

Dear Applicant,

Thank you for your interest in The Housing Foundation. Attached you will find an application. Please complete and answer all questions as thoroughly as possible. Some properties may have restrictions affecting eligibility. **Please check the properties that you would like to apply for:**

**All Age Properties (no age restrictions)**

**(un-subsidized rents)**

- Bay Head Apartments (2 East Ave, Belfast, ME), (1BR, 2BR, 3BR and HC Units)
- Longfellow Heights (Elm Street, Orono, ME), (1BR Units)
- Mid-Col, (38 Colburn Drive, Orono, ME), (1BR, 2BR and HC Units)
- Mid-Col, (31 Midcoast, Belfast, ME), (1BR, 2BR and HC Units)
- Northside Family Housing (250 Griffin Road, Bangor, ME), (2BR, 3BR and HC Units)
- Penquis Family Housing (169-189 Griffin Road, Bangor, ME), (2BR, 3BR and HC Units)
- Windward Manor (33 Prospect St., Searsport, ME), (2BR, 3BR and HC Units)
- Talmar Wood (37 Boulder Drive, Orono, ME), (1BR, 2BR, 3BR and 4BR Units)
- Theresa's Place (22 Cleveland Street, Bangor, ME), (OBR, 1BR and HC Units)

**(subsidized rents)**

- Second Street (41 Second Street, Bangor, ME), (2BR, 3BR and HC Units)
- Straw Way Housing (7-19 Straw Way, Ellsworth, ME), (2BR, 3BR and HC Units)
- Talmar Wood (37 Boulder Drive, Orono, ME), (1BR, 2BR, 3BR and 4BR Units)
- Theresa's Place (22 Cleveland Street, Bangor, ME), (OBR, 1BR and HC Units)

**Age 55 + Properties**

**(un-subsidized rents)**

- Corundel Commons (14 Hill St., Corinna, ME), (1BR, 2BR, and HC Units)
- Graham School Senior Housing (3 Flagg St., Veazie, ME) (1BR, 2BR, and HC Units)
- Lakeview Senior Housing (20 Main St., Lincoln, ME) (1BR, 2BR, and HC Units)
- Leonard Lake Senior Housing (16 Wood St., Ellsworth, ME) (1BR, 2BR, and HC Units)
- Milford Place Senior Housing (35 Milford Street, Bangor, ME), (1BR and HC Units)
- Newton Place (487 Grandview Ave., Bangor, ME), (1BR and HC Units)
- Stephen B. Mooers Village (485 Grandview Ave., Bangor, ME), (1BR and HC Units)
- Veazie Village Senior Housing (1 Flagg St., Veazie, ME) (1BR, 2BR, and HC Units)

**Age 62 + and Handicap or Disabled Properties**

**(all subsidized rents)**

- Benjamin River (39 Reach Road, Sedgwick, ME), (1BR, 2BR and HC Units)
- Deer Run (100-400 Deer Run, Deer Isle, ME), (1BR, 2BR and HC Units)
- Edward Ernst Manor (686 Broadway, Bangor, ME), (OBR, 1BR and HC Units)
- Hasbrouck Court (Sherman/Wagner Drive, Orono, ME), (1BR, 2BR and HC Units)
- Longfellow Heights (Elm Street, Orono, ME), (1BR Units)
- Persistence (2244 Carmel Rd North, Newburgh, ME), (OBR, 1BR and HC Units)
- Roe Village (113 Western Avenue, Hampden, ME), (OBR, 1BR and HC Units)





# The Housing Foundation

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## How to submit your application:

- Via email: [inquiries@housing-foundation.com](mailto:inquiries@housing-foundation.com)
- Via fax: (207) 866-0096 or (207) 889-9501
- In person or by mail: The Housing Foundation, 353 Main St., Orono, ME 04473
- In person or by mail: The Housing Foundation, 37 Boulder Drive, Orono, ME 04473  
A secure drop box is available at both locations.
- Questions: Call 207-866-4634 or 207-866-4300

## Office Hours:

- Monday – Thursday, 9AM – 4PM
- Friday, 9AM – 1PM
- Closed weekends and holidays

## Application Process:

- Completed applications are reviewed within 14 business days of receipt.
- Applications are placed on the waitlist in chronological order unless a preference applies.
- Only completed applications are placed on the waitlist. Incomplete applications will be returned.
- Applicants are contacted when there is an opening and the applicant is next on the waitlist.

## Contacting our Office:

- If any of the following changes, contact our office to update your application: telephone number, mailing address, income status, household composition or living arrangement.
- Every six months, contact us to update your application to avoid your application being deactivated.
- Respond promptly to any update inquiries sent to you to ensure your application remains active.
- When contacting our office to check on your status, please have the “Head of Household” name on the application, approximate date you applied, and number of persons on the application (including dependents).

Again, thank you for your interest in The Housing Foundation. We look forward to serving you.

## *The Housing Foundation Management Office*



Date ReceivedTime ReceivedStaff Initials**APPLICATION FOR HOUSING****Please Print Clearly****Please complete this application and return to:**

**The Housing Foundation, 353 Main St., Orono, ME 04473 or  
 The Housing Foundation, 37 Boulder Drive, Orono, ME 04473  
 (A secure drop box is available at both locations)  
 Telephone numbers (207) 866-4634 or (207) 866-4300**

**Via email: [inquiries@housing-foundation.com](mailto:inquiries@housing-foundation.com)**

**Via fax: (207) 866-0096 or (207) 889-9501**

Income limits apply. Applications are placed in order of date and time received. Only complete applications will be placed on the waitlist. Applicants may be interviewed only after the receipt of a complete application.

**PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED****General Information**

Head of Household Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Current Physical Address (if different from mailing): \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current housing: \_\_\_\_\_ Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

Circle utilities paid by you: Heat Electricity Gas Other (specify) \_\_\_\_\_

Approximate monthly cost of utilities paid by you (excluding phone and cable) \$ \_\_\_\_\_

Bedroom size requested:

Efficiency	One BR	One BR Handicap Accessible Unit
2 BR	3 BR	4 BR

Refer to cover sheet for unit sizes available for each property.

### Household Composition

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to Head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS #	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain	

Is there anyone living with you now who won't be living with you at this property? If so, name and relationship. Explanation:

Does your household have or anticipate having any pets other than those used as service animals? <b><i>Please note – pets are not allowed.</i></b> If so, please explain.

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an education institution with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Family History</b>		
Have you or anyone else named on this application filed for bankruptcy? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been convicted of a felony? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been convicted of doing damage to property of others? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:		

<b>Housing References</b>			
<b>Provide landlord information for the past FIVE years beginning with your current landlord. IF NO LANDLORD(S), PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER(S) OF 3-5 PERSONAL NON-RELATED REFERENCES ON THE BACK OF THIS APPLICATION.</b>			
Landlord's Name, Address and Phone #	Your Address	Own / Rent Include Monthly Amount	Dates From - To

<b>Personal Reference</b>		
<b>List a personal reference other than a relative.</b>		
Name, Address and Phone #	Relationship	Years Known

<b>Vehicle Identification</b>			
<b>List vehicle information for all vehicles that are owned or operated by any household member</b>			
	<b>Tag/License Plate #</b>	<b>State Issued</b>	<b>Color/Make/Model/Year</b>
Vehicle #1			
Vehicle #2			

<b>Emergency Contact</b>		
<b>List someone in the area that is not already on the application that we should contact in case of an emergency.</b>		
<b>Name, Address and Phone #</b>	<b>Relationship</b>	<b>Years Known</b>

<b>INCLUDE ALL GROSS INCOME ANICIPATED FOR THE NEXT 12 MONTHS</b>			
<b>Gross Income Information</b>			
<b>Yes</b>	<b>No</b>	<b>Do YOU receive OR expect to receive income from:</b>	<b>Amount / Month</b>
		Employment wages or salaries? Include overtime, tips, bonuses, commissions and payments received in cash. Name of company?	
		Self-employment? Include overtime, tips, bonuses, commissions and payments received in cash. Type of business?	
		Regular pay as a member of the Armed Forces? Base Name and Branch:	
		Unemployment benefits or worker's compensation? Contact Person:	
		Public Assistance, Temporary Assistance for Needy Families (TANF)? Contact Person:	
		Child Support or Alimony? (We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but rather received directly from payor.) Payor:	
		How is the support received? Child Support Enforcement Agency? List name of agency. Court of Law? List name of court. Directly from Individual? List name of person. Other? Explain. If money is not actually received, are you taking legal action to receive it? Explain:	

		<b>Gross Income Information Continued</b>	
<b>Yes</b>	<b>No</b>	<b>Do YOU receive OR expect to receive income from:</b>	<b>Amount / Month</b>
		Social Security, SSI or any other payments from the Social Security Administration? SSA Office:	
		Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? Source of Benefit:	
		Regular payments from a severance package? Source of Benefit:	
		Regular payments from any type of settlement. For example, insurance settlements. Source of Benefit:	
		Any other income sources or types not listed? Source of Benefit:	
		Do you or any other household members expect any changes to your income in the next 12 months? Explain:	

#### Asset Information

**Include all assets held and the income derived from the asset.**

**INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.**

<b>Yes</b>	<b>No</b>	<b>Type of Asset</b>	<b>Source /Bank</b>	<b>Amount</b>
		Checking Account?		
		Savings Account?		
		CD's, money market accounts or treasury bills?		
		Stocks, bonds, or securities?		
		Trust Funds?		
		Pensions, IRA's, Keogh or other retirement accounts?		
		Cash on hand over \$500?		
		Real estate, rental property, land contracts, contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)		
		Personal property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)		

<b>Asset Information Continued</b>				
<b>Yes</b>	<b>No</b>	<b>Type of Asset</b>	<b>Source / Bank</b>	<b>Amount</b>
		A safe deposit box?		
		Annuities?		
		Capital Gains?		
		Mutual Funds?		
		Life Insurance Policy (Whole and Universal – list cash surrender value and dividends from prior year.)		
		Have you or any other household members disposed of or given away any asset (s) for LESS than fair market value within the past 2 years?		

<b>Applicant Status</b>		
<b>The following questions pertain to specific eligibility requirements.</b>		
<b>Yes</b>	<b>No</b>	
		Are you or any other ADULT household members claiming zero income? Please explain.
		Will you or any ADULT household member require a live-in care attendant to live independently? Name of Attendant: Relationship (if any):
		Do you currently have a Housing Choice Voucher (Section 8 Rental Assistance)? Name of Agency: Contact Person: Expiration Date:
		Are you or any member of your household currently on an active Public Housing or Section 8 Waiting List? Name of Agency: Contact Person:
		Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Expected date: Name of Agency: Contact Person:

**Social Security Numbers (applicable to subsidized units)**

The application requests disclosure of SSNs for the applicant and all members of the applicant's household, except those household members who do not contend eligible immigration status. If you are not contending eligible immigration status, please indicate so.

\_\_\_\_\_ By initialing here, I am certifying that I am not contending eligible immigration status.

If the applicant and all members of the applicant's household were 62 or older as of January 31, 2010, and who do not have a SSN, please answer the following questions.

As of January 31, 2010, the applicant and all members of the applicant's household were receiving HUD rental assistance at another location. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the name, address and telephone number of the property where you were receiving HUD rental assistance.

\_\_\_\_\_

Does the Applicant or Co-Applicant meet the HUD definition of Elderly person (must be at least 62 years of age or disabled)?  yes  no

**Additional Information**

Have you ever participated in a rental assistance program?  yes  no

If yes, when & where: \_\_\_\_\_  
Under what name \_\_\_\_\_

Have you or any member of your household ever had rental assistance terminated due to fraud, nonpayment of rent or failure to cooperate with recertification procedures?  yes  no  
If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you owe any money for any reason to any Housing Authority, subsidized housing assistance program or former landlord?  yes  no If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you entered into a written payment arrangement with the above party?  yes  no

Are you current on your payments with the above party?  yes  no

Have you ever been evicted?  yes  no If yes, give dates and explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or anyone in your household subject to a lifetime registration requirement under a state sex offender registration program? \_\_\_\_\_ yes \_\_\_\_\_ no

Please list all states where the applicant or members of the applicant's household have resided.

\_\_\_\_\_

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a full security deposit for this apartment prior to occupancy. I understand that management is relying on this information to determine my household's eligibility for the Housing Credits Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to prove my eligibility. I understand that providing false information, failing to disclose material information, or making false statements may be grounds for denial of my application or termination of tenancy after occupancy. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:**

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

### AUTHORIZATION for Release of Information

#### CONSENT

I authorized any direct and FEDERAL, STATE, or LOCAL AGENCY, ORGANIZATION, BUSINESS, or INDIVIDUAL, to release to and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Housing Tax Credit Program, HOME-ARP Program or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by The Housing Foundation in administering and enforcing program rules and policies. I also consent for THF or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

#### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested included, but are not limited to:

- |                                  |  |
|----------------------------------|--|
| Identity and Marital Status      | Employment, Income, and Assets         |
| Medical or Child Care Allowances | Credit, Residences and Rental Activity |

#### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

- |  |  |
|--|--|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers                       |
| Courts and Post Offices                                | Welfare Agencies                                 |
| Schools and Colleges                                   | State Unemployment Agencies                      |
| Law Enforcement Agencies                               | Social Security Administration                   |
| Medical and Child Care Providers                       | Support and Alimony Providers                    |
| Retirement Systems                                     | Veterans Administration                          |
| Utility Companies                                      | Banks and Other Financial Institutions           |
| Credit Providers and Credit Bureaus                    | Community Health & Counseling (CHCS) TPlace only |

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

Signatures:

	(Print Name)	Date
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	(Print Name)	Date
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NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.



Equal Housing Opportunity



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>STUDENT CERTIFICATION</b>
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*EACH ADULT HOUSEHOLD MEMBER MUST COMPLETE A STUDENT CERTIFICATION FORM- THERE ARE TWO FORMS INCLUDED. IF YOUR HOUSEHOLD HAS MORE THAN TWO ADULTS PLEASE REQUEST ADDITIONAL FORM(S) FROM THE RENTAL OFFICE.*

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Property \_\_\_\_\_

<b>TO BE COMPLETED BY APPLICANT/RESIDENT</b>
--

	YES	NO
Are you a student at an institution of higher education?	<input type="checkbox"/>	<input type="checkbox"/>

*Institutes of higher education include post-secondary vocational institutions: "Proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, please complete the following questions.**

	YES	NO
1. Are you a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you disabled?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, were you receiving Section 8 assistance as of 11/30/05?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a veteran of the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have dependents other than a child of spouse?	<input type="checkbox"/>	<input type="checkbox"/>
9. Were you an orphan or a ward of the court through the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
If no:	<input type="checkbox"/>	<input type="checkbox"/>
c. Are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you receiving any financial assistance to pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

**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)

Name of Property Project No. Address of Property

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

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are 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 the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
  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.