

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

**THIS SECTION FOR WAITLIST ADMINISTRATOR:**

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

☐ This waitlist is closed. The only waitlists open at present are:

\_\_\_\_\_  
\_\_\_\_\_

☐ This is not the right application. We have enclosed the correct application.

☐ You do not appear to qualify for this property, because: \_\_\_\_\_

Name of Waitlist Administrator *optional* \_\_\_\_\_

Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter      |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

GARDEN PARK MANAGEMENT  
513 Main Street, Springfield, MA 01105  
Tel (413) 739-9774 / Fax (413) 739-7189 / TTY 711

**Rental Application - Section 8 Housing**

**THIS APPLICATION MUST BE COMPLETED IN FULL OR IT WILL NOT BE ACCEPTED.  
IF YOU NEED A REASONABLE ACCOMMODATION OR ASSISTANCE  
WITH THIS APPLICATION, PLEASE CALL THE NUMBER ABOVE.**

**OFFICE USE ONLY**

(Please return this form to the above address)

***Application WILL NOT be accepted without Photo ID, Birth Certificate  
AND Social Security Cards for ALL People in the household.***

**NO PETS – NO WATERBEDS – NO POOLS – NO GRILLS**

<b># OF BEDROOMS</b>	
<b># OF OCCUPANTS</b>	
<b>SPECIAL NEEDS?</b>	

<b>For Office Use Only:</b> Date application received _____	Time application received _____	By _____
--	---------------------------------	----------

**DATE:**

Applicant Name			
How did you hear about us?			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
Current Address			
Mailing Address			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
Birth date			
Social Security Number			
What language can you best communicate in:			
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 <b>and</b> receiving HUD housing assistance as of 1/31/10			
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Are you currently using marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if			<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor



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**Rental Application - Section 8 Housing**

you have been convicted of both.		
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		

**RENTAL HISTORY:**

Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Current Landlord		
Address		
Landlord Address		
Landlord City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		



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**Rental Application - Section 8 Housing**

How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**UTILITY PROVIDERS:** You may not live in the unit unless you can establish utilities in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be able to establish utilities in your unit?			
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you receive any assistance to pay your utility bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is assistance provided under the HHS Low-Income Home Energy Assistance Program (LEAP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
If no, the monthly amount you receive to assist with your utility bills.	\$ _____ or <input type="checkbox"/> NA		

**PETS & ASSISTANCE/COMPANION ANIMALS:** Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal Type <i>(i.e. dog, cat, turtle, etc)</i>	Breed <i>(if applicable)</i>	Height <i>(measured at withers if applicable)</i>	Weight		

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

**Please complete this section** which provides information about other household members. Make a copy of this page if more than four people will live in the unit. This application must include information about everyone who will live in the unit.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many people will live in the unit?	Adults	Minors	

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
#2	Name:		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <i>(live in aides must be approved before move in)</i> <input type="checkbox"/> None of the Above			
SSN		Date of Birth	



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**Rental Application - Section 8 Housing**

Please indicate each state where this person has lived		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.		
Member # & Household member's full name		
<b>#3</b>	Name:	
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above		
SSN		Date of Birth
Please indicate each state where this person has lived		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.		
Member # & Household member's full name		
<b>#4</b>	Name:	
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above		
SSN		Date of Birth
Please indicate each state where this person has lived		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.		

**UNIT SIZE/FEATURES:** The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

**Unit Size**

<input type="checkbox"/> Studio Unit
<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit
<input type="checkbox"/> 3 Bedroom Unit

**Special Features**

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:

COMMENTS:



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**Rental Application - Section 8 Housing**

**INCOME AND ASSET INFORMATION:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you or anyone in the household employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income does your family expect to receive in the next 12 months?		\$	

Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	

How much do you expect to receive in other income in the next 12 months?			
<b><u>Please write in 0.00, NA or None if you will receive no income from these sources.</u></b>			
<b>THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</b>			
Monthly Social Security?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly SSI?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Retirement Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly VA Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Unemployment Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Are you entitled to Child Support?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Child Support Amount		\$	
Are you entitled to Alimony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount		\$	
Monthly Public assistance?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Income from a pension or annuity or other asset?		\$	
Regular contributions from organizations or from individuals not living in the unit?		\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?		\$	
Contributions from family or other sources for rent, child care or other bills.		\$	
Any lump sum amounts from delay of payments for SSI or VA Disability		\$	
Do you receive financial aid for education assistance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**Rental Application - Section 8 Housing**

Annual amount of education assistance.	\$
Other?	\$
Other?	\$
Other?	\$

**Assets**

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value- Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		





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### Rental Application - Section 8 Housing

**Child Care:** HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work.

<b>Do you pay for Child Care for a minor 12 years of age or younger?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount Child #1 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____		
Monthly Amount Child #2 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____		
Monthly Amount Child #3 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____		

**Disability Assistance Expense:** Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount		\$ _____	
Name of Family Member who can work as a result of such an expense. _____			
Do you pay for equipment that allows any adult family member to work? <i>e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount		\$ _____	
Name of Family Member who can work as a result of such an expense. _____			

**Medical Expenses:** Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$ _____
Health Insurance - 1 – annual deductible	\$ _____
Health Insurance - 2 – annual premium	\$ _____
Health Insurance - 2 – annual deductible	\$ _____
Dr. visit/medical treatments - annual out-of-pocket expense	\$ _____
Prescription Drugs - annual out-of-pocket expense	\$ _____
Do you have an <b>HMO</b> , a <b>medical plan</b> , or <b>health insurance policy</b> , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. _____	



GARDEN PARK MANAGEMENT  
513 Main Street, Springfield, MA 01105  
Tel (413) 739-9774 / Fax (413) 739-7189 / TTY 711

**Rental Application - Section 8 Housing**

What amount (or percentage) of the cost must YOU pay?	\$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who reimburses you? _____ _____		
Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense ( <i>i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis</i> )	\$	
Personal use items annual out-of-pocket expense ( <i>i.e. glasses, incontinent supplies, hearing aids</i> )	\$	
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	\$	
Mileage to and from medical appointments		
Other	\$	
Other	\$	
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?		
Other?	\$	

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



**Rental Application - Section 8 Housing**

**RELEASE FORM TO OBTAIN  
CORI / SORI RECORDS**

**EVERYONE 18 YEARS AND OLDER MUST FILL OUT THIS FORM.**

IF YOU SHOULD NEED ANY ADDITIONAL CORI/SORI FORMS, PLEASE LET MGMT KNOW.

As an applicant for, or current participant of, rental assistance under the Section 8 program, I understand that a criminal, credit and sex offender check will be conducted for conviction and Pending criminal case information. Such information will be used in determining my eligibility or continued eligibility for rental assistance. The information below is correct to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
LAST NAME (please print) FIRST NAME MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: (please make sure this is an accurate physical address **where you can receive mail**, no PO Boxes can be accepted):

\_\_\_\_\_  
Street Address City State Zip

PREVIOUS ADDRESS:

\_\_\_\_\_

I hereby authorize Garden Park Management Co. Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Garden Park Management Co. Inc., and any procurer or furnisher of information, from any liability what- so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.



**Rental Application - Section 8 Housing**

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
LAST NAME (please print) FIRST NAME MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESENT ADDRESS: (please make sure this is an accurate physical address **where you can receive mail**, no PO Boxes can be accepted):

\_\_\_\_\_  
Street Address City State Zip

PREVIOUS ADDRESS:

\_\_\_\_\_

I hereby authorize Garden Park Management Co. Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Garden Park Management Co. Inc., and any procurer or furnisher of information, from any liability what- so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.



## **Rental Application - Section 8 Housing**

### ***REASONABLE ACCOMMODATION – MODIFICATION POLICY***

Garden Park Management is committed to complying with the Fair Housing Act and Section 504 of the Rehabilitation Act by ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with the operation of housing services or programs solely on the basis of such disabilities.

If an individual with a disability requests an accommodation or modification, Garden Park Management will fulfill these requests, unless doing so would result in a fundamental alteration in the nature of the program or create an undue financial and administrative burden. In such a case, if possible, Garden Park Management will offer an alternative solution that would not result in a financial or administrative burden.

1. Garden Park Management informs all residents that, at any time, the resident or a person acting on behalf of the resident may make a request for reasonable accommodation or modification for an individual with a disability.
2. At the time of application, all applicants are provided with a copy of the Reasonable Accommodation – Modification Policy. This is provided in writing as part of the Application package or upon the applicant's request, the Policy will be provided in an equally effective format.
3. All applicants and/or residents may submit the request in writing, orally or use another equally effective means of communication to request an accommodation or modification.
4. Residents and applicants may contact the management office located within their property for information about requests.
5. Garden Park Management will reply to requests as quickly as possible, but no more than ten (10) business days from the receipt of the request unless the owner/agent explains the delay. Response may include but is not limited to: Request Approval, Request Denial, and Request for Additional Information or verification.
6. Garden Park Management will consent to or deny the request as quickly as possible. Unless the owner/agent explains the delay, the applicant/resident will be notified of the decision to consent or deny within thirty (30) calendar days after receiving all necessary information and documentation from the resident and/or appropriate verification sources.
7. If the request for reasonable accommodation or modification is denied, the requestor has the right to appeal the decision within ten (10) business days of the date of the written notification of denial. The appeal will be looked over by a person who was not originally involved in the decision to deny.
8. The person named below has been designated as the Section 504 Coordinator to review compliance with the nondiscrimination requirements and can be contacted to discuss any provisions of the Reasonable Accommodation – Modification Policy.

Name: Debra Katz  
Address: 513 Main Street, Springfield, MA 01105  
Telephone: 413-739-9774  
TTY: 800-439-2370 (mass relay)



GARDEN PARK MANAGEMENT  
513 Main Street, Springfield, MA 01105  
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**Rental Application - Section 8 Housing**

**APPLICANT CERTIFICATION**

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents tenant selection plan. ☐ No ☐ Yes  
If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

**ALL APPLICANTS 18 YEARS AND OLDER MUST SIGN APPLICATION**

Applicant Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This is an important notice. Please have it translated.  
Este é um aviso importante. Queira mandá-lo traduzir.  
Este es un aviso importante. Sirvase mandarlo traducir.  
ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG  
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
Ceci est important. Veuillez faire traduire.

本通知很重要。请将之译成中文。

នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនផង

Это очень важное сообщение обязательно переведите

Garden Park Management Co, does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, children ancestry, marital status, familial status, veteran status, public assistance reciprocity, transgender, or mental or physical handicap.

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

Garden Park Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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.

--	--

**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.

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 12/31/2007)

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*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete 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 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.