

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

Housing Requirements Questionnaire

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant/resident at Jenkins Terrace. It is used to determine whether your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the manager.

RELEASE: I hereby authorize the release of the requested information. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident election to provide special needs information:

Name of Head of Household _____ SSN: _____

☐ I choose to complete this form

☐ I choose not to complete this form

Applicant/Resident Signature _____ Date _____

Management Signature _____ Date _____

Information relative to the housing requirements of applicant's/resident's family:

1. Do you, or does any member of your family, have a condition that requires:

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision-impaired |
| <input type="checkbox"/> One-level apartment | <input type="checkbox"/> Physical modifications to a typical apartment |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> Special parking space |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Bedroom / Bath on 1 st floor |
| <input type="checkbox"/> Other _____ | |

2. If you checked any of the above-listed categories of units, please explain what you need to accommodate your situation.

3. What is the name of the family member who needs the special features identified above?

4. Do you or any of your family members need special features to go up and down stairs other than traditional railings?

☐ Yes ☐ No

If "Yes", please indicate how we may accommodate your family.

5. Will you or any of your family member require a live-in aide to assist you?

☐ Yes ☐ No

6. Who should be contacted to verify your need for the features you have identified above (e.g., a doctor or social service agency).

Name _____

Address _____

City, State, Zip _____

Telephone Number _____



Notice to all Applicants: Options for Applicants/Residents with Disabilities or Handicaps

Jenkins Terrace provides assisted housing to the general public under a federal program. We are not permitted to discriminate against applicants/residents on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to provide "reasonable accommodations" to applicants/residents if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant/resident with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family member to have a seeing-eye dog or companion animal to assist a vision-impaired family member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant/resident family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc. but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management that is your right.

The next page of this application is a Housing Requirements Questionnaire. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 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).

This community is dedicated to providing decent, safe, and affordable housing to our residents. This community is an equal opportunity provider and employer.

If you have any questions about this letter, please contact the rental office. Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or hANDicap. Other state AND local law required classes include, but are not limited to, military status AND ancestry.

This community does not discriminate based on 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 nondiscrimination requirements contained in the Department of Housing AND Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Karen Hurt AND / or Amber Spohn, Compliance Coordinator, 880 East 11th Avenue, Columbus, OH 43211, Phone: 614-421-6000, TTY: 711



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Jenkins Terrace
1100 E Broad St
Columbus, OH 43205
Jenkins Terrace

AUTHORIZATION FOR CRIMINAL BACKGROUND, LANDLORD, AND SEX OFFENDER SCREENINGS

I, _____ give Jenkins Terrace permission to obtain a copy of my credit, criminal, landlord, and sex offender screenings.

I understand that the credit screening will be conducted by Equifax SAFESCAN through OneSite Screening. I understand that my criminal and landlord screening will be conducted by TeleCheck through OneSite Screening and third-party verifications completed by Owner/Agent. I understand that the sex offender screening will be conducted by Genuine Data Services through OneSite Screening.

I understand that the Owner/Agent for Jenkins Terrace will receive the results of my credit, criminal, landlord, and sex offender screenings.

THE APPLICANT OR TENANT DOES NOT HAVE TO SIGN THIS CONSENT IF THIS FORM DOES NOT CLEARLY INDICATE WHO WILL PROVIDE THE REQUESTED INFORMATION AND WHO WILL RECEIVE THE INFORMATION.

DATE: _____

NAME: _____

ALIAS: _____

SOCIAL SECURITY NUMBER: _____

APPLICANT SIGNATURE: _____

RELEASE: I hereby authorize the release of the requested information. I acknowledge this signed release is good for a term no longer than 12 months.

Jenkins Terrace does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

"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 and any owner (or any employee of HUD 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 willingly 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 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. Section **408 (a) (6), (7) and (8).**"



**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Jenkins Terrace
Name of Property

1100 E. Broad Street, Columbus, OH 43205
Address of Property

Name of Owner / Managing Agent

Tax Credit
Type of Assistance or Program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yy)

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 this 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 provided 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 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 now. 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.
 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.