



REILLY- JOSEPH COMPANY
117 N. JEFFERSON STREET, SUITE 202
MILWAUKEE, WISCONSIN 53202
(414) 271-4116
www.lowincomerentalsmilwaukee.com



OFFICE USE ONLY
DATE:
TIME:
INITIALS:

APPLICATION FOR SECTION 8 HOUSING

APPLICATION MUST BE RETURNED WITHIN (20) TWENTY DAYS OF THIS DATE TO BE VALID - 03/29/24

This application is for # _____ bedroom(s) at OVM-1 Apartments
Located in _____, Wisconsin

- Please provide a copy of each person's Social Security card listed on this application.
- Please provide a copy of picture ID, such as a driver's license or State ID, for every person 18 years of age or older listed on this application.
- All questions and sections must be answered. Enter "No" or "None" for the questions that do not apply to you. Do not strike through or cross out any section.
- Signatures are required on pages 4, 5, and 7 for every person 18 years of age or older. Applications will not be processed if they are not signed.
- Paper applications must be returned within 30 days and online applications within 20 days to be considered.

Today's date _____

Applicant Name: _____

Co-Aplicant Name: _____

Current Address: _____

City, State ZIP: _____

Phone # _____

Household Members * Indicates your answer is optional

List below the Head of Household first and all other members who will live in the apartment.

Head of Household: _____ Date of Birth: _____ Age: _____ *Gender: _____ Social Security # _____

Additional Members: _____ Date of Birth: _____ Age: _____ *Gender: _____ Social Security # _____

1. _____

2. _____

3. _____

4. _____

5. _____

Household Information

Minority data for Head of Household only is required for statistical purposes. Check more than one if applicable.

☐ White ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander/Native Hawaiian

Ethnicity of Head of Household required for statistical purposes only. Check one: ☐ Hispanic ☐ Non-Hispanic

Are all members of your household U.S. Citizens? If not, do they have eligible immigration status? ☐ Yes ☐ No

Does anyone live with you or plan to live with you in the future who is not listed above? ☐ Yes ☐ No If "yes", explain _____

Please list any other states that you and the members of your household that are listed on this application have lived in. _____

Are you or any member of your household currently living in subsidized housing? ☐ Yes ☐ No

Do you or any member of your household need accessible features in your unit? ☐ Yes ☐ No If "yes", explain _____

Do you or any member of your household own any pets? ☐ Yes ☐ No What kind? _____

Are you or any member of your household a full or part-time student? ☐ Yes ☐ No

How did you hear about us? ☐ Website ☐ Newspaper ☐ Sign ☐ Friend

☐ Referred by _____ ☐ Other _____

Income

Please answer each of the following questions. For each "yes" provide details below.

Do you or any member of your household receive or expect to receive any of the following sources of income?

Employment ☐ Yes ☐ No
Self Employment ☐ Yes ☐ No
Unemployment ☐ Yes ☐ No
Child Support ☐ Yes ☐ No
Alimony ☐ Yes ☐ No
W2 ☐ Yes ☐ No

Social Security/SSI ☐ Yes ☐ No
Pension or Annuity ☐ Yes ☐ No
Income from Investments ☐ Yes ☐ No
Education Grants ☐ Yes ☐ No
Rental Income ☐ Yes ☐ No
Recurring gifts of money ☐ Yes ☐ No

Household Member Name: _____ Type of Income: _____ \$ Monthly Amount: _____

Assets

Do you or any member of your household have any of the following assets?

Checking ☐ Yes ☐ No
Certificate of Deposit ☐ Yes ☐ No
Stocks/Bonds ☐ Yes ☐ No
Whole Life Insurance ☐ Yes ☐ No
Savings ☐ Yes ☐ No
Cash on Hand ☐ Yes ☐ No

Mutual Funds/IRA/401K ☐ Yes ☐ No
Real Estate/Land ☐ Yes ☐ No
Annuity ☐ Yes ☐ No
Money Market ☐ Yes ☐ No
Trust Fund ☐ Yes ☐ No
Safe Deposit Box ☐ Yes ☐ No

Have you or any member of your household disposed of any assets in the past 2 (two) years for less than fair market value? (gave away money/real estate) ☐ Yes ☐ No If "yes", explain _____

Do you or any member of your household have personal property held as an investment? ☐ Yes ☐ No If "yes", explain _____

Do you or any member of your household have any other assets? ☐ Yes ☐ No If "yes", explain _____

Expenses

Do you have any child care expenses for a child 12 or younger? ☐ Yes ☐ No If "yes" provide name of agency, address, phone number and cost per month. _____

_____ \$ _____ per month

Do you pay for a care attendant or for any equipment for a person with a disability in your household? ☐ Yes ☐ No If "yes" provide name of agency, address, phone number and cost per month. _____

_____ \$ _____ per month

Do you or any member of your household pay for Medicare? ☐ Yes ☐ No

Do you or any member of your household pay for other medical insurance? ☐ Yes ☐ No If "yes", provide name of agency: _____

_____ \$ _____ per month

Check all recurring out of pocket medical expenses that you or any member of your household pay for.

☐ Prescriptions ☐ Oxygen 24/7 ☐ CoPays ☐ Dentist ☐ Eye Doctor ☐ Payment plan on outstanding medical bills

Please list and indicate total monthly out of pocket medical expenses:

_____ \$ _____ per month	_____ \$ _____ per month
_____ \$ _____ per month	_____ \$ _____ per month
_____ \$ _____ per month	_____ \$ _____ per month

Personal References

Please provide contact information for two people that we can get in touch with. Do not leave any lines blank. (Only one may be a relative.)

Name: _____ Name: _____

Address: _____ Address: _____

City, State ZIP: _____ City, State ZIP: _____

Phone # _____ Phone # _____

Relationship: _____ Relationship: _____

Landlord References (2 years of landlord information is mandatory)

Current Landlord: _____ From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Address: _____ City, State ZIP: _____

Phone # _____ Reason for moving: _____ Rent Amount \$ _____

Previous Landlord: _____ From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Address: _____ City, State ZIP: _____

Phone # _____ Reason for moving: _____ Rent Amount \$ _____

Previous Landlord: _____ From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Address: _____ City, State ZIP: _____

phone # _____ Reason for moving: _____ Rent Amount \$ _____

Credit/Character History

Have you or any member of your household ever been evicted? ☐ Yes ☐ No If "yes" explain _____

Have you or any member of your household declared Bankruptcy in the last 12 months? ☐ Yes ☐ No If "yes" explain _____

Have you or any member of your household been convicted of a felony within the last ten (10) years? ☐ Yes ☐ No If "yes", explain _____

Are you or any member of your household subject to any sex offender registration program including lifetime registration? ☐ Yes ☐ No
If "yes", explain _____

Have you or any member of your household ever had rent assistance that was terminated for fraud, non-payment of rent, or failure to recertify? ☐ Yes ☐ No If "yes" explain _____

Have you or any member of your household ever had a problem with substance abuse (alcohol or drugs)? ☐ Yes ☐ No
If "yes", please explain when and what treatment you have had. _____

Applicant's Certification:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given sixty (60) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited and the unit may be offered to the next person on the waiting list. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the Reilly-Joseph Company in writing every six (6) months should we decide to remain on the list. I/we understand that failure to complete this application in its entirety will result in the rejection of this application. Please make a copy of this application for your records.

Signature of Head of Household: _____ Date: _____

Signature of Spouse / Co-Head: _____ Date: _____

Signatures of all Household members 18 years of age or older:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Reilly-Joseph Company does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability. Reilly-Joseph Company does not discriminate based upon age for any reason, excluding HUD program/project requirements.

If you would like us to process your application and consider you for an apartment, please return this application along with a copy of the Social Security card for every person listed on the application and a copy of a picture ID for every adult person over the age of 18 on this application.

This application WILL NOT be processed without these documents.



If you need a replacement Social Security card, call 1-800-772-1213 or online at www.ssa.gov. For application or replacement of driver's license or identification card, either visit your nearest WI Motor Vehicle Department office or visit www.wisconsin.gov.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): MILWAUKEE HUD OFFICE 310 W. WISCONSIN AVENUE MILWAUKEE, WI 53202 ATTN: DIR MULTIFAMILY DIV.	O/A requesting release of information (Owner should provide the full name and address of the Owner.): REILLY-JOSEPH COMPANY 117 N. JEFFERSON ST. #202 MILWAUKEE, WI 53202	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Notice and Consent for the Release of Information Continued

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W-2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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	<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: _____
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Commitment of Housing Authority or Owner: 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.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: 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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

If you commit fraud to obtain assisted housing from HUD, you could be:

Evicted from your apartment or house • Required to repay all overpaid rental assistance you received
Fined up to \$10,000 • Imprisoned for up to five years • Prohibited from receiving future assistance
Subject to State and local government penalties

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

- All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- Any increase in income, such as wages from a new job or an expected pay raise or bonus.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

Don't pay money to have someone fill out housing assistance application and recertification forms for you.

Don't pay money to move up on a waiting list.

Don't pay for anything that is not covered by your lease.

Get a receipt for any money you pay.

Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

form HUD-1141
(12/2005)