



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-8000

ASSISTANT SECRETARY FOR HOUSING-
FEDERAL HOUSING COMMISSIONER

Special Attention of:

Multifamily Hub Directors
Multifamily Program Center Directors
Supervisory Housing Project Managers
Project Managers
Contract Administrators
Owners and Management Agents Administering
Multifamily Housing Assistance Programs

Public Housing Agency Directors
Section 8 and Public Housing Administrators
HUD Directors of Public Housing
PIH Program Center Coordinators
Public Housing Division Directors

NOTICE: H 2012-9
NOTICE: PIH 2012-22(HA)

Issued: May 9, 2012

Expires: Until superseded by
successor notice or regulation

Cross References:
Housing Notice 2009-13
PIH Notice 2009-36

SUBJECT: Supplemental Information to Application for Assistance Regarding Identification of Family Member, Friend or Other Persons or Organization Supportive of a Tenant for Occupancy in HUD Assisted Housing

I. PURPOSE

This Notice reinstates and extends the 2009 joint Notice issued by the Office of Housing (H) and the Office of Public and Indian Housing (PIH), identified as H 2009-13 or PIH 2009-36. That HUD Notice was issued to provide guidance to owners and management agents (O/As) and Public Housing Agencies (PHAs) on the implementation of the requirements of Section 644 of the Housing and Community Development Act of 1992 (Section 644). Under Section 644, O/As and PHAs must provide applicants as part of their application for housing, the option to include information on an individual or organization that may be contacted to assist in providing any delivery of services or special care to applicants who become tenants and to assist with resolving any tenancy issues arising during tenancy.

The HUD Notice also transmitted Form HUD-92006, Supplement to Application for Federally Assisted Housing (Attachment A), which must be included as part of the O/A's and PHA's application. For the convenience of the reader the full content of HUD Notice H 2009-13/PIH 2009-36 is provided in this reinstatement notice.

II. APPLICABILITY

The requirements of Section 644 of the Housing and Community Development Act of 1992 apply to O/As and PHAs administering the following assisted housing programs:

- Section 202 Project Rental Assistance Contracts (PRAC)
- Section 811 PRAC
- Section 202/162 Project Assistance Contract (PAC)
- Section 202/8
- Section 8 Project-based
- Section 236
- Section 236 Rental Assistance Payment (RAP)
- Section 221(d)(3) Below Market Interest Rate (BMIR)
- Section 101 Rent Supplement
- Public Housing
- Tenant-based Housing Choice Vouchers
- Project-based Housing Choice Vouchers

III. BACKGROUND

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 federally assisted housing programs to give any individual or family applying for occupancy the option to provide additional contact information as part of their application. The contact information included in the application for occupancy is 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 housing provider may not require the applicant to provide such information.

The objective of providing such information, if the applicant becomes a tenant, is to facilitate contact by the housing provider with the person or organization identified to assist in providing any delivery of services or special care to the tenant and to assist with resolving any tenancy issues arising during their tenancy. This supplemental application information is to be maintained by the housing provider as confidential information.

IV. IMPLEMENTATION REQUIREMENTS

- A. O/As and PHAs must implement the requirements of Section 644 and use Form HUD-92006, Supplement to Application for Federally Assisted Housing, as stated in HUD H 2009-13/PIH 2009-36.
- B. O/As and PHAs must notify applicants at the time of application of their right to include as part of their application the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy or other organization. This individual or organization may be contacted by the O/A or PHA

to help in resolving issues that may arise during the applicant's tenancy or to assist in providing special care or services the applicant may require as a tenant.

C. Form HUD-92006, Supplement to Application for Federally Assisted Housing.

1. Form HUD-92006 must be included as an attachment to the O/A's or PHA's application.
2. Applicants
 - a. Applicants must be provided the opportunity to complete the information on form HUD-92006, Supplement to Application for Federally Assisted Housing. The Form gives applicants the option to identify an individual or organization that the O/A or PHA may contact and the reason(s) the individual or organization may be contacted. The applicants, if they choose to provide the additional contact information, must sign and date the form.
 - b. Applicants who are currently on the O/A's or PHA's waiting list and who have not been provided the opportunity to complete Form HUD-92006, Supplement to Application for Federally Assisted Housing, must be provided the opportunity at the time of admission.
 - c. O/As and PHAs **cannot** require any individual or family applying for occupancy to provide the contact information as providing contact information is optional on the part of the individual or family. Those applicants who choose not to provide the contact information should check the box indicating that they "choose not to provide the contact information" and sign and date the form.
 - d. O/As and PHAs should provide applicants the opportunity at time of admission to update, remove or change contact information provided at the time of application, particularly if a long period of time has elapsed between the time of application and actual admission to the program.
 - e. If the applicant chooses to have more than one contact person or organization, the applicant must make clear to the O/A or PHA the reason each person or organization may be contacted. The O/A or PHA should accommodate the applicant by allowing the applicant to complete a Form HUD-92006 for each contact and indicating the reason the O/A or PHA may contact the individual or organization. For example, the applicant may choose to have a relative as a contact for emergency purposes and an advocacy organization for assistance for tenancy purposes.

3. Tenants

- a. Although it is not required, O/As and PHAs should provide tenants who were not provided the opportunity to provide contact information at the time of application and admission, the option to complete Form HUD-92006 and provide contact information at the time of their next annual reexamination/recertification.
- b. O/As and PHAs **cannot** require tenants who have not provided contact information to provide the contact information at the time of annual recertification as providing this information is optional on the part of the individual or family.
- c. Tenants may request to update, remove or change the information provided on Form HUD-92006 at any time and O/As and PHAs must honor this request.
- d. O/As and PHAs should provide tenants who have provided contact information using Form HUD-92006, the opportunity to update, remove or change the information at the time of annual recertification to ensure that current information is on file. This includes allowing tenants who originally chose not to provide contact information the opportunity to provide contact information if they request to do so. Remember, providing contact information is optional on the part of applicants or tenants.

V. **USE OF THE CONTACT INFORMATION**

O/As and PHAs will contact the individual or organization provided only for the use or uses indicated by the applicant or tenant on Form HUD-92006. This contact information will assist the O/A or PHA in providing any services or special care to the tenant and assist in any tenancy issues arising during the term of tenancy of the tenant.

VI. **RETENTION OF CONTACT INFORMATION (Form HUD-92006)**

1. O/As and PHAs must retain the Form HUD-92006 with the applicant's application.
2. O/As or PHAs must retain the information for as long as the tenant is a resident. O/As and PHAs will follow program retention requirements for retention of tenant files after end of participation in the program or after move-out. For example, Multifamily O/As are required to retain tenant file information for term of tenancy plus three years.

VII. CONFIDENTIALITY OF CONTACT

Section 644 requires that O/As and PHAs keep the contact information confidential. O/As and PHAs are allowed to release the information for the stated statutory purpose only: To assist the O/As or PHAs in providing services or special care for such tenants, and in resolving issues that may arise during the tenancy of such tenants.

VIII. OTHER INFORMATION

Further questions on the requirements and implementation of Section 644 of the Housing and Community Development Act of 1992 and use of Form HUD-92006, Supplement to Application for Federally Assisted Housing, should be directed to the local HUD Field Office in your jurisdiction.

IX. PAPERWORK REDUCTION

The information collection requirements contained in this Notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB Control Number 2502-0581. In accordance with the Paperwork Reduction Act, HUD 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.

Carol J. Galante
Acting Assistant Secretary for Housing -
Federal Housing Commissioner

Sandra B. Henriquez
Assistant Secretary for Public and
Indian Housing

Attachment

Attachment A

OMB Control # 2502-0581
Exp. 07/31/2012

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><input type="checkbox"/> emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> EVICTION from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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											
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.

--	--

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 resolving issues that may arise during the tenancy of such tenants.