

TWIN RIVERS OPPORTUNITIES

Section 8 Waiting List Application

NOTE: APPLICATION **MUST BE SUBMITTED BY MAIL, FAX, or EMAIL.** **DO NOT PLACE IN DROP BOX**
 Mailing: Twin Rivers Opportunities, Inc
 PO Box 1482 New Bern NC 28563 Fax: 252-637-0507
 Email: RFoskey.tro@gmail.com
 IntakeTRO@gmail.com

***If you do not live in Craven, Jones, or Pamlico County at the time you fill out this Waiting List Application for our jurisdiction, then you will NOT be eligible for PORTABILITY to another jurisdiction at intake.**

Head of Household Information

Name: _____
Please Print Clearly

- **It is up to applicant to update TRO in writing if you move or change residence**

Mailing Address: _____
Street Address

Please Print Clearly _____
City, State, and Zip Code

Telephone #: (____) _____ - _____ Alternate #: (____) _____ - _____

Email: _____

Date of Birth: ___/___/___ Age: _____ Race: _____ Gender (M or F): _____

Social Security #: _____ - _____ - _____

Other Household Member(s):

Name	Relationship	Social Security #	Gender (M or F)	Date of Birth	Age
		____ - ____ - ____		___/___/___	
		____ - ____ - ____		___/___/___	
		____ - ____ - ____		___/___/___	
		____ - ____ - ____		___/___/___	
		____ - ____ - ____		___/___/___	
		____ - ____ - ____		___/___/___	

Estimated Monthly Income: \$_____ (Income Type: Social Security, SSI, Child Support, TANF, Employment, Unemployment, Self-Employed, Contributions, Pension, etc for ALL members in Household)

Are you or anyone in household a person with Disabilities? ___ Yes ___ No

Do you or anyone in household require a special accommodation in order to utilize our programs & Services? ___ Yes ___ No

PORTING: Effective April 1st 2015, An applicant (Head of Household or Spouse) must live in Craven, Jones, or Pamlico County when applying for the Twin Rivers Opportunities, Inc. waiting list to be eligible to port to another county. If neither the head of household nor spouse does not live (has legal residence) in the jurisdiction of Craven, Jones, or Pamlico Counties at the time when submitting this application, then they are **not eligible to port**. The applicant/family must lease a unit within Craven, Jones, or Pamlico County for 1 year (12 months) before being eligible to port to another jurisdiction.

By signing below, you acknowledge the Portability Requirements listed above. If you do not live in our jurisdiction, you understand you will have to move and reside in Craven, Jones, Pamlico Counties for at least 1 year, before you would be eligible to Port.

Signature: _____ Date: _____

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)	
<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.

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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.