

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided top 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?

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

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

Please list all States where you have resided:


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


Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

*Only answer the following 3 questions if a household member does not have a social security number.*

Is the household member without the social security number an ineligible, non-citizen?	___ Yes ___ No
Was the household member without the social security number, 62 years of age as of January 31, 2010?	___ Yes ___ No
If yes, was the household member living in assisted (subsidized housing) before January 31, 2010?	___ Yes ___ No

Commitment of Housing Authority and Owner: Of 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