Charlesgate
A Continuum of Care

Instructions for filling out this Pre-Rental Application

After completing your application, you must return it to the address listed on the next page of this application.

- This application **must** be completed in **ink.**
- Fill in all areas. **If there are areas that do not pertain to you, use N/A.**
- You must sign and date the application
- If you own a vehicle, please let us know the year, make and model.
- If employed, please state your employer, supervisor, telephone number and complete address.
- Please inform us of previous Landlord's addresses, telephone number(s) and previous addresses if different, in the spaces provided. **You must provide last seven years of residency.** Attach a separate list if necessary.

Please contact building management at 401-453-9300 to request an accommodation should you require assistance with the application or the application process.

Your application will be reviewed to determine categorical eligibility for placement on the waiting list. You will receive a letter letter letting you know if you qualify for housing based on whether you meet our income* status and are elderly or disabled.

Income is any money you receive such as pensions, employment, alimony, child support and regular assistance for paying monthly bills or purchase of food. Example "interest" only on bank accounts.

This multi-family Section 8 property is designed to provide housing to all elderly and disabled families who meet the eligibility and screening requirements. In order for a household to meet the eligibility requirements, The head-of-household, the co-head-of-household or a spouse must be 62 or older or disabled as defined by HUD. Please refer to the Eligibility Summary for the HUD definition of disabled.

Please contact the management office if you need help understanding this document.

- Póngásé en contacto con la oficina de adminístrácíón sí necesita ayuda para comprené este documento. (Spanish)
- Entre em contato com o escritório de gerenciamento se precisar de ajuda para entender este documento. (Portugese)
- Veuillez contacter le bureau de gestion si vous avez besoin d'aide pour comprendre ce document. (French)
- Tanpri kontakte biwo jesyon an si ou bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Vui lòng liên hệ với văn phòng quản lý nếu bạn cần trợ giúp để hiểu tài liệu này.. (Vietnamese)
- Пожалуйста, свяжитесь с администрацией, если вам нужна помощь в понимании этого документа..(Russian)
- Bitte wenden Sie sich an die Geschäftsstelle, wenn Sie Hilfe beim Verständnis dieses Dokuments benötigen..(German)
- 如果您需要幫助理解本文件，請聯繫管理辦公室。(Chinese)
- このドキュメントの理解についてサポートが必要な場合は、管理オフィスにお問い合わせください。(Japanese)

Very truly yours,
Charlesgate Apartments/Davenport Associates, Agent

EQUAL HOUSING OPPORTUNITY

For Office Use ONLY: Date Application Received: _____	Time Application Received: _____	By: _____

Charlesgate
A Continuum of Care

Rental Application

This is an application for housing at: (Please check all that apply)	☐ **Charlesgate North, 670 N. Main Street, Providence, RI 02904** ☐ **Charlesgate East, 50 Randall Street, Providence, RI 02904** ☐ **Charlesgate South, 20 Randall Street, Providence, RI 02904** ☐ **Charlesgate Park, 369 Montgomery Avenue, Providence, RI 02905** ☐ **Parkis Place, 9 Parkis Avenue, Providence, RI 02907** ☐ **Charlesgate Assisted Living, 670 N. Main Street, Providence, RI 02904**

Please Return This Application To:

Leasing Specialist
670 North Main Street
Providence, RI 02904
Phone (401) 453-9300 Fax (401) 453-9311
(Please return this form to the above address)

EACH HOUSEHOLD MEMBER OVER 18 MUST FILL OUT SEPARATE APPLICATIONS

Applicant Name	
Gender	☐ Male ☐ Female ☐ Prefer not to respond
Current Address	
Address Line 2	
City, State, Zip	
Home Phone	
Cell Phone	
Email address	
Work Phone	
May we contact you at work	☐ Yes ☐ No
Birth Date	
Social Security Number	

Is the Head-of-Household, co-head or spouse 62 or older?	☐ Yes ☐ No
If the Head-of Household, co-head or spouse is not 62 or older, do you claim eligibility because the head-of-household, co-head or spouse has one or more disabilities?	☐ Yes ☐ No

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EQUAL HOUSING OPPORTUNITY

Are you or any member of your household a student enrolled in an Institute of higher education (anything except K – 12)?	☐ YES	☐ NO
If Yes,	☐ Full Time	☐ Part Time
Are you enrolled in the U.S. Military or are you a veteran of the U.S. Military?	☐ YES	☐ NO
Are you a victim of a recent presidentially declared disaster?	☐ YES	☐ NO
Are you currently receiving housing assistance from HUD or a PHA?	☐ YES	☐ NO
Will all the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year?	☐ YES	☐ NO
Have you ever been convicted of a crime? If yes, check all that apply: ☐ **Felony** ☐ **Misdemeanor**	☐ YES	☐ NO
List all States that the Applicants have resided in below: _____ _____ _____		
Are you or any member of your household subject to a lifetime sex offender registration in any state? If yes, please write the member's name and the state or states where the registration exists in the space provided below: _____ _____ _____ _____	☐ YES ☐ NO	
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? **If yes, when?** _____	☐ **YES**	☐ **NO**
If you were age 62 or older as of January 31, 2010, and you do not have a Social Security Number, were you receiving HUD rental assistance at another location on January 31, 2010?	☐ **YES**	☐ **NO**

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HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Head of household, co-head, spouse, other adult, foster adult, child, live-in aide). Also indicate the citizen / non-citizen eligibility status.

HOUSEHOLD MEMBER SOCIAL SECURITY #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER	BIRTHDATE
1		Head of Household		
Citizenship Status	☐ U.S. Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
2				
Citizenship Status	☐ U.S. Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
3				
Citizenship Status	☐ U.S. Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
4				
Citizenship Status	☐ U.S. Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			

PETS & ASSISTANCE/COMPOSITION ANIMALS: Please review the property pet rules. The presence of any animal must be approved before the animal can be kept in the unit.

Do you plan to house an animal in the unit? ☐Yes ☐No

If No, please move on to the unit size section. If Yes, please provide the following information.

ANIMAL TYPE: (EX: DOG, CAT, BIRD, ETC.)	BREED *(IF APPLICABLE)*	HEIGHT *(MEASURED AT WITHERS)*	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? ☐Yes ☐No

UNIT SIZE: The Owner/Agent will take your unit preferences and/or requirements into consideration. The Owner/Agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the Owner/Agent is required to verify the need for a larger or smaller unit. In accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special features, the Owner/Agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

	Studio Unit
	1 Bedroom Unit
	2 Bedroom Unit

Special Features

	Mobility Accessible Unit
	Communication Accessible Unit (Hearing)
	Communication Accessible Unit (Visual)
	Special Features: Please specify:

PREFERENCES: The Owner/Agent places households in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a unit transfer preference.

I currently live on this property. ☐ Yes ☐ No

I am applying to Charlesgate Senior Living Center. ☐ Yes ☐ No

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?		☐ Yes	☐ No
If yes, please provide the name and address of your present employer below			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		$	
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to make in the next 12 months?		$	
How much do you expect to receive in other income? ***Please answer ALL fields in $0.00 or N/A or NONE if you will receive no income from the following sources.*** ***THE OWNER/AGENT WILL NOT PROCESS THIS APPLICATION IF THESE FIELDS ARE NOT COMPLETE.***			
Monthly Social Security or SSI? Please indicate payment method: ☐Check ☐Direct Deposit ☐Pre-paid Debit Card		$	
Monthly Retirement Benefits?		$	
Monthly VA Benefits?		$	
Monthly Unemployment Benefits?		$	
Are you entitled to Child Support? ☐ Yes ☐ No			
If yes, monthly Child Support amount?		$	
Are you entitled to Alimony? ☐ Yes ☐ No			
If yes, monthly Alimony amount?		$	
Monthly Public Assistance?		$	
Monthly Income from a Pension and/or Annuity and/or other Asset?		$	
Regular contributions from Organizations or from individuals not living in the unit?		$	
Periodic payments from Long-Term Care Insurance, Disability or Death Benefits?		$	
Monthly contributions from family for: Rent, Child Care, or other expenses?		$	
Any/All lump sum amounts from delay of payments?		$	
Other?		$	

ASSETS:

Have you sold or given away real estate property or other assets valued at $1000.00 or more (including cash) in the past two years?	☐ Yes	☐ No
Do you have a checking account?	☐ Yes	☐ No
If you answered yes, you will be required to provide the most recent six months' bank statements so we may estimate		
Do you have a savings account?	☐ Yes	☐ No
Current Balance – **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you have cash that is not deposited in an account?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you have an employment 401K or other employment savings account?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you own an IRA or other retirement account?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you own a home or other property?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you own a business?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you own stocks / bonds / certificates of deposit (CD)?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you own a Life Insurance Policy?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you own an Annuity?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Is there a trust fund in your name or have you established a trust fund for someone else?	☐ Yes	☐ No
Current Value - **(Please fill in $0.00, N/A or None if the account balance is zero)**	**$**	
Do you have a safety deposit box?	☐ Yes	☐ No
If yes, are assets stored in the safety deposit box, such as U.S. Savings Bonds, stocks, cash, etc.?	☐ Yes	☐ No
Do you have access to any other assets not listed?	☐ Yes	☐ No
If yes, please provide a description of the asset(s) and the current asset value below:		
	$	

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DEDUCTIONS: Household Income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expense(s) for the following:

☐ Childcare for a minor 12 years of age or younger Childcare expense used when care for a child is needed because the parent/guardian: ☐ Employed ☐ Seeking Employment ☐ Going to School	$
Provider Name	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	

Care for a disabled family member	$
Provider Name	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	

Expenses for auxiliary aides for a disabled family member	$

Households in which the Head-of-Household, Co-Head of Household or Spouse, who are disabled and/or elderly, qualify for deductions based on out-of-pocket medical expenses. Please let us know of you and/or any members of your household have out-of-pocket expenses for the following:

Health Insurance	$
Doctor Visit / Medical Treatments	$
Prescription Medication	$
Over-the-Counter medical expenses to treat a specific medical condition *(Ex: aspirin to treat a heart condition, calcium supplements to treat osteoporosis)*	$
Personal use items *(Ex: glasses, incontinent supplies, hearing aids, etc.)*	$
Cost / Care for Assistance or Companion Animals	$
Mileage to and from medical appointments	$
Other	$
Other	$

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PREVIOUS RENTAL HISTORY:

Current Landlord		
Address		
Address 2		
City, State, Zip		
Contact Name		
Phone		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Did you owe the previous landlord any money when you left, and/or do you currently have any outstanding balance(s) owed to the landlord?	☐ Yes	☐ No

Previous Landlord #1		
Address		
Address 2		
City, State, Zip		
Contact Name		
Phone		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Did you owe the previous landlord any money when you left, and/or do you currently have any outstanding balance(s) owed to the landlord?	☐ Yes	☐ No

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EQUAL HOUSING OPPORTUNITY

Previous Landlord #2			
Address			
Address 2			
City, State, Zip			
Contact Name			
Phone			
How long have you lived at this address			
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*		☐ Yes	☐ No
Did you owe the previous landlord any money when you left, and/or do you currently have any outstanding balance(s) owed to the landlord?		☐ Yes	☐ No

Please list below ALL the states you have lived:

_____

_____

_____

_____

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8)

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How did you hear about our apartment community? ☐ Newspaper ☐ Apartment Guide ☐ Family/Friend

☐ Billboard ☐ Other – specify _____

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, and/or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agent resident selection criteria.

☐ No ☐ Yes ☐ Paper copy ☐ Electronic copy

(√) Applicant Name (please print) _____

(√) Applicant Signature _____ **Date**_____

Davenport Associates, Ltd, does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

Neil Shunney
100 Randall Street
Providence, RI 02904
Telephone – 401 453-9300
Telephone – TTY 711 Relay

Please contact the management office if you need help understanding this document.

- Póngásé en contacto con la oficina de admínistráción sí necesita ayuda para comprené este documento. (Spanish)
- Entre em contato com o escritório de gerenciamento se precisar de ajuda para entender este documento. (Portugese)
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- Bitte wenden Sie sich an die Geschäftsstelle, wenn Sie Hilfe beim Verständnis dieses Dokuments benötigen..(German)
- 如果您需要幫助理解本文件，請聯繫管理辦公室。(Chinese)
- このドキュメントの理解についてサポートが必要な場合は、管理オフィスにお問い合わせください。(Japanese)

Revised 11/8/2021

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Charlesgate Apts.

Name of Property | **Project No.** | **Address of Property**

Davenport Associates | Section 8

Name of Owner/Managing Agent | **Type of Assistance or Program Title:**

Name of Head of Household | **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature | **Date**

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

TENANT RELEASE AND CONSENT

I/We the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or its service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical Providers
Banks/Financial Institutions	Previous Landlords	Child Care Providers
Public Housing Agencies		

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Applicant/Resident	(Print Name)	Date

*NOTE- This general consent may not be used to request a copy of a Tax Return. If a copy of a Tax Return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.

EQUAL HOUSING OPPORTUNITY

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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 or 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 in 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.