



EMERGENCY ASSISTANCE PROGRAM APPLICATION		
APPLICANT INFORMATION		
Name:	Date:	
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Age:	Gender: Male Female	(Please circle)
Primary Race: (Please check one)		
<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> White	<input type="checkbox"/> Other multi-racial	
Ethnicity: (Please check one)		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	
Primary Language: _____		
Secondary Language: _____		
Fluent in English? _____ Yes _____ No		
Need interpreter? _____ Yes _____ No		
Level of education: (check one)		
High school diploma or GED <input type="checkbox"/>	College degree <input type="checkbox"/>	
Last grade completed: _____	Master's degree <input type="checkbox"/>	
Some college <input type="checkbox"/>	Technical training-what field? _____	
US Military Veteran: (Please check one)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you or anyone in your household pregnant?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, who? _____

**EMERGENCY ASSISTANCE PROGRAM
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APPLICANT INFORMATION (CONT.)

OTHER HOUSEHOLD MEMBERS

Name	Race	Ethnicity	Relationship to Head of Household	Date of Birth	Gender	Social Security #	Veteran Yes/No

IMPORTANT: PLEASE PROVIDE TWO WORKING PHONE NUMBERS WHERE YOU MAY BE CONTACTED

Phone Number:	Whose number is this?
Phone Number:	Whose number is this?

Have you received rental or other housing assistance from any other agency? YES No

If so: which agency, when, please explain? _____

I verify that the information provided in all sections of this application is accurate to the best of my knowledge. I understand that providing false or incomplete information constitutes fraud and is subject to state and federal prosecution.

"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 (or organization acting on behalf of) the United States Government. In addition, any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant of the program may be subject to a misdemeanor and fined not more than \$5,000. HUD and any owner (or any employee of HUD or the owner), grantee or sub-grantee may be subject to penalties for unauthorized disclosures or improper use of information collected based on the application or consent form. Use of the information collected based on this verification form or from these documents is restricted to assistance determination or the purposes cited above. 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 owner, or the grantee or sub-grantee of HUD responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

Name

Date



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HOUSING INFORMATION

NAME: _____

1. Do you or anyone in your household have a disability that is expected to be of long duration and that substantially limits their ability to live on their own? Yes No

If yes, check any of the following that best reflect the condition.

- | | | |
|---|--|---|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Mental disability | <input type="checkbox"/> Emotional disability |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> HIV/AIDS` | <input type="checkbox"/> Substance Abuse |

2. What is client's current address? _____

3. Who is client's landlord and what is their address and phone number?
- _____
- _____
- _____

4. How long have you lived at this address?

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer
- Don't know
- Refused

Have all the adults in client's household lived there the same length of time? Yes No

If no, who has lived there a different length of time and how long have they been there?

**EMERGENCY ASSISTANCE PROGRAM
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HOUSING INFORMATION

Select a choice from a list of living arrangements or situations for each person in the household:

Household Members (Adults)

	Name-	Name-	Name-	Name-
Housing Type				
Rental by client, no housing subsidy				
Rental by client, with other (non-VASH) housing subsidy (Sec. 8)				
Subsidized Housing (public housing/ project-based Section 8)				
Staying/ living in friend's room, apartment, house				
Staying/living in family member's room, apartment, house				
Place not meant for human habitation				
Emergency shelter				
Other:				

5. How many people live in the unit? _____

6. How many bedrooms are there in the unit? _____

How much is the rent? _____

Is your rent subsidized? (Section 8, public housing, rent based on income) Yes ___ No ___ If so, what kind of subsidy? _____



**EMERGENCY ASSISTANCE PROGRAM
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HOUSING INFORMATION

7. Are you current with your rent payments? Yes No
If no, why are you not current? _____
How far behind are you? \$_____ for _____ months
8. How much is client's gas payment? _____ Electric payment? _____
Are you current with your gas and electric payments? Yes No
If no, why are you not current? _____
How far behind are you? \$_____ for _____ months for gas
\$_____ for _____ months for electric
9. Why are you being evicted from this residence? _____

Has anything been filed in court? Yes No if so, what date? _____
10. Do you want to stay at your current address? Yes No
11. Do you want to talk/make arrangements with your landlord? Yes No
12. What have you done to prevent eviction?

13. If you lose your housing, what is your plan? _____

Would you be able to stay with family or friends? Yes No
Would your family/friends need assistance if you became part of that household?
(food, etc.) Yes No
How long would you be able to stay in that household? _____
14. Have you stayed in shelter in Dayton/Montgomery County before: Yes No
If yes, when and where? _____
15. Is client continuously homeless for at least on year? Yes No
Number of Times the Client has been homeless in the past three years? _____
If four or more, total number of months continuously homeless in the last three year? _____
-
-

EMERGENCY ASSISTANCE PROGRAM APPLICATION

INCOME INFORMATION:

Total number of months continuously homeless immediately prior to project entry? _____

Must include eligible gross income (listed below) for all adult members of the household.

<u>Source</u> (circle where appropriate)	<u>Who is Receiving</u>	<u>Monthly amount</u>	<u>Annual Amount</u>	<u>Documentation Provided</u>
Employment /Employment Income				
Retirement Income from Social Security				
Private Disability Insurance				
Unemployment Insurance				
Supplemental Security Insurance (SSI)				
Social Security Disability Insurance (SSDI)				
Worker's compensation				
Temp. Assistance for Needy Families (TANF)				
General Assistance (Disability Assistance)				
Pension/Retirement Income				
Child Support/Alimony/Foster Care				
VA Service-Connected Disability Compensation				
VA Non-Service Connected Disability Pension				
Armed services income				
Other source				
TOTAL				

To calculate annual wages:

Hourly Wage multiplied by Hours Worked per week multiplied by 52 weeks

Weekly Wage multiplied by 52 weeks

Bi-Weekly (every other week) wage multiplied by 26 bi-weekly periods

Semi-Monthly Wage (twice a month) multiplied by 24 semi-monthly periods

Monthly Wage multiplied by 12 months

For jobs with varying hours, historical employment hours (last 6 months) can be used to come up with a more equitable average

Is annual income less than amount listed in this table for **Prevention ONLY** household size? Yes ___

No **30% Median (2020):**

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$17,700	\$20,220	\$22,740	\$25,260	\$27,300	\$29,310	\$31,350	\$33,360

**EMERGENCY ASSISTANCE PROGRAM
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INCOME INFORMATION

Check all that Health Insurance you receive. *(This is not considered income.)*

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> VA Medical Services |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Health Insurance Obtained through COBRA |
| <input type="checkbox"/> State Health Insurance for Adults | <input type="checkbox"/> Private Health Insurance |
| <input type="checkbox"/> State Health Insurance | <input type="checkbox"/> Other |

Check all that you receive. *(This is not considered income.)*

- | | |
|---|---|
| <input type="checkbox"/> Special Supplemental Nutrition Program for WIC | <input type="checkbox"/> Veteran’s Administration (VA) Medical Services |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> TANF Transportation Services |
| <input type="checkbox"/> Other TANF – Funded Services | <input type="checkbox"/> Section 8, Public Housing or rental assistance |
| <input type="checkbox"/> Other Source | |

**EMERGENCY ASSISTANCE PROGRAM
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ASSET INFORMATION

Should include ALL assets owned by household members.

TYPE OF ASSET	ACCOUNT NUMBER	CURRENT BALANCE/ VALUE OF ASSET	INCOME FROM ASSET (Current Interest Rate)
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Retirement Savings			
Retirement Savings			
Money Market Funds			
TOTAL AMOUNT			

**EMERGENCY ASSISTANCE PROGRAM
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FOR PREVENTION ONLY: IMMINENT RISK OF HOMELESSNESS ASSESSMENT

Definition: An individual or family has income below 30% AMI and has insufficient resources immediately available to attain housing stability (see completed Assistance Determination Form).

Meets monthly gross income below 30% of 2020 AMI (use chart below and circle)

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$1,475	\$1,685	\$1,895	\$2,105	\$2,275	\$2,812	\$3,172	\$3,532

Meets one of the following criteria (check one):

- Individuals and families who lack a fixed, regular, and adequate nighttime residence
- Individuals and families who will imminently lose their primary nighttime residence
- Unaccompanied youth and families with children and who are defined as homeless under other federal law
- Individuals and families who are fleeing, or attempting to flee, domestic violence, date violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against individual or family

Meets at least one of the following HUD qualifying risk factors (check all that apply)

Households fleeing domestic violence does not apply :

- Have moved frequently (2 or more times during the 60 days immediately prior to application assistance) because of economic reasons
- Are living in the home of another because of economic hardship
- Have been notified that their current housing or living situation will be terminated
- Live in a hotel or motel
- Live in severely overcrowded housing
- Are exiting an institution
- Previously homeless individuals or families; or otherwise live in housing that has characteristics associated with instability and increased risk of homelessness

Meets at least one of the following local risk factors (check all that apply) Households fleeing domestic violence does not apply:

- Young adults (Age 18-24)
- Families with young children (Age 5 and under)
- Large families (5 or more people)
- Previous episode of homelessness (within last 2 years)
- Under 15% AMI 2020 gross **monthly** income (use chart below if income is only applicable risk factor)

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$575	\$686	\$866	\$1,046	\$1,226	\$1,406	\$1,586	\$1,766

Is there a likelihood client will be able to maintain stable housing after assistance ends? Yes No

Based on the Imminent Risk of Homelessness Assessment, the household **does** qualify for HCRP assistance.

Name of staff completing the form

Signature

Date

**EMERGENCY ASSISTANCE PROGRAM
APPLICATION**

FOR RAPID REHOUSING ONLY: HOMELESSNESS ASSESSMENT

Definition: Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided.

Meets one of the following criteria (check one):

- Sleeping in an emergency shelter
- Sleeping in a place not meant for human habitation, such as cars, parks, abandoned buildings, streets/sidewalks
- Staying in a hospital or other institution for up to 180 days but was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution
- Graduating from, or timing out of a transitional housing program
- Fleeing domestic violence

Meets the following HUD qualifying risk factor:

- Must have no appropriate subsequent housing options and must lack sufficient resources and support networks to retain housing

Is there a likelihood client will be able to maintain stable housing after assistance ends? Yes No

Based on the Homeless Assessment, the household **does** qualify for HCRP assistance.

Name of staff completing the form

Signature

Date



**EMERGENCY ASSISTANCE PROGRAM
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ASSISTANCE DETERMINATION

Name: _____

Does client need assistance to:

_____ Stay in current housing

_____ Move to new housing

	AMOUNT	NUMBER OF MONTHS	PAYEE
Security deposit			
Utility deposit			
Rent arrear			
Utility arrear			
Rent assistance			
Utility assistance			

Total amount needed: \$ _____

Does client need:

_____ One-time assistance

_____ Short or medium term assistance

Client Contribution Determination:

Monthly contract rent amount: _____

Client contribution after first month (minimum of 25% of rent): _____

MONTH	CLIENT PAY	PAY	TOTAL
Month 1			\$
Month 2			\$
Month 3			\$

My signature below indicates my agreement to pay the above noted portions of my rent as agreed upon by me and my case manager. In order to avoid late fees, my portion of the rent must be paid on or before the first of the month and I must provide documentation to my case manager showing my rent has been paid. If my portion has not been paid on or before the first of the month, I may forfeit my assistance. If I do not pay my portion of the rent, it also releases the program from paying the remaining portion of my rent to the landlord.

Client Signature

Date



EMERGENCY ASSISTANCE PROGRAM
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PROPERTY INFORMATION

PROPERTY INFORMATION

- Landlord is owner of property.
 - Property was constructed in what year? _____
 - Property is not in foreclosure.
 - Rent is reasonable

 - Property passed Habitability Inspection
Date inspection requested: _____
Date inspection report received (report in file): _____

 - Property passed Visual Lead Inspection (required if there is a child under 6 in the household or if a member of the household is pregnant and the unit was built before 1978)
Date inspection requested: _____
Date inspection report received (report in file): _____
-

**EMERGENCY ASSISTANCE PROGRAM
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ENROLLMENT AGREEMENT

I understand that the Housing Crisis Response Program was designed to provide temporary financial assistance and case management services to prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized.

I understand that by enrolling in this program I agree to:

- If moving to a new location, I understand that I cannot sign a lease or move into that property until a housing (habitability) inspection has been completed and passes.
- I understand that if I have children under six years of age or if someone in my household is pregnant AND the unit I am currently living in or the unit I am moving to was built before 1978, the property must undergo a lead-based paint inspection. I cannot move into that property until the unit has passed inspection.
- Meet regularly (as agreed upon) with my case manager (calling if I can't make an appointment).
- Establish a plan and a budget that will help me maintain my housing after I receive assistance.
- Report any changes to my household or housing to my case manager within ten (10) calendar days.

I verify that all information provided is accurate to the best of my knowledge. I understand that providing false or incomplete information constitutes fraud and is subject to state and federal prosecution.

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 (or organization acting on behalf of) the United States Government. In addition, any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant of the program may be subject to a misdemeanor and fined not more than \$5,000.

HUD and any owner (or any employee of HUD or the owner), grantee or sub-grantee may be subject to penalties for unauthorized disclosures or improper use of information collected based on the application or consent form. Use of the information collected based on this verification form or from these documents is restricted to assistance determination or the purposes cited above. 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 owner, or the grantee or sub-grantee of HUD responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Client Signature

Date

MONTHLY HOUSEHOLD BUDGET

****Please indicate your complete budget****

INCOME	Actual Amount	Modifications		Actual Amount	Modifications
Employment			Medical		
Overtime			Dentist		
Interest & Dividend			Doctor Visit/Co-Pay		
Net Rental Income			Medical Bills		
Other Income			Medications		
Bonuses			Miscellaneous		
Commissions			Other Description		
SSI			Savings		
Child Support			Tax		
AFDC			Utilities		
Alimony			Internet		
Unemployment			Cable TV		
Withholding			*Cell Phone		
Net Income			*Electricity		
FIXED EXPENSES			Trash Services		
Auto			*Heating (Nat Gas or Oil)		
Auto Insurance			*Water/Sewer		
Auto Loan			Telephone		
Auto Tags/Inspection			DISCRETIONARY EXPENSES		
Auto Repairs/Maintenance			Charity		
Gasoline			Church Donations		
Parking/Tolls			Other Gift/Donation		
Child Support/Alimony			Dining		
Credit Card Min Payments					
Credit Collections			Entertainment		
Bankruptcy			Books/Newspaper/Magazine		
Dept Management Plan			Movies/Tickets		
Education			Food and Groceries		
School Lunches			Food at Work		
Tuition			Gifts		
Book/School Supplies			Birthday Gifts		
Entertainment			Christmas		
Athletic Events/Hobbies			Household		
Housing Payment			Alcoholic Beverages		
1st Mortgage			Allowance for Children		
2nd Mortgage			Barber/Beauty Shop		
Home Owners Assoc.			Child Care		
Home Equity Line			Tobacco		
Homeowners/Renters Insurance			Cleaning Supplies		
Property Tax			Clothing		
*Rent			Personal Items/Toiletries		
Installment Loans			Laundry/Cleaning		
Installment Loans (details)			Mad Money		
Installment Loan			Repair/Maintenance		
Payday Loan			Security System		
Personal Loan			Miscellaneous		
Student Loan			Pet Expense		
Insurance			Pet Supplies		
Accident and Disability			Public Transportation		
Health Insurance			Rental Property		
Life Insurance			Column 'B' Subtotal		
			TOTAL OF COLUMN 'A' + 'B'		
			TOTAL INCOME		
Column 'A' Subtotal			TOTAL REVENUE		

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____



Conflict of Interest and Disclosure Statement Form

CONFLICT OF INTEREST

The Columbus Urban League prohibits the following actions in order to prevent a conflict of interest in the provision of its housing counseling and education services.

The Columbus Urban League will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients.

Individual directors or employees, or family members of the Columbus Urban League may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

A director, employee, officer, contractor, or agent of Columbus Urban League shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client's property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.

A director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as employee (other than with the Columbus Urban League), or with whom he or she is negotiating future employment, may not have a direct interest in the client as a landlord, broker, or creditor, or originate, have a financial interest in, service, or underwrite a mortgage on the client's property, own or purchase a property that the client seeks to rent or purchase, or serve as a collection agent for the client's mortgage lender, landlord, or creditor.

DISCLOSURES

The Columbus Urban League offers the following services to our clients:

- Pre-purchase Counseling/Education, Rental Counseling/Education, Fair Housing Counseling/Education and Financial Counseling/Education

Financial support for the Columbus Urban League Housing Services programs is currently being provided by the following partners:

- National Urban League, HUD, Ohio Housing Finance Agency, City of Columbus, Franklin County, Chase, Franklin County Job and Family Services, 5/3, Nationwide, and Union Savings Bank.



- Clients are entitled to receive any of the counseling services listed.
- Clients have the right and responsibility to decide whether to engage in housing counseling with the Columbus Urban League and to determine whether counseling is suitable for their housing problem.
- Columbus Urban League has the discretion to charge reasonable fees for some counseling services and these fees will be explained to clients prior to any counseling. Fees will not be charged if it creates a financial hardship for the clients and counseling will not be denied based on the inability to pay fees.
- Columbus Urban League provides information on a broad range of housing programs and products. Housing counseling received at the Columbus Urban League does not guarantee clients will receive any financial assistance with their housing problem from any financing entity, including mortgage financing from any lender.
- Clients may be referred to other Columbus Urban League services or to other companies/agencies, as appropriate, which may be able to assist with particular concerns identified. Clients are not obligated to use any of these services offered to them.
- Columbus Urban League housing counselors may answer questions and provide information but cannot give legal advice. If clients want legal advice, they will be referred for appropriate assistance.
- Notwithstanding any recommendations made by the Columbus Urban League or its Housing Counselors about products or services, clients are free to choose lenders, loan products and homes or abstain from doing so, and that receiving counseling is not contingent on the use of any product or service offered by the Columbus Urban League or its Industry partners.
- Columbus Urban League is not involved in providing real estate and/or mortgage services and no fee or commission is received in addition to the counselor's salary.
- Columbus Urban League receives funding for programs through local, State and Federal industry partners and, as such, is required to share some of clients' personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- Alternative services, programs and products may be found by seeking help from another HUD-Approved agency found at <http://hud.gov/offices/hsg/sfh/hcc/hcs.cfm>. Local agencies offering similar services include: Homeport, Homes on the Hill and Community Mediation Services.

I/We have read and received a copy of the Conflict of Interest and Disclosure Statement Form.

Client Signature

Date

Client Signature

Date

Columbus Urban League,
Housing Counseling Specialist or
Financial Empowerment Coach

Date

Telephone Counseling: Disclosure Statement Read to client? Yes _____ No _____

Counselor Initials: _____



Privacy Policy and Practices

The Columbus Urban League is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances may be use anonymous to aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (phone number) and do so.

By checking this box, I/We have chosen to opt-out

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client Signature

Date

Client Signature

Date

Columbus Urban League, Housing Counseling Specialist

Date

Telephone Counseling - Disclosure Statement read to client? Yes _____ No _____

Counselor Initials: _____



Letter of Authorization

I _____ and _____ (client(s), hereby give authorization and permission for the Columbus Urban League’s Housing Services Department (31-4379453), to speak with, obtain information, and/or copies of other pertinent file information with regards to my housing case file. Purpose of the authorization is to gather information to assist in facilitating a resolution related to my housing counseling situation.

Pre-purchase and Rental Counseling clients:

I/We authorize the Columbus Urban League’s Housing Services Department to submit client-level information to the Housing Counseling System for the U.S. Department of Housing and Urban Development (HUD) grant and authorize HUD to open files to be reviewed for program monitoring and compliance purposes. I/We give permission for HUD program administrators and/or their agents to follow-up with me/us for the purposes of program evaluation.

Client #1:

Client #2:

Address: _____

Address: _____

Loan # (as applicable): _____

Loan # (as applicable): _____

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

Client #1 Signature

Client #2 Signature

Date

Date

**Columbus Urban League,
Housing Counseling Specialist**

Date