

Application Instruction:

Our office processes applications on a first-come, first-served basis. In order to ensure this policy, applications are dated and time stamped when all required information is received. Following the instructions below will allow us to avoid delays in accepting and processing your application.

Please use BLACK INK to complete forms and do not use White Out on any forms. The following items must be brought with you to ensure a smooth process:

1. State issued photo identification card, social security card and proof of income/assets for all household members. An example of proof of income will include a current award letter from the Social Security Administration stating your monthly income; pay check stubs from your employment, and/or a benefit letter from your pension provider. (Bank account statements are not an acceptable proof of income.)
 2. Tenant Certification/Recertification Questionnaire: This is a six-page questionnaire that requires every question be answered. Do not write "N/A" on any form. When answering the questions the appropriate response will be to place an "X" in the Yes or No column. If you answer "Yes" you must complete the additional information the form requests. If the question asks for contact information for your sources of income or assets you must provide this information clearly and accurately.
 3. Resident Release and Consent: These forms allow us to verify your application information. Each household member must sign the forms and provide any additional information the form may require.
 4. Exhibit 3-5: Sample Citizenship Declaration: A separate form must be completed for each household member listed on the application. All U.S. Citizens must complete Page 1 of the 3-page form only. Non-citizens with eligible immigration status must complete all forms provided.
 5. Exhibit 3-4 and 3-7: Sample Family & Owner Summary Sheet: All household members need to be listed on this form. Follow the column titles and fill in the appropriate information for each household member. Leave the Declaration and Date Verified columns blank.
 6. Race and Ethnic Data Reporting Form: The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. A separate form for each individual household member is required.
 7. Exhibit O – Non-Employment Certification: This form is completed by all household members that are not employed. If your status is "retired" this form is required. One form per household member is required.
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8. Exhibit M – LIHTC Certification of Student Eligibility: This form must be completed whether or not you are a student. Please read options carefully and select the appropriate answer.
 9. Rental History: Answer all questions at the top of the form. Under Housing References all information must be provided. If you rent property provide the name, complete address and telephone number of your current and previous landlords. Check mark the Rent box and include the dates of tenancy. If you currently or previously owned real estate, write the complete address of the property in the second column under “Your Address”, check mark the Own box and include the dates of ownership.
 10. Personal Reference: Provide three personal references that are not family members. Be sure to include complete addresses, an accurate telephone number, your relationship and years known.
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RESIDENT RELEASE AND CONSENT

I, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, student status, and/or assets to West Clay Senior Living for purposes of verifying information on my apartment rental application.

INFORMATION COVERED

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or childcare allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Past and Present Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	Educational Institutions

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE

Applicant/Resident

(Print Name)

Date

Applicant/Resident

(Print Name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

TENANT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program. *Providing false information may result in your loss of housing.*

Tenant Name:		Home Telephone Number: ()
Home Address: (include city, state and zip code)	Apartment Number:	Alternate Telephone Number: ()

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.
List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to; dependents away at school, military persons stationed away from home who have a spouse or dependent in the home.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.

Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
					Full Time	Part Time	N/A
1.	Head						
2.							
3.							
4.							
5.							
6.							

Do you anticipate any changes in the size of your household *within the next 12 months*? (O-04) Yes No
(Example: a future spouse, minor entering the home through adoption, children returning from foster care, etc.)
 If yes, please describe any changes here: _____

Will any members of your household under age 18 live with you at least 50% of the upcoming 12 months? Yes No
(If you have no household members under 18 write "N/A" in the blank below) (O-01)
 If no, please explain here: _____

Does any member in your household have a disability and require a live-in care attendant? (O-01) Yes No

Is any adult member of your household separated, but not divorced? (O-07) Yes No

Do you own a pet? Yes No



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

Are ALL members of your household full-time students? (S-03) Yes No

Will ALL members of your household become full-time students during any 5 months of this year? (S-03) Yes No
(Example: a student who goes to school full-time in January, February, April, October and November)

Will ALL members of your household be full-time students during any 5 months of next year? (S-03) Yes No

Is ANY ADULT member of your household a part or full-time student in an institute of higher education? (S-01) Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

Does ANY ADULT member of your household intend to become a student *within the next 12 months*? (S-03) Yes No

If yes, who will be enrolling in school? _____

If yes, will they be enrolling as a full-time or part-time student? _____

CHILD SUPPORT / ALIMONY INFORMATION

1. Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a) (8-digit case id#) _____ Yes No

IF NO, SKIP TO QUESTION 2

a) Name of person with court order: _____ Payment Amount: \$ _____ per _____

b) Name of person(s) paying support / alimony: _____

Are the FULL court-ordered amount(s) being received? Yes No

If NO, are you making efforts to collect the amounts due? Yes No

If YES, please explain the efforts you're making here: _____

2. Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED? (This includes help from children's father or mother for clothes, groceries, etc.) (I-07b) Yes No

IF NO, SKIP TO NEXT SECTION

a) Payment Amount: \$ _____ per _____

b) Name of person(s) paying support/alimony: _____

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____



INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of the household employed?	
(I-01)		Job 1.) Who is employed _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		Job 2.) Who is employed _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household.	
<input type="checkbox"/>	<input type="checkbox"/>	Is household member self-employed?	
(I-02 & 1040C)		Who is self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive pay from the military?	
(I-03)		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive any payment from the Social Security Administration?	
(I-04)		Which type: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other	AMT \$ _____
		Who receives payments from the Social Security Office? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive severance pay or worker's compensation?	
(I-09)		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member unemployed and receiving payments from an Unemployment Agency?	
(I-05 & I-10)		Who is receiving unemployment benefits? _____	AMT \$ _____
		Contact Person: _____ Phone: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Public Assistance payments such as TANF or AFDC?	
(I-06)		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
		Caseworker: _____ Phone: _____	PER _____



INCOME INFORMATION CONTINUED

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</p> <p>Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08)</p> <p>Who receives these benefits? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</p> <p>What is the name of the person that pays you? _____</p> <p>What is their address? _____</p> <p>Phone number? _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Is there any other source of income we haven't already asked about above that you receive?</p> <p>Please describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does your household expect any changes in their income <i>within the next 12 months</i>?</p> <p>Please describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility?</p> <p>Which household member is in a long-term facility? _____</p> <p>Which household member are the payments made to? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Are any adult members of your household unemployed?</p> <p>Which adult members are unemployed? _____</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<p>Do any adult members of your household have zero income?</p> <p>Which adult members have zero income? _____</p>	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts/assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

Does any household member have a Checking, Savings, CD or Money Market account?
(A-01)

Bank 1.) Bank Name: _____ Name on Account: _____
Account Type: Checking Savings CD Money Market

Bank 2.) Bank Name: _____ Name on Account: _____
Account Type: Checking Savings CD Money Market

Check if there are additional accounts of these types belonging to the household.

Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death)?
(A-02)

Institution Name: _____ Name on Account: _____
Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance

Does any household member have an IRA, Keogh, 401K or similar retirement account?
(A-03)

Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: IRA Keogh 401K Other _____

Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including 401(k), IRAs and Keoghs)?
(A-05)

Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____

Does any household member have an Annuity account that can be cashed in?
(A-05)

Institution Name: _____ Name(s) on Account: _____
Contact: _____ Phone: _____

Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)
(A-04)

Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____

Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)
(O-04)

Property Type: _____ Estimated Cash Value: \$ _____

Does any household member have cash on hand?

Which household member? _____ What amount is kept on hand? \$ _____

Does any household member have a Trust account?

Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

Does any household member have any Treasury Bills or Government Bonds? (www.savingsbonds.gov)

Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts/assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____
- In the past two years, has any household member given away any assets for less than it was worth? (Examples include property, transferring an asset account into someone else's name, etc.)
What was the estimated value of this asset? \$ _____
- Do all of the accounts / assets that are listed in this section have a total value of less than \$5,000?

(A-05)

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued in the same Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Co-Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application / questionnaire was accepted by:

Apartment Management / Owner's Agent

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.



EXHIBIT Q – NON-EMPLOYMENT CERTIFICATION

Property Name: _____ Property Number: _____
Household Name: _____ Unit Number: _____

THIS SECTION MUST BE COMPLETED BY ADULT APPLICANT / RESIDENT

I confirm that (check which applies):

- I am not currently employed in any capacity.
- I have no intention of becoming employed in the next 12 months.
- I do not currently receive unemployment compensation or other benefits as a result of my non-employment status.
- I have applied to receive unemployment compensation or other benefits.
- I do intend to become employed in the next 12 months.

This information must be completed by the Applicant/Resident at the time of application.

My anticipated employment as a _____ has a start date of _____, 20____
and I anticipate earning \$ _____ per hour working _____ hours per week.

This information is supported by the following provided documentation.

- Written confirmation from new employer
- Previous tax return
- Previous job pay stub /salary history
- Other _____

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

Signature of Applicant/Resident

Printed Name of Applicant/Resident

Date

EXHIBIT M – LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Property Name: _____ Property Number: _____
Applicant/Resident: _____ Unit Number: _____

DEFINITION OF FULL-TIME STUDENT

For the purpose of this form, a full-time student is defined as one who is, has or will be carrying a full-time subject load or attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year. Verification of "Full time" status must be verified by the educational institution. Please note a student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online or mechanical schools, but does not include those attending on-the-job training courses.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

To qualify under the Section 42 program rules, any low income tax credit household that is made up of all Full time Students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221).

CHECK ONE

1) **This household is NOT comprised ENTIRELY of full-time students as defined above.**

The qualifying household member is a verified part-time student.

2) **This household is comprised of ALL full-time students, but the following exemption applies:**

ALL members of this household:

The entire household is composed of a Head of Household who is a single parent with dependent children; the parent is not a dependent and the dependent child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third party tax return, other than a parent of the dependent child(ren) in the household .

The entire household is composed of individuals who are married that are eligible to file or file a joint tax return.

ANY member of this household:

A member of this household is receiving assistance under Title IV of the Social Security Act (TANF).

A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar Federal, State, or Local government agency funded programs.

A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act. (HR3221; effective date 7/30/2008)

NOTE: Any student household exemption marked above must be verified and qualification documented in the property household file for review.

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

_____	____/____/____	_____	____/____/____
APPLICANT / RESIDENT	DATE	APPLICANT / RESIDENT	DATE



Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:
- (1) Form I-551, **Permanent Resident Card**
 - (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
 - (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

Exhibits 3-4 and 3-7: **Sample Family Summary Sheet and
Owner's Summary of Family**

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex M or F	Date of Birth	Declaration	Date Verified
Head of Household							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

West clay Senior Living 14-048 2800 West Clay Valle drive

Name of Property Project No. Address of Property

West Clay Senior Living, LP Section 42

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

RENTAL HISTORY

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you or any one else named on this application been convicted of a felony?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you or any one else named in this application been convicted for dealing, use of or manufacturing illegal drugs?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you or any one else named in this application been convicted of property damage?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____ |

HOUSING REFERENCES:

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		_____
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		_____
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		_____



"This institution is an equal opportunity provider and employer"

PERSONAL REFERENCE:

List 3 personal references other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____
