

**NDHFA must receive the items listed below** before Moderate Rehabilitation applications will be processed and placed on the project mailing list. Please provide **copies** of the items requested in Sections 3-7, 9 and 10.

Applicant Name (Last, First, Middle Initial)			
Mailing Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number		

INFORMATION REQUIRED FOR PROCESSING OF APPLICATION	FOR OFFICE USE	
1. Moderate Rehabilitation Program Application (SFN 6933)		
2. Authorization for the Release of Information (HUD Form 9886)		
3. Social Security Card (for each household member) <sup>1</sup>		
4. Photo I.D. (for each household member over the age of 18)		
5. Birth Certificate (for each household member)		
6. INS papers showing legal immigration status (if applicable)		
7. Income Verification Documents (Provide all that apply to your situation.) a. If you are declaring that you have no income, you must complete a "Zero Income Certification" form (SFN 54190) b. 4-6 Consecutive Pay Stubs/Earning Statements c. Statement from Social Security <ul style="list-style-type: none"> <li>• Social Security</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Supplemental Security Income (SSI)</li> </ul> d. Award Letter from Social Services for: <ul style="list-style-type: none"> <li>• TANF</li> <li>• Food Stamps</li> <li>• Energy Assistance</li> </ul> e. Child Support: letter from Child Support Enforcement f. Unemployment Benefits statement g. Workmen's compensation statement h. If self-employed, most recent Income Tax Form 1040 i. Insurance annuity j. Statement of any source of money received on a regular basis, including money received from family members or friends		
8. Student Verification Documents (if applicable) a. Student Certification (SFN 58340) b. Declaration of Financial Assistance by Parent/Legal Guardian (SFN 61506)		
9. Asset(s) Verification Documents a. Bank account statements (checking and/or saving) b. Certificate of Deposit (CD) c. Stocks, bonds, IRA, annuity accounts d. Any other investments		

<p>10. Deduction Verification</p> <p>a. Medical Expenses (For eligible Elderly and/or Disabled Households only.)</p> <ul style="list-style-type: none"> <li>• Elderly and/or Disabled Households are defined as households whose head, spouse, or sole member is a person who is at least 62 years of age and/or is a person with disabilities.</li> <li>• Provide verification of payment of expenses incurred in the previous 12 month including: health insurance premiums, medical expenses not covered by insurance, clinic, eye care, dental and hospital costs, prescription drugs and approved over-the-counter drugs. (Include provider statements and receipts.)</li> <li>• If a household is eligible for the medical expense deduction, then medical expenses of all household members may be counted.</li> </ul> <p>b. Child Care Expenses</p> <ul style="list-style-type: none"> <li>• Expenses are defined as amounts paid by the household for care of children under 13 years of age to enable a household member to actively seek employment, be gainfully employed, or further education.</li> <li>• Provide proof of employment, participation in job seeking activities, or enrollment in an education program. Expenses may be verified by receipt from an eligible daycare provider or a Child Care Assistance certificate from Social Services.</li> </ul> <p>c. Disability Assistance Expenses</p> <ul style="list-style-type: none"> <li>• Provide proof of payment for attendant care and/or auxiliary apparatus expenses to care for a disabled household member to enable a household member to work.</li> </ul>		
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Return completed Moderate Rehabilitation application and requested items to:

North Dakota Housing Finance Agency  
 2624 Vermont Ave.  
 PO Box 1535  
 Bismarck, ND 58502-1535

Phone: (701) 328-8080  
 Toll Free Nationwide: (800) 292-8621 or 711 (TTY)

<sup>1</sup> In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.



**MODERATE REHABILITATION  
RENTAL ASSISTANCE APPLICATION**  
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION  
SFN 6933 (08/24)

The North Dakota Housing Finance Agency (NDHFA), an Equal Opportunity Agency, does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, or status with regard to marriage or public assistance. Reasonable alternative formats of this application and alternative site scheduling will be made available upon request.

If you or a member of your household is an individual with a disability (as defined by Section 504 of the Rehabilitation Act of 1973) and you would like to request any special accommodations in communications, policies or facilities, please call us to schedule assistance.

RETURN COMPLETED APPLICATION TO	OFFICE USE ONLY	
North Dakota Housing Finance Agency 2624 Vermont Avenue PO Box 1535 Bismarck, ND 58502-1535  Phone: 701-328-8080 Toll Free Nationwide: 800-292-8621 or 711 (TTY)	File Number	Date Stamp Above
	NDHFA Representative	

**COMPLETE EACH QUESTION ON THE APPLICATION AND INCLUDE THE APPROPRIATE ATTACHMENTS. PRINT OR TYPE.**

Applicant Name (Last, First, Middle Initial)			
Current Mailing Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number		

Previous Residences (list all previous states in which you have resided)
Moderate Rehabilitation Location City for which you are applying. (Mark box.)
<input type="checkbox"/> Devils Lake <input type="checkbox"/> Fargo <input type="checkbox"/> Grand Forks

**HOUSEHOLD COMPOSITION** List the correct **LEGAL** name, as they appear on Social Security cards, of all household members who will reside in the rental unit. Begin with head of household, spouse, children, then list any additional adults. **Attach copies of Social Security cards for all household members.**

Name (Last, First, MI)	Relationship to Head of Household	Sex M/F	Age	Birth date	Occupation or School Name	Social Security Number <sup>1</sup>
	HEAD					

**INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS** List below and attach proof of each item that applies to your household.

**EXAMPLES:**

Alimony/Child Support	Insurance Annuities	National Guard or Reserve	TANF and General Assistance
Bonds (any type)	Interest or Dividends	Pensions	Trust Funds
Cash on Hand	IRA	Railroad Retirement	VA
Checking Account	Leased Land	Real Estate	Unemployment Comp.
Civil Service	Livestock	Rent Received	Workers Compensation
Contract for Deed	Mineral Rights	Savings and CD's	Wages, Tips and Commissions
Farm Income	Money Contributions	Social Security and SSI	
Individual Indian Monies	Money Markets	Stocks and Bonds	

Household Member	Employer/Source of Income	Amount of Gross Income per Pay Period	How Often Received	Date Income Began

Briefly describe the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

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During the past two years, have you disposed of any assets for less than fair market value? (Include real estate, cash, etc.)

No       Yes, please describe

**CHECKING AND SAVINGS ACCOUNTS, TRUST FUNDS, MONEY MARKET, STOCKS & BONDS** List below. Include IRAs, Keogh accounts and CDs. Attach copies of savings/bank statements for all household members.

Household Member	Bank Name and Address	Type of Account	Current Balance	Interest Rate

**CHILDCARE DEDUCTION** Attach statement of cost from daycare provider.

Name of Daycare Provider	Monthly Amount	Annually

**MEDICAL DEDUCTION** A household in which the head, co-head, or sole member is at least 62 years old and/or disabled is eligible for a medical expense deduction. To apply, attach proof of medical expenses and medical insurance premiums you have paid during the past 12 months.

Name of Family Member	List Type of Medical Expenses	Monthly Amount	Annually

**DECLARATION OF SECTION 214 STATUS** In order to be eligible to receive housing assistance, each applicant/recipient must lawfully reside in the US. Read the declaration statements carefully and have **each family member must sign the one that pertains to them. Adults sign the names of minor children and place an “X” beside those names.**

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

NDHFA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to HUD, as required by HUD, and to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

I certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, a naturalized citizen or a national of the United States.

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date

I have eligible immigration status, and I am 62 years of age or older. Attach proof of age.

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date

I have eligible immigration status as indicated below. Attach INS document for verification.

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date

<input type="checkbox"/> Immigrant status under Sections 101 (a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA)
<input type="checkbox"/> Permanent residence under Section 249 of INA
<input type="checkbox"/> Refugee, asylum, or conditional entry status under Sections 207, 208, or 203 of the INA
<input type="checkbox"/> Parole status under Section 212(d) (5) of the INA
<input type="checkbox"/> Threat to life or freedom under Section 243(h) of the INA
<input type="checkbox"/> Amnesty under Section 245A of the INA

**ADDITIONAL INFORMATION**

Answer the questions below by checking yes or no and providing the requested information. Do not use N/A.		Yes	No
Do you have a caseworker? (Example: social services, rep payee, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
List Name	Agency	Telephone Number	
Do you expect anyone to move in or out of your household within the next 12 months?		<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship		
Have you ever used a name other than the one you are using now?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, what name?			
Have you ever used a social security number other than the one you listed in this application?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is it?			
Is anyone in your household a fulltime or part-time student at an institution of higher learning? If yes, please complete and return the following forms with this application – Student Certification and Declaration of Financial Assistance		<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your household been engaged in the felonious use, sale, manufacture or distribution of controlled substances?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, who, when, where?			
Does anyone in your household currently use a controlled or illegal drug?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please explain			
Has anyone in your household ever been convicted for violent criminal or drug-related activity? Federal regulations require criminal records to be verified and assistance WILL be denied if records indicate drug-related activity or violent criminal activity.		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain			

			Yes	No
Is anyone in your household required to register as a sex offender?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever lived in assisted housing before?			<input type="checkbox"/>	<input type="checkbox"/>
When	Where	Under what Name?	List Head of Household	
Have you ever violated a family obligation in a HUD-assisted housing program?			<input type="checkbox"/>	<input type="checkbox"/>
Do you owe any money to a federally funded housing program?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list agency				

**APPLICANT/TENANT CERTIFICATION**

- I certify that the information given to the NDHFA on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I understand that false statements or information are grounds for termination of housing assistance and tenancy.
- I agree to inform NDHFA personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for rental assistance.
- I understand if I become a participant of the NDHFA Moderate Rehabilitation Program and should move, owing money to the agency, my name will be placed on a bad debt listing that will be forwarded to other housing agencies. I also understand future North Dakota income tax refunds may be offset towards the debt.
- **I hereby authorize law enforcement agencies to release any criminal conviction records to the North Dakota Housing Finance Agency, as required by Federal Regulations, to determine my eligibility for the Moderate Rehabilitation program. I understand that I may need to provide fingerprints to determine my eligibility for Moderate Rehabilitation rental assistance. I understand that if I do not agree to the investigation, or do not provide fingerprints when requested, my application for rental assistance will be denied.**

Head of Household	Date
Co-Head of Household	Date
Adult Household Member	Date
Adult Household Member	Date

**Your application will be kept on file for one year. You are required to contact our office in writing with any change of address. If NDHFA correspondence is returned because of an incorrect address, your name will be removed from the mailing list.**

<sup>1</sup> In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.

## Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

**PHA or IHA requesting release of information** (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.



**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



**ZERO INCOME CERTIFICATION**  
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION  
SFN 54190 (07/24)

**RETURN COMPLETED APPLICATION TO**

North Dakota Housing Finance Agency  
PO Box 1535  
Bismarck, ND 58502-1535

**OFFICE USE ONLY**

File Number	Date Stamp Above
NDHFA Representative	

**By completing and signing this Zero Income Certification Statement, I certify that I receive no income from any of source, including (but not limited to): Wages, Social Security, Unemployment, Temporary Assistance for Needy Families (TANF), etc. Form should be completed by adult household members.**

Tenant Name			
Address	City	State	ZIP Code
<b>Household Expenses</b>	<b>Amount Paid Monthly</b>	<b>How do you pay this expense?</b>	
Rent			
Utilities			
Phone (including cellular service)			
Cable/Satellite TV			
Internet Access			
Food/Groceries			
Car Payment			
Gas			
Car Insurance			
Toiletries (shampoo, soap, deodorant, toilet paper, etc.)			
Cleaning Supplies (detergent, cleaners, paper towels, etc.)			
Clothing			
Entertainment (restaurant meals, movies, sporting events, etc.)			
Cigarettes			

I hereby certify that the above information is accurate and complete to the best of my knowledge. I understand that false statements or information are grounds for termination of housing assistance and tenancy. I agree to inform NDHFA personnel immediately of any change in income, resources, or household composition.

Signature	Date
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**STUDENT CERTIFICATION**  
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION  
SFN 58340 (07/24)

This form must be completed by **each** adult household member to be considered for Moderate Rehabilitation Program eligibility.

Applicant/Tenant Name	Date
Social Security Number <sup>1</sup>	

	Yes	No
Are you a student?	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, complete the following**

Are you of legal contract age under state law?	<input type="checkbox"/>	<input type="checkbox"/>
Did you establish a household separate from parents or legal guardians for at least one year prior to moving into the Moderate Rehabilitation apartment?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 24 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Were you an orphan or a ward of the court through the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have legal dependents other than a spouse (for example dependent children or an elderly dependent parent)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claimed as a dependent by parents or legal guardians pursuant to IRS regulations?	<input type="checkbox"/>	<input type="checkbox"/>

If you are determined to be an eligible student, you will be required to obtain a certification of the amount of financial assistance that will be provided by parents, guardians or others signed by the individual providing the support. You will also be required to provide verification of the amount of financial assistance you receive through scholarships, grants, or other programs. This certification is required even if no assistance will be provided. \*The financial assistance provided by persons not living in the unit is part of annual income that must be verified to determine eligibility and at annual recertification to determine rent.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Tenant	Date
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<sup>1</sup> In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.



**DECLARATION OF FINANCIAL ASSISTANCE  
BY PARENT OR LEGAL GUARDIAN**  
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION  
SFN 61506 (07/24)

Name of Parent(s) or Legal Guardian(s)	
Applicant Name	Amount Given Monthly

Financial assistance includes cash, as well as the payment of other expenses. Please use the chart below to help determine, **in addition to any cash**, the amount of financial assistance that you provide each month.

Household Expenses	Amount Paid Monthly
Rent	
Utilities	
Telephone (including cellular service)	
Cable/Satellite TV	
Internet Access	
Food/Groceries	
Car Payment	
Gas	
Car Insurance	
Toiletries (shampoo, soap, deodorant, toilet paper, etc.)	
Cleaning Supplies (detergent, bathroom cleaner, paper towels, etc.)	
Clothing	
Entertainment (restaurant meals, movies, sporting events, etc.)	

I hereby certify that the information on this form is accurate and complete to the best of my knowledge. I understand that false statements are grounds for termination of housing assistance and tenancy.

Signature of Parent/Legal Guardian	Date
Signature of Parent/Legal Guardian	Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.



Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date
Household Member 2 Signature	Date
Household Member 3 Signature	Date
Household Member 4 Signature	Date

\* The following racial and ethnic definitions are modeled after the OMB-approved form, (HUD-52697), used by the U.S. Department of Housing and Urban Development (HUD):

**Household members can select one or more of the following applicable racial definitions:**

1 – **White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

2 – **Black or African American** – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or African American.”

3 – **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

4 – **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent:

4a – Asian India

4e - Korean

4b – Chinese

4f - Vietnamese

4c – Filipino

4g – Other Asian

4d – Japanese

5 – **Native Hawaiian/Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guan Samoa, or other Pacific Islands.

5a – Native Hawaiian

5c - Samoan

5b – Guamanian or Chamorro

5d – Other Pacific Islander

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 14b – White & Asian (Chinese), etc.

**Household members can select one of the following applicable ethnic definitions:**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

**Not Hispanic or Latino** – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of “disabled” comes directly from the Fair Housing Act:

**Per the Fair Housing Act, the definition of disabled is:**

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at:
- <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-I/part-100/subpart-D/section-100.201>
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.