

## SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Are You or any Member of the Household subject to a lifetime state sex offender registration in any state?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, who in the household is subject to register \_\_\_\_\_

Please list all States where you have resided:


Please list all States where other members of the household have resided:


Commitment of Housing Authority and Owner: If you are approved for housing, this information will be kept as part of your tenant file.

Confidentiality Statement : The information on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date