

Office Use Only

Rec'd Date/Time

By

Property Name

TBC

Status

Date

RENTAL APPLICATION

The Barcus Company, Inc.


We do not discriminate with respect to an applicant's race, color, national origin, religion, sex, disability, family status or military status. We will assist any applicant who requests assistance in filling out this application. If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance. Information you provide on income, handicap, or disability status will be treated as confidential by Management.

Providing false or misleading information, or omitting information where asked, may result in disapproval of your application, or should your application be approved, may result in disqualification for your continued occupancy at any time in the future, upon discovery that answers to questions in this application are false, misleading, or wrongfully omitted.

HOUSEHOLD COMPOSITION

Please provide information about all persons who will reside in the apartment home.

> Head of Household and Co-Head/Spouse

1.	NAME (HEAD)	DATE OF BIRTH	AGE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER	TELEPHONE
2.	NAME (CO-HEAD/SPOUSE)	DATE OF BIRTH	AGE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER	TELEPHONE

CURRENT MAILING ADDRESS:

E-Mail Address:

* If you have no Social Security Number, you claim that you are exempt because:

☐ You are an ineligible non-citizen

☐ You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/10

> Other Members of Household

3.	NAME	DATE OF BIRTH	AGE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER	RELATIONSHIP
If this member of the household is under 18 years of age what percentage of time does he/she live in your home? _____ %						
Can anyone else claim the above member for housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
4.	NAME	DATE OF BIRTH	AGE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER	RELATIONSHIP
If this member of the household is under 18 years of age what percentage of time does he/she live in your home? _____ %						
Can anyone else claim the above member for housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
5.	NAME	DATE OF BIRTH	AGE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER	RELATIONSHIP
If this member of the household is under 18 years of age what percentage of time does he/she live in your home? _____ %						
Can anyone else claim the above member for housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
6.	NAME	DATE OF BIRTH	AGE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER	RELATIONSHIP
If this member of the household is under 18 years of age what percentage of time does he/she live in your home? _____ %						
Can anyone else claim the above member for housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No						

> In the next 12 months do you plan on any additions to your household? ☐ Yes ☐ No If yes, explain.

(Examples: Foster Children, New Born, or Adoption)

BACKGROUND

Have you or any member of your household ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted for any drug-related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any household member currently, or have during the last 12 months, used illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any household member been convicted of a crime? If yes, indicate if the conviction was a felony, misdemeanor, or check both if convicted of both. <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any household member subject to the state sex offender registration program requirements? sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No

➤ List all states in which each applicant and members of the applicant's household have ever resided?

➤ How did you learn about this community?

<input type="checkbox"/> Friends	<input type="checkbox"/> Housing Authority referral	<input type="checkbox"/> Property website	<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Relatives	<input type="checkbox"/> Current resident referral	<input type="checkbox"/> Internet ad	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Drive By	<input type="checkbox"/> Previous resident referral	<input type="checkbox"/> Locator service	<input type="checkbox"/> Other
<input type="checkbox"/> Phone Book	<input type="checkbox"/> Social service referral	<input type="checkbox"/> Advocacy Group	Specify _____

➤ For Affirmative Action purposes, please provide the following: (This Section is Optional)

Please check: ☐ American Indian ☐ Alaskan / Hawaiian ☐ Hispanic
☐ African American ☐ Asian / Pacific Islander ☐ White / Non-minority

➤ Citizenship Status

☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen

➤ Personal Reference (Name Of At Least Two Nearest Relatives Not Living With You)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

RENTAL HISTORY

Please furnish us with the names of prior landlords and/or any friends and relatives who can verify as to your ability to meet occupancy requirements; specifically, ability to pay rent, provide good housekeeping, not be threatening to either neighbors or the property and other conditions of tenancy.

➤ **Are you currently homeless? If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.** ☐ Yes ☐ No

➤ **Present Landlord** (If Co-head, Spouse or Other Adult has separate rental history for current and/or past 3 years, they will need to complete a separate page 3 of application)

CURRENT ADDRESS	
DATES OF RESIDENCE	TO
MONTHLY RENT	\$
REASON FOR LEAVING	
NAME OF LANDLORD	
ADDRESS OF LANDLORD	
TELEPHONE OF LANDLORD	

➤ **Prior Landlords (last 3 years)**

PREVIOUS ADDRESS	
DATES OF RESIDENCE	TO
MONTHLY RENT	\$
REASON FOR LEAVING	
NAME OF LANDLORD	
ADDRESS OF LANDLORD	
TELEPHONE OF LANDLORD	

PREVIOUS ADDRESS	
DATES OF RESIDENCE	TO
MONTHLY RENT	\$
REASON FOR LEAVING	
NAME OF LANDLORD	
ADDRESS OF LANDLORD	
TELEPHONE OF LANDLORD	

FINANCIAL INFORMATION

Provide all income and all financial and real estate asset information for all persons who will live in the apartment. Add additional pages if necessary.

➤ **INCOME** (If Co-head, Spouse or Other Adult has separate income, they will need to complete a separate page 4 of application)

How much do you expect to receive in monthly income? Write NA or None if you receive no income from these sources.
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

SOURCE	MONTHLY	VERIFICATION ADDRESS
EMPLOYMENT	\$	
SELF-EMPLOYMENT	\$	
UNEMPLOYMENT	\$	
PUBLIC ASSISTANCE	\$	
SOCIAL SECURITY	\$	
SSI	\$	
CHILD SUPPORT	\$	
PENSION / RETIREMENT	\$	
INTEREST & DIVIDENDS	\$	
CONTRIBUTIONS FROM FAMILY OR FRIENDS FOR RENT, CHILD CARE OR OTHER BILLS	\$	
OTHER INCOME	\$	

➤ **ASSETS** (If Co-head, Spouse or Other Adult has assets, they will need to complete a separate page 4 of application)

What is the approximate value of each account? Write NA or None if you have no assets from these sources.
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

SOURCE	VALUE	VERIFICATION ADDRESS
CHECKING ACCOUNT	\$	
SAVING ACCOUNT	\$	
DIRECT EXPRESS DEBIT CARD	\$	
PREPAID DEBIT CARD	\$	
401K, ANNUITY, IRA	\$	
STOCKS, BONDS, CD'S	\$	
REAL ESTATE	\$	
OTHER ASSETS	\$	

> Are you a full or part-time student? ☐ Yes ☐ No

If yes, please provide name and address of institute: _____

> Are you receiving any student financial aid, grants, or scholarships? ☐ Yes ☐ No

If yes, please state what and amount received: _____

> During the past two years, have you or any member of the household given away more than \$1,000 or disposed of other assets for less than their market value? ☐ Yes ☐ No

If yes, please explain: _____

SPECIAL HOUSING NEEDS

Program Accessibility Statement: We have a legal requirement to provide reasonable accommodations to applicants and residents if they or any family members have a disability or handicap. A reasonable accommodation is some modification or change we can make to the rules or procedures or to the structure of the Property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program.

In order to be eligible for residence in an accessible unit with special features, some member of the Household must require a unit for the mobility impaired and have physical impairment that: is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently; and is such that the person's ability to live independently could be improved by more suitable housing conditions. Answers to the following questions are optional. However, if you decline to answer, we may be unable to determine your eligibility for this housing program or your priority for a special apartment.

> I choose to ☐ complete ☐ not to complete this section of the form. Please Initial: _____

> Do you or any member of the household have a mobility impairment that meets the definition above? ☐ Yes ☐ No

> Do you or any member of your family have a condition that requires:

☐ One-level unit ☐ A separate bedroom ☐ Unit for hearing impaired ☐ Unit for vision impaired

☐ Barrier-free unit Other Modifications – Explain: _____

> Can you and all members of your family go up and down stairs unassisted? ☐ Yes ☐ No

> Will you or any member of your family require a live-in aide to assist you? ☐ Yes ☐ No

If yes, please explain: _____

> Please list the name(s) of family members who need the features or assistance requested:

> Are there any other accommodations which you or a family member will need? ☐ Yes ☐ No

If yes, please explain: _____

Chapter 4. PENALTIES FOR MISUSING THIS FORM

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 the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. 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, the PHA or the owner 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).

RELEASE AND ACKNOWLEDGEMENT

Applicants are required to show third party verification of income and assets in order to qualify to become residents. In addition to verifications of income and assets, as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interview with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry may include information as to your character, general reputation, personal characteristics, and mode of living.

You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in the application. Any false statement or misrepresentation on your application is grounds for disapproval of this application.

In accordance with program regulations, information may be released to appropriate Federal, State or local agencies. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition or prior tenant history will affect approval for residency.

It is understood by the undersigned that this is an application only and does not insure occupancy.

By signing below I (we) hereby authorize the release of any and all information relative to this application.

I acknowledge reading and understanding the foregoing statements.

_____ SIGNATURE	_____ DATE
_____ SIGNATURE	_____ DATE
_____ SIGNATURE	_____ DATE

The Barcus Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Randi Cutshall

Address: 1601 Bethel Road

Columbus, Ohio 43220

Telephone: (614) 451-9000

TTY: (800) 750-0750

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. 35013520). 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.

PARC LORRAINE COOPERATIVE

Eligibility Notice for Admission

Parc Lorraine is a private company that provides affordable housing to eligible applicants. Parc Lorraine does not discriminate against applicants on the basis of their race, color, religion, national origin or ancestry, sex, familial status, military status, status regarding public assistance, affectional preference, disability, handicap, age, or political affiliation.

For Parc Lorraine to determine if you are eligible to live in this housing, our staff will need your assistance in completing forms and other paperwork. This step is called the applicant screening and verification process.

The screening and verification process are necessary because Parc Lorraine is required by law to admit only qualified applicants who can be verified as able to comply with the essential obligations of a lease. Parc Lorraine is also required to maintain information relative to the acceptance or rejection of an applicant for housing. The forms you complete will be part of that documentation.

During the process, you will be asked to complete and sign various release and consent forms. These will include but are not limited to verifying your:

1. Depository or private source of income
2. Possible need for a unit with special features
3. History of rent and utility payment at your previous residence
4. Ability to care for unit
5. Criminal history (if any)
6. History of disturbing or otherwise interfering with the right of other renters
7. Ability to comply with other lease obligations
8. Credit information

Parc Lorraine will aid you in completing this process. Help is available if you have a handicap or disability, including assistance if you are mobility, vision, or hearing impaired.

Additionally, Parc Lorraine will make reasonable accommodation to applicants if they or any family members have a disability or handicap. A reasonable accommodation is some modification or change Parc Lorraine can make to its apartments or programs that will assist an otherwise eligible applicant with a disability to take advantage of Parc Lorraine apartment or programs.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, to care for their unit (keeping it clean, sanitary, safe, in good condition and hazard free), to report required information to Parc Lorraine (such as income/household status change), to avoid disturbing their neighbors, to avoid criminal activity, and to otherwise comply with the terms of the lease.

If you or a member of your family have a disability or handicap and think you might need a reasonable accommodation, you may request it at any time in the application screening and verification process, or after admission. If you prefer not to discuss this with Parc Lorraine, this is your right as well.



FY 2023 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home Data Sets](#) [Fair Market Rents Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income Click for More Detail	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Wayne County, IN	\$70,000	Very Low (50%) Income Limits (\$) Click for More Detail	27,650	31,600	35,550	39,450	42,650	45,800	48,950	52,100
		Extremely Low Income Limits (\$)*** Click for More Detail	16,600	19,720	24,860	30,000	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$) Click for More Detail	44,200	50,500	56,800	63,100	68,150	73,200	78,250	83,300

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2023 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2023 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY2022 Median Family Income and Income Limits for Wayne County, IN](#)

Select a different county or county equivalent in Indiana:

Vigo County
Wabash County
Warren County
Warrick County
Washington County
Wayne County

Select county or county equivalent

Select any FY2023 HUD Metropolitan FMR Area's Income Limits:

Abilene, TX MSA

Select HMFA Income Limits Area

Or press below to start over and select a different state:

Select a new state

[Update URL for Bookmarking or Emailing](#)

Prepared by the Program Parameters and Research Division, HUD.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Parc Lorraine Cooperative, Inc

504 Non-Discrimination Notice

IN ACCORDANCE WITH SECTION 504 of the Rehabilitation Act of 1973,
Parc Lorraine hereby notifies the public that:

- (1) No qualified individual with disabilities shall, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any federally assisted program or activity administered by Parc Lorraine.
- (2) Parc Lorraine will provide employment opportunities, benefits, access to housing and other appropriate services in a manner that will not, directly, or through contractual or other arrangements, subject qualified individuals with handicaps to discrimination solely on the basis of handicap; and
- (3) Parc Lorraine will not participate in any contractual or other relationship that has the effect of subjecting qualified individuals with disabilities to discrimination solely on the basis of the disability.

It is the intention of Parc Lorraine to take reasonable and affirmative steps to increase access and opportunities for disabled individuals in all programs, services, and administrative operations. Parc Lorraine has a designated 504 coordinator who can be reached at The Barcus Company, Inc. (614) 451-9000. This person is to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

If you have a visual, hearing, or physical impairment and need assistance with this Notice, the Manager of Parc Lorraine will provide appropriate assistance.

To schedule assistance, please call (765) 966-1298 between the hours of 1:00 p.m. – 5:00 p.m. Monday - Thursday. If you have a hearing impairment or speech impairment, our TTY Number is 1-800-750-0750 and available during our hours of operation. Assistance to ensure equal access to this Notice will be provided in a confidential manner and setting.