

The policy of this community is one of Equal Housing Opportunity for prospective applicants without regard to Race, Color Religion, Sex, Handicap, Familial Status or National Origin. All persons over the age of 18 interested in an apartment must complete and submit an application for residency/tenancy. This community will accept applicants who at the time of residency/tenancy meet the following criteria:

1. Tenants/Applicants who are legally able to enter into a lease agreement. Clarification of legal status and/or age may be requested.
2. Persons whose gross individual and/or gross household income does not exceed the Tax Credit Housing maximum income limits based on household size, as listed on the attached maximum income limits sheet.
3. Persons whose gross individual and/or household income is greater than the minimum income limits determined by this community; this community requires the household income to be at least 2 times the monthly rent.
4. **Scoring of Consumer Credit** – If the applicant's income meets the requirements of this community, the community will proceed in running a credit check. A statistical credit scoring system will be used to evaluate consumer credit. Based upon the applicants credit score the application will be accepted, rejected or conditionally accepted with an additional security deposit. Any evictions or unpaid Landlord debt within the last 12 months will be immediately denied.
5. **Criminal Background Checks** - An extensive criminal background search will be conducted. This community performs criminal background checks in accordance with applicable, federal, state and local laws. Crimes that will result in denial of residency are those which pose a serious threat to the health, safety and well being of persons living or working in our community. Felony convictions within the last 7 years, sex offender, and convictions involving physical bodily harm are immediate denials.
6. **In order to reserve an Apartment Home** - Applicant(s) must submit an executed application along with a \$35 (+ applicable sales tax) non-refundable application fee for each applicant and a holding fee of \$100.00 which will be applied to the required security deposit upon approval of application.
7. *If application is approved and applicant fails to move in, the holding fee is forfeited as liquidated damages for expenses incurred due to cancellation.*
8. **Occupancy** - Studio = 2 persons, 1 bedroom = 3 persons, 2 bedroom = 5 persons, 3 bedroom = 7 persons and 4 bedroom = 9 persons. All occupants must be listed on the lease regardless of age.
9. **Students** - This rental community has received funding from a program which does not generally allow occupancy for households comprised entirely of full time students. The information and verification of information on the student status form is required as part of the household qualification process.
10. **Apartment Availability** – Applications for apartment homes will be accepted on a first come first serve basis and are subject to availability of the particular apartment type requested. Availability does not necessarily mean that any apartment will definitely be available for occupancy at the estimated date. Other circumstances not necessarily under managements control may also delay the date of availability of an apartment or require a substitution.
11. **Verifications** – All verifications that are necessary to meet the requirements or restrictions of this community **must** be received prior to the approval of an application.

Signature / Date

Signature / Date

Management Agent/Date

RESIDENT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

Please use black ink only

NOTE TO RESIDENT: 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 a Federal Affordable Housing Program. **Providing false information may result in loss of your housing.**

Name:		Current Address:	Apt #:
Telephone #:	Alternate Phone #:	Previous Address (New Applicants Only):	

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 that have a spouse or dependent at home.

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

	First & Last Name Driver's License No.	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								
7								
8								
9								

- Do you anticipate any changes in the size of your household **within the next 12 months**? (O-04) ☐ Yes ☐ No
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
a. If yes, please explain changes here: _____
- Does any member in your household have a disability and require a live-in care attendant? (O-01a & b) ☐ Yes ☐ No
- Is any adult member of your household separated, but not divorced? (O-03) ☐ Yes ☐ No
- Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? ☐ Yes ☐ No
- Recertification only:** Have there been any changes in this household since the previous certification? (O-02) ☐ Yes ☐ No
a. If yes, what were the changes? _____



STUDENT ELIGIBILITY QUESTIONS

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

6. Are **ALL** members of your household full-time students? (S-03) ☐ Yes ☐ No
7. Will **ALL** members of your household be full-time students during any 5 months of this year? (S-03) ☐ Yes ☐ No
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)
8. Will **ALL** members of your household be full-students during any 5 months of next year? (S-03) ☐ Yes ☐ No
9. Is **ANY ADULT** member of your household a part time or full time student in an institute of higher education? (S-01 & S-02) ☐ Yes ☐ No
- a. If yes, who is enrolled? _____
- b. Which school are they enrolled in? _____
- c. How do they pay for their education? _____
- d. What is the cost of tuition per semester? _____
10. Does **ANY ADULT** member of your household intend to become a student **within the next 12 months**? (S-03) ☐ Yes ☐ No
- a. If yes, who will be enrolling in school? _____
- b. If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY/CHILD SUPPORT INFORMATION

11. 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-07, O-05) ☐ Yes ☐ No
- a. If **Yes** attach court order Case id number _____
- b. If **No**, skip to question 12
- i. Household Member with court order: _____
- ii. Payment Amount: \$ _____ per _____
- Are the **FULL** court-ordered amount(s) being received? ☐ Yes ☐ No
- If "**NO**" attach last 6 months pay history.
- If "**NO**", are you making efforts to collect the amounts due? ☐ Yes ☐ No
- If "**YES**", please explain the efforts you're making here:

12. Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**? ☐ Yes ☐ No
(This includes help from children's father or mother for clothes, groceries, etc) (O-05, I-15)
- 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

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes". The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

TYPE OF INCOME

INCOME
AMOUNT

☐ Yes ☐ No 13.) 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 _____

☐ Check if there are any additional jobs in the household

(Attach a separate sheet with contact information)

☐ Yes ☐ No 14.) Are any household members self-employed? (I-02)

AMT \$ _____

Who is self employed? _____

PER _____

(Attach 1040 schedule C from your most recent tax return)

☐ Yes ☐ No 15.) Are you or any adult members of your household unemployed? (I-10, I-05)

Which adult members are unemployed? _____

Receiving Unemployment Benefits? ☐ Yes ☐ No

AMT \$ _____

(Attach benefit award statement)

PER _____

☐ Yes ☐ No 16.) 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: _____

☐ Yes ☐ No 17.) Does any household member receive any payments from the Social Security Administration?

(I-04) Which type: ☐ SS ☐ SSI ☐ Other

Who receives payments from the Social Security Office? _____

AMT \$ _____

(Attach most recent SS award letter)

PER _____

☐ Yes ☐ No 18.) 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: _____

☐ Yes ☐ No 19.) Does any household member receive Public Assistance payments such as TANF, AFDC or Food Stamps?

Who is receiving benefits and which type? _____

AMT \$ _____

(Attach most recent benefit award letter)

PER _____

Benefit Type _____

(Food Stamps, Cash Assistance, Etc)



INCOME INFORMATION CONTINUED

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes". The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

- ☐ Yes ☐ No 20.) **Does any household member receive periodic payments from a pension, annuity, veteran's benefits or retirement benefits?**

☐ Pension (I-09) ☐ Annuity (A-03) ☐ VA Benefits (I-11) ☐ Railroad Retirement (I-12) ☐ Other (I-08)

Who receives these benefits? _____

AMT \$ _____

What company pays this pension? _____

PER _____

Contact Person: _____ Phone: _____

- ☐ Yes ☐ No 21.) **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? (I-13)**

AMT \$ _____

What is the name of the person that pays you? _____

PER _____

What is their address? _____

Contact Person: _____ Phone: _____

- ☐ Yes ☐ No 22.) **Is there any other source of income we haven't already asked about above that you receive?**

AMT \$ _____

Please Describe: _____

PER _____

- ☐ Yes ☐ No 23.) **Does your household expect any changes in their income within the next 12 months?**
(O-04) Please Describe: _____

AMT \$ _____

PER _____

- ☐ Yes ☐ No 24.) **Does your entire household have zero income? (I-14)**

If yes, what funds will you be using to pay for your rent or other necessities?

ACCOUNT/ASSET INFORMATION

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

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

- ☐ Yes ☐ No 25.) **Does any household member have a Checking, Savings, Prepaid Debit Card, CD or Money Market account?**

(A-01) Bank 1.) Bank Name: _____ Name on Account: _____

Account Type: ☐ Checking ☐ Savings ☐ Pre-Paid Debit Card ☐ CD ☐ Money Market

Current Balance: _____ Interest Rate: _____

Bank 2.) Bank Name: _____ Name on Account: _____

Account Type: ☐ Checking ☐ Saving ☐ Pre-Paid Debit Card ☐ CD ☐ Money Market

Current Balance: _____ Interest Rate: _____

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

(Attach a separate sheet with the bank name, account type and name(s) on the account.)



ACCOUNT/ASSET INFORMATION CONTINUED

- ☐ Yes ☐ No 26.) **Does any household member have a Stocks, Bonds, Mutual Funds or a Whole Life Insurance Policy?** (A-02)
(Life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM Insurance)

Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Cash Value: _____ (Attach current statement)
Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Whole Life Insurance

- ☐ Yes ☐ No 27.) **Does any household member have an IRA, Keogh, 401K, Annuity or a similar retirement account?** (A-03)

Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Cash Value: _____ (Attach current statement)
Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other
Cash Value: _____ (Attach current statement)

- ☐ Yes ☐ No 28.) **Does any household member own any Real Estate?** (O-04) (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by Deed of Trust, Contracts for Deed or Pending Foreclosure.)

Household Member: _____ Type of Property: _____
Property Address: _____
(Attach current Mortgage Statement &/or recent tax bill)

- ☐ Yes ☐ No 29.) **Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (O-04) (Ex. include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: _____ Estimated Cash Value: _____

- ☐ Yes ☐ No 30.) **Does any household member have a Trust Account?** (O-04)

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

- ☐ Yes ☐ No 31.) **Does any household member have any Treasury Bills or Government Savings Bonds?** (www.savingsbonds.gov)

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

- ☐ Yes ☐ No 32.) **Does any household member have cash on hand or safe deposit boxes?**

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

- ☐ Yes ☐ No 33.) **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? \$ _____

- ☐ Yes ☐ No 34.) **In the past 2 years, has any household member given away/sold any asset(s) for less than they were worth?** (O-04)(Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

What type of Property? _____

What is the estimated value of this asset if you were to sell it today? \$ _____

Amount sold/disposed for \$ _____.



RESIDENT EMERGENCY CONTACTS

Person to contact in case of emergency:

Name _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Person to contact in case of emergency:

Name _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Are the above individuals authorized to act as your personal representative? _____

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 purposes of determining my eligibility or continued eligibility in the Section 42 housing programs

CERTIFICATION: All household members who are 18 years of age, or will be 18 years 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 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 of Agency of the United States as to any matter within its jurisdiction.

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



New Applicants Only

BACKGROUND SCREENING CRITERIA

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and be returned.

Have you or your spouse/roommate ever been evicted? ____ Yes ____ No
Declared Bankruptcy? ____ Yes ____ No
Do you use illegal drugs? ____ Yes ____ No
Do you engage in the distribution or sale of illegal drugs? ____ Yes ____ No
Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drug-related offenses theft, dishonesty, prostitution, obscenity and related violations? ____ Yes ____ No
Do you have any outstanding warrants for arrest? ____ Yes ____ No

DEPOSIT TO HOLD AGREEMENT

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$_____ and a non-refundable application fee of \$_____. The holding deposit is refundable if my Application is not approved (14 day delay for bank clearance of check). If my Application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit (14 day delay for bank clearance of check) by notifying you of my decision to cancel by 5 P.M. on the _____, 20____. Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my rental date or my holding deposit will be forfeited and my apartment rented.

Apt. # _____ Type _____ Lease Length _____ Rent Start Date _____ Lease Ending Date _____

Monthly Rent with Sales Tax: \$_____ Total Deposits Due: \$_____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises. Owner and Owner's representatives reserve the right to run criminal and/or credit checks at the time of certification and recertification.

Application form must be read filled out completely and signed by all household members 18 and older.

All of the information provided above is true and complete to the best of my knowledge and belief.

Applicant

Date

Co-Applicant

Date

Co-Applicant

Date

Co-Applicant

Date

Management

Date



THIS FORM TO BE COMPLETED BY APPLICANT/RESIDENT

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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."

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.

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.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B. Household members can select one of the following applicable ethnic definitions:

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."

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.

The following definition of "disabled" comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

HOUSEHOLD DEMOGRAPHICS

Property Name: _____ Unit #: _____

Household Name: _____

HOUSEHOLD COMPOSITION										
Mbr #	FIRST NAME	LAST NAME	MI	RELATIONSHIP TO HEAD-OF-HOUSEHOLD						
				Head	Spouse	Adult Co-Resident	Child	Foster Child/Adult	Live-in Caretaker	Other
1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.							
(A) RACIAL CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.							
(B) ETHNIC CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) DISABILITY STATUS*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If "Yes," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please refer to the attached page for definitions of race, ethnicity, and disability.

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date	Member #2 Signature	Date
Member #3 Signature	Date	Member #4 Signature	Date