

**Before submitting your application, check all pages, front & back. Be sure it is fully and properly filled out and legible.**

Please check that:

- You have completed all sections of the application (including ALL sources of income).
- ALL ADULTS (18 and older) have signed the application.
- ALL ADULTS (18 and older) have completed and signed an individual “Acknowledgement and Authorization for Background” form. If you need additional copies, you may make copies or contact our office for additional copies.
- Copies of current photo ID’s for ALL ADULTS (18 and older) are attached.
- Copies of Social Security cards for EVERY MEMBER of the household are attached. (Regardless of age).
- The name, address and telephone number for your landlord or, if you own your home, the name, address and number for your utility company(s) are provided.

**If the application is not filled out properly, it will be returned to you to complete properly and resubmit. This will delay the date of processing & the date you are placed on the waiting list(s).**

Mail the completed application to:

River Falls Housing Authority, 625 N. Main St., River Falls, WI 54022





**Providing Affordable Housing for Senior Citizens, Persons with Disabilities and Families.**  
Managers for Family Homes, Edgewater, Riverview Manor, Briarwood, Oakpark,  
Windmill Place, Watertown, & St. Croix Manor Apts.  
This institution is an Equal Opportunity provider and employer.





*River Falls*  
Housing Authority

625 North Main Street, River Falls,  
Wisconsin 54022 Phone: 715-425-7640

**APPLICATION FOR OCCUPANCY**

**All Properties are Smoke free**

**RIVER FALLS:**

Persons age 62+ or  
with a disability

\_\_\_\_\_ Edgewater  
\_\_\_\_\_ Briarwood  
\_\_\_\_\_ Oakpark  
\_\_\_\_\_ Riverview Manor

**RIVER FALLS**

Families

\_\_\_\_\_ RiverTown Homes

**RIVER FALLS**

Persons age 55+

\_\_\_\_\_ Windmill Place

**PRESCOTT**

Persons age 62+ or  
with a disability

\_\_\_\_\_ St. Croix Manor  
\_\_\_\_\_ WaterTower

**APPLICANT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City-ST-Zip \_\_\_\_\_  
Main Phone \_\_\_\_\_  
Other \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Alternate contact if we are not able to contact**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City-ST-Zip \_\_\_\_\_  
Main Phone \_\_\_\_\_  
Other \_\_\_\_\_  
E-Mail \_\_\_\_\_

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration that we are complying with Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and disability. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**STATEMENT REQUIRED BY THE PRIVACY ACT**

The Farmers Home Administration (FmHA) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for FmHA to deny eligibility because of the refusal to disclose the Social Security Account Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the FmHA financial rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings

**SEX:** Male – Female    **DOB:** Date of Birth    **BIRTHPLACE:** City/State/Country of birth  
**RACE:** White - Black - American Indian/Alaska Native - Asian/Pacific Islander    **ETHNICITY:** Hispanic - Non-Hispanic  
**CITIZENSHIP:** Eligible Citizen - Eligible Non-Citizen - Ineligible Non-Citizen - Pending Verification

**The following information must be provided for every person who will live in your unit:**

	Name	SS#	Sex	DOB	Birth Place	Race	Eth	Ctzn
Head								
Co-head								
Other								
Other								
Other								
Other								



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**Complete the following address history, income, expense and asset information for every adult who will live in the unit *Attach an additional sheet if more space is needed.***

- Do you or any member of your household smoke cigarettes, pipes, cigars, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you or any member of your household qualify as a full-time student? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you now, or have you ever, lived in a government-subsidized unit (e.g., Public Housing, Section 8, Section 236 or 221(d)(3) subsidized projects)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, date of occupancy: \_\_\_\_\_
- Have you ever been arrested or convicted of illegal activity? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_

- Do you have a qualifying disability \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(See back page of the application for additional information)*
- Do you have any specific housing requirements, such as a handicap accessible unit \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you displaced due to a natural disaster declared by a state or federal agency \_\_\_\_\_ Yes \_\_\_\_\_ No

List addresses and contact information for all places you have lived for the past 3 years. **Do not leave any time unaccounted for.** If you owned your home for the past 3 years, under Owner/Manager write in "Self". Also, provide the name, address and contact number for the utility company(s) you made payments to while owning your home, since you will not have any landlords to list.

<u>Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	Fr: _____	Name: _____
_____	To: <u>PRESENT</u>	Address: _____
_____		Cty-ST-Zip: _____
		Phone: _____

<u>Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	Fr: _____	Name: _____
_____	To: _____	Address: _____
_____		Cty-ST-Zip _____
		Phone _____

<u>Address of Utility Service (If owned own home)</u>	<u>Dates</u>	<u>Utility Company Information</u>
_____	Fr: _____	Name: _____
_____	To _____	Address: _____
_____		Cty-ST-Zip _____

**INCOME INFORMATION**

**Salary/Wages:** List ANNUAL GROSS amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses. Indicate source (employer name & contact information).

\$ \_\_\_\_\_ Employer (Name/Address/Phone): \_\_\_\_\_

\$ \_\_\_\_\_ Employer (Name/Address/Phone): \_\_\_\_\_

**Social Security/SSI/SSD:**

\$ \_\_\_\_\_ annually Source: \_\_\_\_\_

\$ \_\_\_\_\_ annually Source: \_\_\_\_\_

**Pensions, annuities, retirement funds, IRA accounts, interests:**

\$ \_\_\_\_\_ annually Source: \_\_\_\_\_

\$ \_\_\_\_\_ annually Source: \_\_\_\_\_



**All other income.** Include all other sources of income, such as unemployment, self-employment, disability compensation, worker's compensation, severance pay, alimony, child support, regular recurring contributions or gifts of money, income received from trust, educational grants, scholarships, VA benefits, regular pay and special pay and allowances for head of household in armed forces, public assistance, W2 or TANF.

**All other income:**

\$ \_\_\_\_\_ annually Source: \_\_\_\_\_

\$ \_\_\_\_\_ annually Source: \_\_\_\_\_

**EXPENSE INFORMATION**

**Applicants who are age 62 or older or who are disabled may list annual health insurance expenses. Applicants with children under the age of 12 may list annual cost of childcare.**

\$ \_\_\_\_\_ per year paid to: \_\_\_\_\_

**ASSET INFORMATION**

**Checking accounts:**

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Savings accounts (including IRAs):**

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Stocks/Bonds/US Savings Bonds/Mutual Funds:**

Type \_\_\_\_\_ Qty Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Qty Value \$ \_\_\_\_\_

**Mobile Home/Real Estate/Other Property**

Type \_\_\_\_\_ Mkt Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Mkt Value \$ \_\_\_\_\_

Property sold under land contract or Contract for Deed: \_\_\_\_\_ Yes \_\_\_ No

How did you hear about us: \_\_\_\_\_

Current (or most recent) Monthly Rent/Mortgage Payment: \_\_\_\_\_

I/We certify that this unit will be my/our permanent residence and that I/we do not/will not maintain a separate subsidized unit in a different location.

I/We certify that the information provided on household composition, income, net family assets and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of residency.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Tenant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Income _____	Inc Code _____	BR Size _____	WMP Tier _____	SP _____
E (age) _____	Disability _____	HC Unit _____	Citizen _____	Race _____
Ethnicity _____	Gender _____	Reviewed by _____		Date _____



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**Definition of Disability:**

42 U.S.C. Section 423 (d)(1)(A) defines disability as:

“Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity in which he has previously engaged with some regularity and over a substantial period of time.”

The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)) defines developmental disability in functional terms as:

A severe, chronic disability of a person 5 years of age or older which:

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the person attains age twenty-two;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in three or more of the following areas of major life activity:
  - (i) self-care,
  - (ii) receptive and responsive language,
  - (iii) learning,
  - (iv) mobility,
  - (v) self-direction,
  - (vi) capacity for independent living, and (vii) economic self-sufficiency; and
- (E) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

42 U.S.C. 423 (d)(2)(C) and 42 U.S.C. 1437 a(b)(3)(E) states:

- Individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.
- Individuals whose alcohol or drug addiction is a material factor in their disability are excluded from the definition.
- Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.

**Additional information about specific housing requirements to accommodate persons with disabilities.**

Do you need a handicapped accessible apartment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need a separate room for a care attendant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need a room to accommodate your disability; such as oxygen or physical therapy equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need other accommodations for your disability? Please explain \_\_\_\_\_

Additional comments \_\_\_\_\_





625 North Main Street, River Falls, Wisconsin 54022
Phone: 715-425-7640/Fax: 715-425-8530

AUTHORIZATION FOR THE RELEASE OF INFORMATION

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506 "Request for a Copy of a Tax Form".

U.S. Department of Housing & Urban Development
Office of Housing & Office of Public & Indian Housing

PURPOSE

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
Low-Income Rental Public Housing
Mutual Help Homeownership Opportunity
Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments
Section 23 and 10(c) Leased Housing
Section 23 Housing Assistance Payments
Section 202
Section 221(d)(3) Below Market Interest Rate
Turnkey Homeownership Opportunity Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

- Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets
Federal, State, Tribal or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employer, Past and Present
Landlords
Providers of:
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Medical Care
Pensions/Annuity
Schools and Colleges
U.S. Social Security Administration
U. S. Department of Veterans Affairs
Utility Companies
Welfare Agencies

COMPUTER MATCHING NOTICE & CONSENT

I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching programs with other government agencies. The government agencies include:

- U. S. Office of Personnel Management
U. S. Social Security Administration
U. S. Department of Defense
U. S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature of Head of Household Date

Signature of Additional Adult Date

This consent form expires 15 months after signed



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**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **River Falls Housing Authority** (the “Company”) at any time after receipt of this authorization and throughout my application, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**River Falls Housing Authority** (“the Company”) may obtain information about you from a third-party consumer reporting agency for housing application purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

The investigations will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

### KEEP FOR YOUR RECORDS



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- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

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TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list,</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA</p>
<p>in addition to the CFPB:</p>	<p>Washington, DC 20580 (877) 382-4357</p>
<p>To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>Federal Credit Unions</p>	<p>a. office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>a. b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8<sup>th</sup> Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>



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