom Apartments
- \_\_\_\_\_ Locust Street Development**  
Family Scattered Site Housing with 2 & 3 Bedroom Homes
- \_\_\_\_\_ Isbir Manor**  
High-Rise with 1 & 2 Bedroom Apartments
- \_\_\_\_\_ Steelview Manor**  
High-Rise with 1 & 2 Bedroom Apartments
- \_\_\_\_\_ McKeesport Towers**  
Elderly Only High-Rise (Age 62 and above) with Studio, 1 & 2 Bedroom Apartments

**This application must be filled out completely and signed by all members of the household 18 years of age and older. You must include copies of the following:**

- State Photo ID or Birth Certificates (for everyone over 18)**
- Social Security Card (for every household member)**
- Birth Certificate (for everyone under the age of 18 listed on the application)**

**NOTE: Your name will not be placed on the waiting list if you fail to complete the application entirely and/or fail to attach the required documents, and you will receive notification by mail to complete your application.**

**McKeesport Housing Authority Application**  
**Section 8 and Conventional Low Income Public Housing**  
 (Revised March 2018 – previous editions obsolete)

**Head of Household (Use Legal Names Only)**

Last Name		First Name		MI	Sex	**Race
Social Security Number	Date of Birth	Place of Birth (State-City)	*Ethnicity	Total Monthly Income		Source of Income

Circle all that apply: White, Black, American Indian/Alaskan or Asian/Pacific Islander

Circle One \* H = Hispanic or N = Non-Hispanic

**Complete Mailing Address**

Complete Street Address		City		State	Zip Code	County
Current Day Phone (Area Code) and Number		Night Phone (Area Code) and Number		How Long At this Address?		
Landlord's Name		Landlord's Phone		Landlords Address		
Monthly Rent/Utilities		Emergency Contact Person		Phone Number		Relationship

**Other Adults & Minors – Spouse, Co-Head, Children**

Last Name		First Name		MI	Sex	Race	Relationship
1.							
Social Security Number	Date of Birth	Place of Birth		Monthly Income		Source of Income	
Last Name		First Name		MI	Sex	Race	Relationship
2.							
Social Security Number	Date of Birth	Place of Birth		Monthly Income		Source of Income	
Last Name		First Name		MI	Sex	Race	Relationship
3.							
Social Security Number	Date of Birth	Place of Birth		Monthly Income		Source of Income	
Last Name		First Name		MI	Sex	Race	Relationship
4.							
Social Security Number	Date of Birth	Place of Birth		Monthly Income		Source of Income	
Last Name		First Name		MI	Sex	Race	Relationship
5.							
Social Security Number	Date of Birth	Place of Birth		Monthly Income		Source of Income	



Do you or any member of your household request a special unit for any of the following impairments?  
(Please circle if applicable) ☐ Mobility ☐ Hearing ☐ Sight

Do you or any member of your household require reasonable accommodations? (Examples are: accessible unit, need for a live-in aid, auxiliary aid, service animal, fire alarm for hearing impaired). ☐ Yes ☐ No. If yes, please explain: \_\_\_\_\_

Do you require a home briefing? (If you are a person with disabilities and unable to travel to MHA). ☐ Yes ☐ No

Are you or any member of your household presently living in Public Housing, Multifamily or Section 8? ☐ Yes ☐ No. If yes, please list name of development and address or name of housing authority where you have Section 8: \_\_\_\_\_

Have you or any member of your household ever lived in Public Housing, Multifamily or received Section 8? ☐ Yes ☐ No. If yes, please list name of development and address or name of housing authority where you had Section 8: \_\_\_\_\_

Do you or any member of your household owe money to a Public Housing Authority? ☐ Yes ☐ No. If yes, what location? \_\_\_\_\_

Have you or any member of your household ever lost your Section 8 Voucher or been evicted from Section 8 housing ☐ Yes ☐ No. If yes, from what Housing Authority? \_\_\_\_\_

**List 3 Previous landlords:** This is REQUIRED, if you do not have a rental history, you must list THREE NON-FAMILY REFERENCES that we can contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address Rented or Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address Rented or Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address Rented or Relationship: \_\_\_\_\_

I/WE DO HEREBY CERTIFY THAT I/WE HAVE READ THE APPLICATION AND THAT ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE, I/WE AM AWARE THAT SUBMITTING FALSE INFORMATION IS FRAUD AND PUNSHABLE BY NOT BEING ABLE TO RECEIVE FUTURE HOUSING ASSISTANCE, FINES AND/OR IMPRISONMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of other Adult \_\_\_\_\_ Date \_\_\_\_\_

# 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

McKeesport Housing Authority  
2901 Brownlee Avenue  
McKeesport PA 15132  
412-673-6942

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.

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

### PURPOSE:

The McKeesport Housing Authority may use the authorization and the information obtained with it to administer and enforce program rules and policies.

### AUTHORIZATION:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

*Low-Income Public Housing*

*Section 8 Housing Assistance Programs*

*LIHTC – Yester Square*

*Section 202 PRAC -Grandview Apartments*

I authorize the McKeesport Housing Authority to obtain information about me or any family that is pertinent to eligibility for or participation in assisted housing programs. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a housing assistance program.

I authorize the McKeesport Housing Authority to obtain information on wages or unemployment compensation from State Employment Security Agencies.

### INQUIRIES COVERED: Inquiries may be made about:

*Child Care Expenses/Child Support*

*State Sexual Offender Registries*

*Employment, Income, Pensions, Assets*

*Federal, State, Tribal, or Local Benefits*

*Savings and/or Checking Accounts*

*Criminal/Drug Activity*

*Disability Payments/Benefits*

*Family Composition*

*Residences and Rental History (Landlord- Past and Present)*

*Social Security Numbers*

*Credit History*

*Medical Expenses*

### CONDITIONS:

I agree that Photocopies or facsimile of this Authorization may be used for the purposes stated herein. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

*Banks and Other Financial Institutions*

*Credit Bureaus*

*Providers of:*

*Alimony or Allotment Pension*

*Welfare and Employment Security Agencies*

*Internal Revenue Service*

*Disability Assistance Payment Benefits*

*Federal, State, or Local Agencies*

*Courts and/or Law Enforcement Agencies*

*Employers or Landlords (Past and Present)*

*Pensions/Annuities/Retirement*

*Schools and Colleges*

*State Sexual Offenders Registries*

*U.S. Social Security Administration*

*U.S. Department of Veterans Affairs*

*Medical Care*

*Child Care*

*Credit Records*

*Utility Companies*

### COMPUTER MATCHING NOTICE AND CONSENT:

I agree that the Housing Authority and/or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by the family. The governmental agencies include but are not limited to those listed above and those listed below:

*U.S. Postal Service*

*U. S. Office of Personnel Management*

*U. S. Social Security Administration*

*U. S. Department of Defense*

*State Employment Security and Welfare and/or Food Stamp Agencies*

*Law Enforcement Agencies*

*SWICA*

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Printed Name of Head of Household

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Printed Name of Other Adult

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Printed Name of Other Adult

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

"Title 18, section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification from is restricted to the purposes cited above. Any person, who knowingly and willingly 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.

# Housing Authority of the City of McKeesport

2901 Brownlee Avenue

2<sup>nd</sup> Floor

McKeesport, PA 15132

(412) 673-6942 Phone (412) 673-1706

## Applicant/Tenant Asset Checklist

1. Do you have cash in any of the following: (Check all that apply and list value).  
☐ Savings Account \$ \_\_\_\_\_  
☐ Checking Account \$ \_\_\_\_\_  
☐ Safety Deposit Box \$ \_\_\_\_\_  
☐ At Home \$ \_\_\_\_\_  
☐ Anywhere else \$ \_\_\_\_\_
2. Do you have trust funds available to your household?  
☐ Yes \$ \_\_\_\_\_  
☐ No
3. Do you have any equity in rental property or other capital investments?  
☐ Yes \$ \_\_\_\_\_  
☐ No
4. Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds?  
☐ Yes \$ \_\_\_\_\_  
☐ No
5. Do you have any retirement or pension funds?  
☐ Yes \$ \_\_\_\_\_  
☐ No
6. Will you receive any lump sum receipts?  
☐ Yes \$ \_\_\_\_\_  
☐ No
7. Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)?  
☐ Yes \$ \_\_\_\_\_  
☐ No
8. Do you have a "Whole Life" Life Insurance Policy?  
☐ Yes \$ \_\_\_\_\_  
☐ No

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### Applicant/Tenant Certification:

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

\_\_\_\_\_  
Head of Household Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Housing Authority of the City of McKeesport

2901 Brownlee Avenue

2<sup>nd</sup> Floor

McKeesport, PA 15132

(412) 673-6942 Phone (412) 673-1706

## **Do you pay medical expenses?**

☐ Yes

☐ No

A medical deduction covers the sum of unreimbursed medical expenses for any elderly or disabled family in excess of 3 percent of annual income and the unreimbursed reasonable attendant care and auxiliary apparatus expenses to the extent necessary to enable any member of the family to be employed, but not exceed earned income received because of the attendant care or apparatus.

## **Do you pay childcare?**

☐ Yes

☐ No

A family is eligible for a deduction for reasonable childcare expenses (for children under 13 years of age) necessary to enable a member of the family to be employed or further his or her education to the extent these expenses are not reimbursed. Acceptable proof of childcare is either the cancelled checks of the applicant/tenant or the W2 Form of the provider.



Dear Applicant:

**The McKeesport Housing Authority's Policy for Admission and Occupancy to The Low-Income Public Housing and Section 8 Housing Choice Voucher Programs defines our right and responsibility to determine the suitability of all applicants prior to admission. Factors taken into consideration under the term "suitability" include the right to check the background of every applicant to determine if he/she has been arrested and/or convicted of any crime.**

**Please note whether you have ever been convicted of any crime listed below.**

	<u>Yes</u>	<u>No</u>
1. THE SALE; POSSESSION, USE OR MANUFACTURING OF ILLEGAL DRUGS OR DRUG PARAPHERNALIA	_____	_____
2. RAPE	_____	_____
3. CORRUPTING THE MORALS OF A MINOR	_____	_____
4. MOLESTING A CHILD	_____	_____
5. VIOLENT CRIMINAL ACTIVITY	_____	_____
6. ANY OTHER CRIME	_____	_____

THIS INFORMATION SHALL BE TREATED AS A CONFIDENTIAL MATTER AND USED SOLELY FOR THE PURPOSE OF DETERMINING SUITABILITY FOR ADMISSION INTO THE LOW-INCOME PUBLIC HOUSING OR SECTION 8 HOUSING CHOICE VOUCHER PROGRAMS.

**FAILURE TO RESPOND ACCURATELY WILL RESULT IN YOUR APPLICATION BEING REJECTED FOR FRAUD OR TERMINATION OF YOUR LEASE! EACH ADULT MUST COMPLETE THIS FORM & SIGN.**

**Sign: \_\_\_\_\_ Date: \_\_\_\_\_**

**Sign: \_\_\_\_\_ Date: \_\_\_\_\_**

# Housing Authority of the City of McKeesport

2901 Brownlee Avenue, 2<sup>nd</sup> Floor

McKeesport, PA 15132

(412) 673-6942 Phone (412) 673-1706 Fax

## **Notice Accommodation of Persons with Disabilities**

I, \_\_\_\_\_, understand that at any time during the application process or during my tenancy with the Housing Authority of the City of McKeesport, I can make a written request for reasonable accommodations to make my unit readily accessible and usable for myself and/or any Household Member who is a person with a disability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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.