

Application For Occupancy

San Juan Del Centro
3100 34th Street
Boulder, CO 80301
Ph: 303-442-0230
TTY: 800-735-2929
SanJuanDelCentro@Related.com

For Related Management Company Office Use Only:
Date Received: _____
Time Received: _____
Application #: _____

San Juan Del Centro is a Smoke-Free Community

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone:	Secondary Phone:	Email Address:
Check which size units you would like to be considered for (contact management for unit sizes specific to the property you are applying): <input type="checkbox"/> 0BD <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD <input type="checkbox"/> 3BD <input type="checkbox"/> 4BD	Do you require a unit with special accessibility features for any member of your household for the following disabilities? <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing	
Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are applying for a HUD Elderly/Disabled Property, please answer the following questions: Does the Head of Household meet one of these qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? <input type="checkbox"/> 62 or older <input type="checkbox"/> Individual with a disability		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at https://veterans.portal.texas.gov/		

Housing Status

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone:
Current Managing Agent Name/Address:		Managing Agent Phone:
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms <input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify):	How long have you lived at this address? ____ Years ____ Months	Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total monthly rent for your apartment: \$	Your portion of monthly rent: \$
Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord Name/Address: (list only if you have lived at your current address for less than 2 years)		Previous Landlord Phone:
Previous Managing Agent Name/Address:		Previous Managing Agent Phone:
Previous monthly rent: \$	Reason for moving:	

Please list **all states** in which you and all members of your household have previously resided:

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	*SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

Please list all household members who have served in the **U.S. military**:

*SSN not required if household member does not contend eligible immigration status

Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of _____
Name/Address of Bank _____		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of _____
Name/Address of Bank _____		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of _____
Name/Address of Bank _____		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of _____
Name/Address of Bank _____		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of _____
Name/Address of Bank _____		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of _____
Name/Address of Bank _____		
Do you receive income in the form of a pre-paid debit card (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance as of Last Statement Date \$ _____ as of _____
Do you own any stocks/bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$ _____
Do you own any savings bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$ _____
Do you own any real estate ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$ _____
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____ When was it sold? _____ For how much? \$ _____
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list each asset and the amount received for each asset: Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____

Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
2.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
5.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
6.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
7.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay for child care expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____	Estimate of monthly child care costs: \$
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, please indicate the estimated yearly expense amount: \$	Amount of monthly Medicare premium: \$
		Amount of other medical insurance monthly costs: \$

Program Information

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
How did you hear about our development?	Why are you applying to our development?	
Were you or any member of your household ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Explain circumstances briefly:		
Have you or any member of your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
If yes, was the eviction from federally assisted housing for drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain circumstances briefly:		
Has anyone in your household been convicted of violating any drug-related laws? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Explain circumstances briefly:		
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain circumstances briefly:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain circumstances briefly:		
Certain federal affordable housing programs prohibit individuals who are listed on a lifetime sex offender registry from being eligible for tenancy. Is any member of your household subject to a state sex offender lifetime registration requirement in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No		

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

Under the Fair Credit Reporting Act, you have a right to request disclosure of the nature and scope of the investigation. You must be told if information in your file has been used against you. You have a right to know what is in your file, and this disclosure may be free. You have the right to ask for your credit score (there may be a fee for this service). You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

I authorize you to obtain reports that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, and previous tenant and employment history.

In connection with the application to rent the property located at San Juan Del Centro, ("**Applicant**") hereby authorizes the property owner (either directly or through its designated agents and its employees) to investigate Applicant's employment, financial, credit, criminal, litigation and rental history and to obtain reports that may include credit reports, investigative consumer reports, criminal record information, unlawful detainer (eviction) reports, employment history, bad check searches, social security number verification, and previous tenant and employment history.

Signature of Head of Household **Date**

Signature of Applicant Over Age 18 **Date**

Signature of Applicant Over Age 18 **Date**

WARNING: MISLEADING WILLFULL FALSE STATEMENTS OR MISRPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signature of Head of Household **Date**

Signature of Applicant Over Age 18 **Date**

Signature of Applicant Over Age 18 **Date**

Demographic Data

The following information is used only to determine program utilization for statistical purposes. This information will not affect the processing of this application and is optional.

Attention

Please do not submit more than one application per household or copies of an application. The filing of this application in no way guarantees you an apartment. No large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement. We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
If you are Limited English Proficient and need assistance to communicate (written or verbal) with us, which language do you prefer? _____

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).

San Juan Del Centro is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive 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). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (646) 767-3253, NY TTY 1-800-662-1220.
Application revised 2.10.2020 TX_CO



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.

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.

LANGUAGE IDENTIFICATION FORM



Instructions: In order to better serve our residents and applicants, Related Management is gathering information on language needs. **If your English skills are limited and you need communication in another language, please mark the language that you read/speak.**

- | | |
|---|------------------------|
| <input type="checkbox"/> Mark this box if you read or speak English. | 1. English |
| <input type="checkbox"/> Marque esta casilla si lee o habla español. | 2. Spanish |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。 | 3. Simplified Chinese |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。 | 4. Traditional Chinese |
| <input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 5. Tagalog |
| <input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 6. Vietnamese |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 7. Korean |
| <input type="checkbox"/> አማርኛ የሚያነቡ ወይም የሚናገሩ ከሆኑ እዚህ ሳጥን ላይ ምልክት ያድርጉ። | 8. Amharic |
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 9. Arabic |
| <input type="checkbox"/> Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն: | 10. Armenian |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 11. Bengali |
| <input type="checkbox"/> គូសក្នុងប្រអប់នេះ បើអ្នកអាននិងនិយាយភាសាខ្មែរ (កម្ពុជា)។ | 12. Cambodian (Khmer) |
| <input type="checkbox"/> Motka i kakhon ya yangin untungnu' manaitai pat untungnu' kumentos Chamorro. | 13. Chamorro |

<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	14. Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	15. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	16. Dutch
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	17. Farsi
<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	18. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	19. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά.	20. Greek
<input type="checkbox"/>	Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen.	21. Haitian Creole
<input type="checkbox"/>	תירבע ת/רבוד וא ת/ארוק ה/תא מא זז הבית נמסל שי תומישיה תוביתה לכ תא נמסל אנ	22. Hebrew
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	23. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	24. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszélí a magyar nyelvet.	25. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	26. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	27. Italian
<input type="checkbox"/>	日本語を讀んだり、話せる場合はここに印を付けてください。	28. Japanese

<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ .	29. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	30. Polish
<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	31. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	32. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	33. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	34. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	35. Slovak
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	36. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	37. Tongan
<input type="checkbox"/>	Türkçe okuyor veya konuşuyorsanız bu kutuyu işaretleyin.	38. Turkish
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	39. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	40. Urdu
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	41. Yiddish

Resident/Applicant Name (Please Print)

Community

Resident/Applicant Signature

Unit #

Date