

RENTAL APPLICATION

PLEASE COMPLETE ALL SECTIONS.

If items do not apply, mark "N/A" for not applicable. People age 18+ must complete their own application.

1. PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____
SSN _____ DOB _____ Age _____ Gender _____ Phone _____
Email _____ Drivers License # _____ State Issued _____
Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced How many times? _____
Race (check all that apply) ☐ Asian ☐ Black or African American ☐ White ☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Prefer not to answer
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer
Are you a student? ☐ No ☐ Yes ☐ Part-Time ☐ Full-Time School _____

2. OTHER OCCUPANTS

If no other occupants, complete N/A for Occupant #2 Full Name

OCCUPANT #2

Full Name _____ DOB _____
Gender _____ Relationship _____ SSN _____

OCCUPANT #3

Full Name _____ DOB _____
Gender _____ Relationship _____ SSN _____

OCCUPANT #4

Full Name _____ DOB _____
Gender _____ Relationship _____ SSN _____

OCCUPANT #5

Full Name _____ DOB _____
Gender _____ Relationship _____ SSN _____

OCCUPANT #6

Full Name _____ DOB _____
Gender _____ Relationship _____ SSN _____



3. ADDRESS HISTORY: 2 CONSECUTIVE YEARS REQUIRED For additional space, please attach a separate page

CURRENT ADDRESS Date of Residency (month/year) _____ to Present Monthly Amount \$ _____
Address / City / State / Zip _____
Residency Status ☐ I own a Home ☐ Apartment ☐ Lease Home ☐ Other _____
Landlord/Mortgage Company _____ Landlord/Mortgage Company Phone _____
Landlord/Mortgage Address / City / State / Zip _____
Reason for moving: _____ Is landlord a relative? ☐ No ☐ If yes, list relationship _____
Is your lease in any other name? ☐ No ☐ Yes Name & Reason _____

PREVIOUS ADDRESS Date of Residency (month/year) _____ to _____ Monthly Amount \$ _____
Address / City / State / Zip _____
Residency Status ☐ Owned Home ☐ Apartment ☐ Leased Home ☐ Other _____
Landlord/Mortgage Company _____ Landlord/Mortgage Company Phone _____
Landlord/Mortgage Address / City / State / Zip _____
Reason for moving _____ Was landlord a relative? ☐ No ☐ If yes, list relationship _____
Is your lease in any other name? ☐ No ☐ Yes Name & Reason _____

4. EMPLOYMENT INFORMATION If not currently employed, complete N/A for Current Company

CURRENT COMPANY _____ Date of Employment _____ to Present
Job Title _____ Hourly Wage _____ Phone _____ Fax _____
Address/City/State/Zip _____
Supervisor's Name _____ Supervisor's Title _____
Supervisor's Email _____ Is this job seasonal or temporary Yes ☐ No ☐

PREVIOUS COMPANY _____ Dates of Employment _____ to _____
Job Title _____ Hourly Wage _____ Phone _____ Fax _____
Address/City/State/Zip _____
Reason for leaving _____ Supervisor's Name _____
Supervisor's Title _____ Supervisor's Email _____

5. OCCUPANCY REQUIREMENTS / OTHER REQUIRED INFORMATION

of Bedrooms Needed _____ Date Needed _____ How did you hear about us? _____
Do you receive Section 8? ☐ No ☐ Yes Caseworker _____

COMPLETE EACH OF THE BELOW STATEMENTS

NO YES

- ☐ ☐ I expect additions to our household within the next 12 months. Details _____
- ☐ ☐ There are absent household members that would normally live with me. Details _____
- ☐ ☐ I have special needs. Details _____
- ☐ ☐ I have or anticipate having pets other than a service animal. Details _____
- ☐ ☐ I have primary physical custody of all children listed on the application. Details _____
- ☐ ☐ I have been evicted or asked to move from a rental unit of any type. Details _____
- ☐ ☐ I have broken a rental agreement or lease contract. Details _____
- ☐ ☐ I have filed for bankruptcy. Details _____
- ☐ ☐ I have been convicted of a felony. Details _____
- ☐ ☐ I have been arrested/convicted of a drug related crime. Details _____



6. ADDITIONAL INFORMATION

EMERGENCY CONTACT Name _____ Relationship _____ Phone _____

Address / City / State / Zip _____

☐ In the event of a serious illness or death of resident, the above person **may** enter, remove and/or store all contents found in the dwelling, common areas or mailbox.

☐ In the event of a serious illness or death of resident, the above person **may not** enter, remove and/or store all contents found in the dwelling, common areas or mailbox.

VEHICLE (Car/Truck/SUV/Motorcycle) _____ Make/Model/Color _____

VEHICLE (Car/Truck/SUV/Motorcycle) _____ Make/Model/Color _____

PETS Do you have a pet? (Management Approval Required) ☐ No ☐ Yes Number of Pets _____

Description of Pets (Name/Type/Breed/Weight) _____

7. APPLICATION FEE AND SIGNATURE CLAUSE

Applicant has submitted the sum of \$_____ which is non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application, along with an applicant questionnaire completed by each adult in household, must be completed in total and signed before it will be processed by Management.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(2) and deposit(s) as liquidated damages for owner's time and expenses of processing this application and (3) terminate resident's right of occupancy. Owner receives the right to regularly and routinely furnish information to consumer reporting agencies about performance of leasing obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit program. This program requires us to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility, and if such eligibility is granted, each subsequent year you remain in the unit.

Management has collected all the required identifying information for each household members. This includes Birth Certificates, DL and/or Social Security cards on all household members.

Management Initials: _____



APPLICATION AGREEMENT:

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. To continue with this application, you'll need to review the Application Agreement carefully and acknowledge that you accept its terms.

1. Lease Contract Information. The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.
2. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, and we will schedule lease signing.
3. Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, and schedule a Lease signing, and collect the security deposit at the lease signing.
4. If you Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you, our approval. If you or any co-applicant fails to sign as required, we may terminate all further obligations under this Agreement.
5. If You Withdraw Before Approval. If, before signing the Lease Contract, you or any co-applicant withdraws an application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application fees, and the parties will then have no further obligation to each other.
6. Approval/non-approval. We will notify you whether you've been approved within 10 days after the date we receive a completed Application. Your application will be considered "disapproved" if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day period may be changed only by separate written agreement.
7. If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, the application fee is non-refundable.
8. Extension of Deadlines. If the deadline for signing or approving under paragraphs 4 or 6, falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
9. Keys or Access Devices. We'll furnish keys and/or access devices only after:(1) all parties have signed Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
10. Application Submission. Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

1. Application Fee (Non-Refundable). You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 2. **Payment of the application fee does not guarantee that your application will be accepted.** The application fee partially defrays the cost of administrative paperwork. It is non-refundable.

2. Fees Due: Your Rental application will not be processed until we receive your completed application (and completed application of all co-applicants, if applicable), and the following fees:

1. Application Fee (non-refundable): \$ _____

3. Completed Application. Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:

1. Your completed Rental Application.
2. Completed Rental Application for each co-applicant (if applicable);
3. Application fees for all applicants.

4. Notice to or from Co-Applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant

Date

Signature of Management

Date



INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

☐ Initial Certification ☐ Recertification ☐ Addition of Household Member

RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/>	<input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

3. <input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____ 1) Date of Hire: _____ 2) Date of Hire: _____

Revised 8/1/24



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



YES NO

MONTHLY GROSS INCOME

5. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
6. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
12. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive Public Assistance Income (examples: TANF)</p> <p>DO NOT INCLUDE FOOD STAMPS</p>	\$ _____
13. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive child support payments through court order or other agreement.</p> <p>If yes, from how many persons do you receive support? _____</p>	<p>\$ _____</p> <p>(amount received)</p>
14. <input type="checkbox"/> <input type="checkbox"/>	I receive alimony/spousal maintenance payments	<p>\$ _____</p> <p>(amount received)</p>
15. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements.</p> <p>If yes, list sources:</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
16. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	<p>(Use <u>net</u> earned income)</p> <p>\$ _____</p>

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YES NO 17. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.). 	\$ _____ per semester
18. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	 	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	 	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	 	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	 	\$ _____

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YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: Keep Sell Rent Give Away Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____

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YES NO		INTEREST RATE	CASH VALUE
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		\$ _____ \$ _____ \$ _____
35. <input type="checkbox"/> <input type="checkbox"/>	I received a tax refund or refundable tax credit in the past 12 months.		AMOUNT RECEIVED \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM 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 WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

Revised 8/1/2024



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**AUTHORIZATION TO RELEASE
INFORMATION**

Date: _____

Number of pages including cover sheet: _____

To be completed by property management office:

The undersigned individual(s) has applied for residency at _____. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____

Last 4 Digits of Social Security Number: _____

Authorizing Signature: _____

Co-Applicant/Co-Resident Name (Printed): _____

Last 4 Digits of Social Security Number: _____

Authorizing Signature: _____

Co-Applicant/Co-Resident Name (Printed): _____

Last 4 Digits of Social Security Number: _____

Authorizing Signature: _____

Co-Applicant/Co-Resident Name (Printed): _____

Last 4 Digits of Social Security Number: _____

Authorizing Signature: _____



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DEMOGRAPHIC DATA COLLECTION FORM

Name of Property & Address: _____ Date: _____

Data Collection for: ☐ Wait List ☐ Tenant ☐ Applicant

Please list All Members of your Household with Head of Household as #1:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Ethnic Categories	Select One Ethnic Category for EACH Household							
Household Member	1	2	3	4	5	6	7	8
Hispanic or Latino								
Not Hispanic or Latino								
Racial Categories	Select All Races that Apply for Each Household Member							
American Indian or Alaska Native								
Asian								
Black or African American								
Native Hawaiian or Other Pacific Islander								
White								
Other								
Other Categories	Add Information for Each Household Member							
Age (Senior Complex only)								
Disability ("Yes" or "No" for all over 5 yrs. of age)								

There is no penalty for persons who do not complete the form. Initial here ☐ if you choose not to disclose race and/or ethnicity information for your household. If you choose not to disclose, head of household ONLY should sign and date below. Otherwise, every adult must sign:

Head of Household Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature



Instructions for the Race and Ethnic Data Reporting (Based on 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 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.