

# PUBLIC HOUSING PRE-APPLICATION

## **RETURN APPLICATION TO:**



Fergus Falls HRA, 1151 Friberg Ave, Fergus Falls, MN 56537 (near the YMCA)  
**Phone:** (218)-739-3249 | **Fax:** (218) 736-4706 | **Email:** ffhra@fergusfallshra.com

**Outdoor drop box:** next to the front entrance  
Hours: Mon.-Fri., 7:30am – 12pm / 1pm – 4:30pm



## **INSTRUCTIONS:**

- We will notify you **by mail** when your name comes to the top of the waiting list. Please use your mailing address, or a trusted mailing address on the pre-application. You will not be notified that you have been placed on the waiting list. You may call and check your status.
- Applications not FULLY completed WILL BE RETURNED for completion.
- Application **MUST** be completed in INK and written carefully so that staff can read it.
- Answer all questions completely and be sure to sign and date the application. All household members 18 years of age and older must sign.
- YOU **MUST** USE NAMES AS THEY APPEAR ON SOCIAL SECURITY CARDS.
- Be sure to indicate which waiting list you are interested in. (*description of waiting lists, below*)
- Waiting list placement is based on date and time the completed application is received and determined preferences.
- If you have an address or income change after submitting your application, please contact our office with your new address/income information immediately.

## **WAITING LIST CHOICES:**

Public Housing Program; units owned and/or managed by the Fergus Falls HRA.

Family Units, Fergus Falls, MN: 3-bedroom duplexes in Fergus Falls. Rent is determined according to income.

Riverview Heights, Fergus Falls, MN: Units in this highrise building are all 1-bedroom. Rent is determined according to income. Preference is given to those in need of: customized living services, home care services, elderly, near-elderly, or have a disabling condition.

Lakeland Apartments, Perham, MN: Units in this building are 1-bedrooms. Rent is determined according to income. Preference is given to those in need of: home care services, elderly, near-elderly, or have a disabling condition.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot-Line at 800-424-8590.

## **TENNESSEN WARNING**

There are laws to protect your rights to information and privacy under the Government Data Practices Act (Minnesota Statutes Section 15.1611 through 15.1692).

### **What is the purpose and intended use of the data being collected?**

The information collected about you is classified under Minnesota Law as: (1) Public – anyone can see the information; (2) Private – only you and those authorized by law or by you can see the information; or (3) Confidential – only those authorized by law can see the information. The “private” classification applies to most of the information we collect about you. The purposes this information are for one or more of the following reasons:

- To help the HRA determine whether you are eligible to participate or to continue to participate in the HRA's housing program.
- To enable the HRA to establish the level of rent you must pay in accordance with Federal law.
- To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

### **What are your rights when supplying the data?**

Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act. M.S. 462.11, et.seq. While you have the right to refuse to supply the information requested, the HRA may not be able to provide you with housing assistance if you do. If you feel that certain information, we request is an unwarranted invasion of your privacy, contact the Executive Director, Project Manager, or the Housing Assistance Coordinator.

### **Who has access to the private information we collect about you?**

Depending upon the housing program and as authorized by state, local, or Federal law, the information we maintain may be shared with:

- U.S. Department of Housing and Urban Development.
- Federal government agencies or departments as governed by federal law or contract.
- HRA employees, contractors and HRA selected volunteer agencies serving you or your dwelling unit.
- Health care and human service agencies under contract with the HRA.
- Police Department, Fire Department and/or Emergency personnel, when an emergency situation or investigation requires the sharing of information.
- Federal, state, local, and/or contracted auditors.
- Other state and federal agencies as may be required by law.

### **Who has access to the confidential information we collect about you?**

Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and its attorney. Only the HRA, its attorney and those persons authorized by local, state, or Federal law may have access to the information. However, you do have the right to know if the information about you has been classified as confidential.

### **What information do you have access to?**

You or household representative may request to be shown information about yourself that is maintained by the HRA that is classified as private. There is no cost for this service, but there may be a copy charge for copies you request to be made. According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be shown to you for six (6) months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

### **How can you contest the accuracy or completeness of information in your file?**

Write to the HRA describing the nature of your disagreement. Send the information to the address on front of this form. We will act on your letter within thirty days in accordance with the Minnesota Government Practices Act.

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#### **WARNING!**

**This is important housing information. If you do not understand it have someone translate it for you now.**

Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States. Penalty could be: fines or imprisonment. *(Translated by <https://translate.google.com>)*

#### **ADVERTENCIA!** (Spanish)

**Esta información es importante la vivienda. Si usted no entiende lo que alguien traducirlo para usted ahora.**

Título 18, Sección 1001 del Código de Estados Unidos indica que una persona es culpable de delito grave por hacer declaraciones falsas o fraudulentas a cualquier departamento o agencia de los Estados Unidos. Pena podría ser: multas o penas de prisión. *(Traducido por <https://translate.google.com>)*

#### **UPOZORENJE!** (Bosnian)

**Ovo je važne informacije stanovanje. Ako to ne razumem neko prevesti za vas sada.**

Naslov 18, odjeljak 1001 SAD kôd navodi da je osoba kriva za zločin za svjesno davanje lažnih ili lažne izjave na bilo koji odjel ili agencije Sjedinjenih Američkih Država. Kazna može biti: novčane kazne ili zatvora. *(Preveo <https://translate.google.com>)*

#### **DIGNIIN!** (Somalian)

**Tani waa macluumaad muhiim ah guryaha. Haddii aadan fahmin waxa ay leeyihiin qof ay hadda kuu turjumi kara.**

Title 18, 1001 Section ah code United States dhigayaa in qof dembiile yahay iyo dambi u og kelmadaha beenta ama khayaano ah si kasta oo ay hay'adda waaxda ama of Maraykanka. Cadaab noqon kartaa: karo ganaax ama xabsi. *(Translated by <https://translate.google.com>)*

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# Pre-Application for Public Housing Waiting List(s)

This is NOT a pre-application for Section-8 Housing Choice Voucher Program.

Name: \_\_\_\_\_ Cell phone #: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Alternate phone #: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

Name of person: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

**Yes**  **No** Do you give permission to the Fergus Falls HRA to contact you by text message for reasons such as appointment reminders? (*Message and data rates vary by plan.*)

## WAITING LISTS : Units are owned /or managed by the Fergus Falls HRA

**3 – Bedroom Family Units:** Fergus Falls, MN

**1 – Bedroom:** Riverview Heights, Fergus Falls, MN

**1 – Bedroom:** Lakeland Apartments, Perham, MN

## HOME CARE / OR CUSTOMIZED LIVING SERVICES

**Yes**  **No** Have you qualified for home care services through New Dimensions Home Healthcare?

### If you qualify for New Dimensions Home Healthcare what level of care do you need?:

**Yes**  **No** Do you need homecare services?

**Yes**  **No** Do you need customized living services?

### How will you be paying for homecare services?:

**Yes**  **No** Paying through a waiver (CADI, Elderly, or other)?

**Yes**  **No** Paying through insurance such as MA or MNsure?

**Yes**  **No** Paying privately?

**Yes**  **No** Do you have a county caseworker assigned to you?

Caseworkers name: \_\_\_\_\_

**Yes**  **No** Have you completed a MnChoices Assessment?

*If No, call the MN Choice Assessor at 218-998-8150*

**Yes**  **No** Have you contacted New Dimensions Home Healthcare?

*If No, call New Dimensions Home Healthcare at 218-739-5856*

**Yes**  **No** Do you, or any adult household member(s) have a **legal** guardian?  
If yes, please provide a copy of the court document, and write the name and address of guardian:  
\_\_\_\_\_

**Yes**  **No** Does anyone in your household have a disabling condition? Name: \_\_\_\_\_

**Yes**  **No** Are you a resident of: City of Fergus Falls or City of Perham?

**Yes**  **No** Has any household member previously resided in subsidized housing?  
If yes, where?: \_\_\_\_\_

**Yes**  **No** Does any household members owe past due balances to previous landlords or utility companies?

**Yes**  **No** Is any adult member (18 or older) of the household a student in college or high school?  
If yes, name of student(s) and school attending:  
\_\_\_\_\_

**FAMILY COMPOSITION for the ASSISTED UNIT**

List all family members, including you, who will live in the assisted unit. Family members include: all household members except live-in aides, foster children and foster adults. All family members who permanently reside in the unit, though they may be temporarily absent from the household for reasons such as, but not limited to, employment will be considered family members.

Name: First, M.I., Last (As on Social Security Card)	Relationship to Head	Gender M/F	Birth Date	Race/Ethnicity	Social Security #	Place of Birth (City/State/Country)
1.	<i>Head of Household</i>					
2.						
3.						
4.						
5.						
6.						

Yes  No Does anyone live with you now, or are you staying with anyone that is not listed above?  
If yes, please explain: \_\_\_\_\_

Yes  No Do you plan to have anyone live with you in the future that are not listed above?  
If yes, please explain: \_\_\_\_\_

Yes  No Do you have **full** physical custody of the children (if any) named above as household members?  
If no, explain custody arrangements: \_\_\_\_\_

**STATEMENT OF ARREST OR CONVICTIONS:**

*For ALL adults in household.*

1. Has any household member been **Charged, Arrested or Convicted** with **any** illegal drug activity and/ or violent criminal activity which has as one of its elements the use, attempted use or threatened use of physical force against a person or property of another?  Yes  No

If yes, please explain (family member, date, where occurred, nature of arrest or charge) \_\_\_\_\_

\_\_\_\_\_

2. Has any member of your household ever been convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing?  Yes  No

3. Has any household member ever been a part of an eviction/unlawful detainer action?  Yes  No

4. Has any household member been **Charged, Arrested or Convicted** of **any** sexual offenses?  Yes  No

5. Is any household member a registered sex offender?  Yes  No  
If yes, length of registration: \_\_\_\_\_

**Lifetime registered sex offenders will be denied for life.**

**INCOME INFORMATION:**

**This section MUST BE completed. Include ALL HOUSEHOLD INCOME.**

Household Member Name	Employer Name & Address	Hourly Wage	Average # Hours/Week	MFIP, GA, MSA DWP	Child Support Monthly	SSI, Social Security Benefits	Weekly Unemployment Or Tips	Other Income
1.		\$		\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per week</i>	
2.		\$		\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per week</i>	
3.		\$		\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per week</i>	

**List information in which you have resided in the PAST 3-YEARS:**

Street Address	City	State	County

**NOTICE OF HRA COOPERATION WITH LAW ENFORCEMENT AGENCIES:**

The Housing and Community Development Act of 1987 (42 U.S.C. 2000d), requires applicants and participants to submit the Social Security Number of each household member. In addition, the Fergus Falls/ Perham Housing Authority will comply, on a case-by-case basis, with information requests from Federal, State and local law enforcement officers regarding possible fugitive felons and/or a parole or probation violators. The Fergus Falls/Perham Housing Authority will supply on legitimate request (1) the current address (2) Social Security number and (3) photograph (if available) of any recipient of assistance.

The undersigned authorizes the release to Federal, State and local law enforcement officials, the name, Social Security number, current address and photo (if available) of all family members, including members under the age of 18, upon the request of such officials.

**NOTICE of Violence Against Women Act (VAWA)**

Please be advised that an applicant cannot be denied admission or assistance solely because they are or have been a victim of domestic violence (regardless of gender), dating violence, sexual assault, or stalking. For more information please request HUD Form-5380 (Notice of Occupancy Rights), which outlines the full legal protections available to applicants for more information.

**CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT:**

I/We certify that all information given to the Fergus Falls Housing Agency on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination or denial of housing assistance and termination of tenancy.

I/We also hereby authorize that information may be shared in written or verbal form within and between the Fergus Falls HRA, Perham HRA, New Dimensions Home Healthcare and Otter Tail County Human Services in regard to household income, family composition, and any other pertinent information regarding housing needs for myself and my family which may include, but is not limited to, application(s), verification forms, file documentation.

Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States. Penalty could be fines and/ or imprisonment. (Translated below by <https://translate.google.com> January 2026)

*(Spanish) Certifico/Certificamos que toda la información proporcionada a la Agencia de Vivienda de Fergus Falls en esta solicitud es precisa y completa, según mi/nuestro leal saber y entender. Entiendo/Entendemos que las declaraciones o información falsas son punibles conforme a la ley federal. También entiendo/entendemos que las declaraciones o información falsas son motivo de rescisión o denegación de la asistencia de vivienda y de la terminación del contrato de arrendamiento.*

*Por la presente, autorizo/autorizamos que se comparta información, tanto por escrito como verbalmente, entre la Autoridad de Vivienda de Fergus Falls, la Autoridad de Vivienda de Perham, New Dimensions Home Healthcare y los Servicios Humanos del Condado de Otter Tail, con respecto a los ingresos del hogar, la composición familiar y cualquier otra información pertinente sobre las necesidades de vivienda para mí y mi familia, lo que puede incluir, entre otros, solicitudes, formularios de verificación y documentación del expediente.*

*El Título 18, Sección 1001 del Código de los Estados Unidos establece que una persona es culpable de un delito grave por hacer declaraciones falsas o fraudulentas a sabiendas ante cualquier departamento o agencia de los Estados Unidos. La pena puede incluir multas y/o prisión..*

*(Bosnian) Ja/Mi potvrđujemo da su sve informacije date Stambenoj agenciji Fergus Falls u ovoj prijavi tačne i potpune u skladu s mojim/našim najboljim saznanjem i uvjerenjem. Razumijem/Razumijemo da su lažne izjave ili informacije kažnjive prema saveznom zakonu. Također razumijem/Razumijemo da su lažne izjave ili informacije osnov za prekid ili odbijanje pomoći za stanovanje i prekid najma.*

*Ja/Mi također ovim ovlašćujem/ovlašćujemo da se informacije mogu dijeliti u pisanom ili usmenom obliku unutar i između Fergus Falls HRA, Perham HRA, New Dimensions Home Healthcare i Otter Tail County Human Services u vezi s prihodima domaćinstva, sastavom porodice i svim drugim relevantnim informacijama u vezi s stambenim potrebama za mene i moju porodicu, što može uključivati, ali nije ograničeno na, prijavu/e, obrasce za provjeru, dokumentaciju o spisu.*

*Naslov 18, odjeljak 1001. Zakona Sjedinjenih Američkih Država navodi da je osoba kriva za krivično djelo ako svjesno da lažne ili prevarne izjave bilo kojem odjelu ili agenciji Sjedinjenih Američkih Država. Kazna može biti novčana kazna i/ili zatvor.*

*(Somali) Aniga/Annagu waxaan caddaynaynaa in dhammaan macluumaadka la siiyay Wakaaladda Guryeynta ee Fergus Falls ee codsigan ay yihiin kuwo sax ah oo dhammaystiran ilaa inta ugu wanaagsan ee aqoontayda iyo aaminsanaantayda. Aniga/Waxaan fahamsanahay in hadallada beenta ah ama macluumaadka lagu ciqaabayo sharciga Federaalka. Waxaan sidoo kale fahamsanahay in hadalada beenta ah ama macluumaadka ay sabab u yihiin joojinta ama diidmada kaalmada guriyeynta iyo joojinta kireysiga.*

*Aniga/Annaga waxaan sidoo kale halkan ku fasaxeynaa in macluumaadka lagu wadaagi karo qaab qoraal ama odhaah ah gudaha iyo inta u dhaxaysa Fergus Falls HRA, Perham HRA, New Dimensions Home Health Care iyo Otter Tail County Services ee la xidhiidha dakhliga goyska, ka kooban goyska, iyo macluumaad kasta oo kale oo khuseeya baahida guriyeynta ee naftayda iyo goyskayga oo ay ku jiraan, laakiin aan ku xaddidnayn, codsi(yada), foomamka xaqijinta, waraaqaha faylka.*

*Ciwaanka 18, Qaybta 1001 ee xeerka Maraykanka waxa uu dhigayaa in qofku uu danbiile yahay si uu ula kac hadal been ah ama been abuur ah ugu sameeyo waax ama wakaalad kasta oo Maraykan ah. Ciqaabtu waxay noqon kartaa ganaax iyo/ama xadhig.*

**ALL adult members /or legal guardians of the household MUST SIGN this form certifying the information on the entire document is correct.**

**X**  
\_\_\_\_\_  
**SIGNATURE (Head of Household)**

**X**  
\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF (Spouse/ Other Adult Member/ Guardian)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF OTHER ADULT MEMBER**

\_\_\_\_\_  
**DATE**

**REQUEST for a REASONABLE ACCOMMODATION**

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Fergus Falls Housing & Redevelopment Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. Because disabilities are not always apparent, the Fergus Falls Housing and Redevelopment Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations. Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

If you can show that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request. We will give you an answer within 30 days of when the Housing Authority receives the completed Verification of Need document from the medical professional. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs. If we deny your request, we will explain the reasons and you can give us more information, if you think that will help. If you need help completing a Reasonable Accommodation Request Form or if you want to give us your request in some other way, contact our office to schedule an appointment.

- 1.  Yes  No Does a person in your household need a reasonable accommodation? Name the household member:\_\_\_\_\_
- 2.  Yes  No The named household member has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. *(The disability may not be apparent to others, i.e. a heart condition.)*
- 3.  Yes  No As a result of the disability, my household needs a modification of one of the following: the rules or policies to give the household an equal opportunity to use the facilities, or a modification in the way the HRA communicates or gives your household information, or a transfer to another Public Housing unit, or other.
- 4.  Yes  No My household needs the following reasonable accommodation. (State Request) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5.  Yes  No Is the request for reasonable accommodation related to the disability?
- 6.  Yes  No The change my household is requesting will accommodate the disability in these ways:  
*(Describe)*\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Optional) REQUEST for the Verification of Need form**

I understand that I must provide proof of the need for this accommodation and proof that this accommodation will likely allow me or my family member with a disability to live as successfully as other residents in public assisted housing. This proof is to be provided by a medical professional on the Verification of Need for Reasonable Accommodation form. I am requesting the verification from:

Name of Medical Professional:\_\_\_\_\_ Title:\_\_\_\_\_

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

Signature:  \_\_\_\_\_  
*Head of Household (Optional)*

# 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>Name of Head of Household:</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 Head of Household:</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.**

<b>X</b>	<b>X</b>
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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. Form HUD- 92006 (05/09)

Form HUD- 92006 (05/09)  
OMB Control # 2502-0581  
Exp. (02/28/2019)