

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
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 _____

Mission Hill P-25
One Gurney Street
Roxbury, MA 02120
Tel: 617-445-8700 MA Relay: 711
Fax: 617-445-8701

The information requested in this form is required by the gov't agency regulating this project.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Please Print Clearly

A. GENERAL INFORMATION

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to your for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head, and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

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

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify) _____

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

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. This application includes a notice of the right to request a Reasonable accommodation (Attachment A).

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible, please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

Application

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment? ☐ Yes ☐ No
4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No

If yes, please explain: _____

B. HOUSEHOLD COMPOSITION					
List ALL persons who will live in the apartment. List the head of household first.					
1. Name	Relationship to Head of Household	Birth Date	Age (optional)	SS#	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head:					Full-time / Part-time Not Student
Co-T:					Full-time / Part-time Not Student
1.					Full-time / Part-time Not Student
2.					Full-time / Part-time Not Student
3.					Full-time / Part-time Not Student
4.					Full-time / Part-time Not Student
5.					Full-time / Part-time Not Student
6.					Full-time / Part-time Not Student
7.					Full-time / Part-time Not Student
8.					Full-time / Part-time Not Student

*Note re: HUD SSN Eligibility Requirements: Applicant & Management confirm that Applicant has supplied documentation of Social Security Numbers (SSNs) for all household members unless family members qualify for an exemption in accordance with HUD requirements. Exemptions include all applicants: age 62 or older as of 1/31/10 whose initial determination of eligibility began before 1/31/10 (based on the effective date of a form HUD-50059 or form HUD-50058, whichever is applicable) and /or those who do not content eligible immigration status.

2. Do you anticipate any changes in household composition in the next twelve months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			

C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security F12	\$
	Social Security F12	\$
	Social Security F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSP Payments (State Supplement Program (F9a&b))	\$
	Pension F13 (list source)	\$
	Veteran's Benefits F8 (list claim #)	\$
	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
	Worker's Compensation F11	\$
	Title IV/TANF F9	\$
	Interest Income (source) F19	\$
	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.) Very as applicable List source:	\$
	*Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc.) F1. Addendum & F2 List source	\$

***Student Financial Assistance in excess of tuition and other required fees and charges (Scholarships, grants private sources, work studey, etc): Only counted for Sec. 8 and /or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24 or older with a dependant child.**

Application

Household Member Name	Source of Income	Gross Monthly Amount
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed
	Alimony F15, F16	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support F15, F16	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSO, Public Assistance, Unemployment, etc? F4. Section B Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)		\$
20. TOTAL GROSS ANNUAL INCOME FROM PRIOR YEAR (Based on last tax year)?		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

Application

D. ASSETS

If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

	Household Member Name:	Bank	Account #	Balance
1. Checking Accounts F19			#	\$
			#	\$
2. Savings Accounts F19			#	\$
			#	\$
			#	\$
3. Direct Express Debit Card (SSA) Current Stmt/ATM Receipt				
4. Other Debit Acct Cards Current Stmt/ATM Receipt				
5. Cash on Hand F30				
6. Trust Account F22				
7. Certificates of Deposit F19			#	\$
			#	\$
8. Savings Bonds F19		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
9. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
10. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(K), IRA, Keogh F21	Name: Source:			Appraised Value \$
15. Investment Property F23	Name: Source:			Appraised Value \$
26. Real Estate Property: <i>Do any household member own any property?</i> F24, F25				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member		b. Type of property		
c. Location of property				
d. Appraised Market Value				\$
e. Mortgage or outstanding loads balance due:				\$
f. Amount of annual insurance premium				\$
g. Amount of most recent tax bill				\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Application

If yes, describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Has any household member sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, name of household member:	b. Type of property:
c. Market value when sold/disposed	\$
d. Amount sold/disposed for	\$
e. Date of transaction:	

18. Has any household member disposed of any other assets in the last 2 years F17, F22 Example: Given away money to relatives, set up Irrevocable Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, name of household member.	b. Describe the asset:
c. Date of disposition:	
d. disposed:	\$
Does any household member have any other assets not listed above (excluding personal property)? F17	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list: Household Member Name:	Type of Asset:

E. ADDITIONAL INFORMATION	
1. How were you referred to this property? <u>via the HousingWorks.net website</u>	
Notice for the following question: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project-Based Section 8: or a(2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit they will be required by their voucher agency to give up their mobile voucher.	
2. Do you currently have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure to respond to the questions below may jeopardize approval of your application.	
3a. Are you or any member of your family (including any live-in aide) listed in Section B above currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Do you, or any member of your household (including any live-in aide) listed in Section B above have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Have you or any member of your family (including any live-in aide) listed in Section B above been convicted of a felony in the last 7 years? <i>NOTE: A "yes" answer does not automatically result in the household's inability to obtain housing. Mitigating circumstances are considered.</i>	
4b. Are you, or any member of your household (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 4 (a or b) specify whether (a) and/or (b) along with member name(s) and describe. Attach additional pages if necessary:	
5. Provide a complete list of ALL states in which any applicant household member has ever resided:	
6. Are you an owner, developer or sponsor of this project (or office, employee agent or consultant of the owner, developer or sponsor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application

7a. Has any landlord ever had to take legal action against you, or another household member (except any live-in aide listed in Section B above, for non-payment or rent	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. Has any landlord ever had to take legal action against you, or another household member (except any live-in aide listed in Section B above, for any other material non-compliance with your lease that resulted in your appearance in court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
8. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	

F. REFERENCE INFORMATION		
1. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address you resided at:	
	How Long?	From: to:
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address you resided at:	
	How Long?	From: to:
3. In case of emergency notify:		
Address:		
Relationship:		Phone # :
3. In case of emergency notify:		
Address:		
Relationship:		Phone # :

G. CERTIFICATION

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 I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application. Further, any head, co-head, or spouse, who is an emancipated minor, must also sign below.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Attachments: Application Cover Letter, as applicable, based on program(s) at property
Application Attachments below, as applicable, based on program(s) at property

Attachment A: Notice of Non-Discrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP

Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants.

Attachment C: 1(A) Applicant Addendum – Demographics Data Collection & Consent

Attachment D: DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)

Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form

Attachment F: NC1 Owner's Notice of Restriction on Assistance to Non-Citizens



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



Application

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1(A) Application Addendum Demographics Data Collection & Consent Form

Use an additional form for households with 6 or more members

Purpose: The information requested below is being gathered by State Agencies to determine the populations who are and are not being served by state and federal housing assistance programs in the state. State agencies will evaluate and report on this data to state legislature (and other interested parties in a manner consistent with all applicable privacy laws) to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the state in an effort to affirmatively further fair housing.

Instructions: This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race (including choosing a sub-category for Asian or Native Hawaiian/Pacific Islander), ethnicity and whether a household member has a disability that meets the Fair Housing Act definition for handicap/disability (definition detailed below) are completely voluntary; however, if any household member chooses not to disclose race, ethnicity and/or disability status for any member, the applicable "I do not wish to disclose" box under the Race, Ethnicity and Disability Status sections for each member must be checked.

Fair Housing Act Definition for Handicap/Disability

The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201.

"Handicap" does not include current, illegal use of or addiction to a controlled substance.

An individual shall not be considered to have a handicap solely because that individual is a transvestite."

1. Full Name of Head of Household: _____ Date of Birth: _____

Race of Head of Household

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
 - ☐ 4a - Asian India
 - ☐ 4b - Chinese
 - ☐ 4c - Filipino
 - ☐ 4d - Japanese
 - ☐ 4e - Korean
 - ☐ 4f - Vietnamese
 - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - ☐ 5a - Native Hawaiian
 - ☐ 5b - Guamanian or Chamorro
 - ☐ 5c - Samoan
 - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

Ethnicity of Head of Household

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
- ☐ 2 - Member does not have a disability
- ☐ 3 - I do not wish to disclose the disability status.

2. Full Name of Spouse/Co-head: _____ Date of Birth: _____

Race of Spouse/Co-head

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
 - ☐ 4a - Asian India
 - ☐ 4b - Chinese
 - ☐ 4c - Filipino
 - ☐ 4d - Japanese
 - ☐ 4e - Korean
 - ☐ 4f - Vietnamese
 - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - ☐ 5a - Native Hawaiian
 - ☐ 5b - Guamanian or Chamorro
 - ☐ 5c - Samoan
 - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

Ethnicity of Spouse/Co-head

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
 - ☐ 2 - Member does not have a disability
 - ☐ 3 - I do not wish to disclose the disability status.
-

3. Full Name of HH Member #3: _____ Date of Birth: _____

Race of HH Member #3

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
 - ☐ 4a - Asian India
 - ☐ 4b - Chinese
 - ☐ 4c - Filipino
 - ☐ 4d - Japanese
 - ☐ 4e - Korean
 - ☐ 4f - Vietnamese
 - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - ☐ 5a - Native Hawaiian
 - ☐ 5b - Guamanian or Chamorro
 - ☐ 5c - Samoan
 - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

Ethnicity of HH Member #3

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
- ☐ 2 - Member does not have a disability
- ☐ 3 - I do not wish to disclose the disability status.

4. Full Name of HH Member #4: _____ Date of Birth: _____

Race of HH Member #4

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
 - ☐ 4a - Asian India
 - ☐ 4b - Chinese
 - ☐ 4c - Filipino
 - ☐ 4d - Japanese
 - ☐ 4e - Korean
 - ☐ 4f - Vietnamese
 - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - ☐ 5a - Native Hawaiian
 - ☐ 5b - Guamanian or Chamorro
 - ☐ 5c - Samoan
 - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

Ethnicity of HH Member #4

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
 - ☐ 2 - Member does not have a disability
 - ☐ 3 - I do not wish to disclose the disability status.
-

5. Full Name of HH Member #5: _____ Date of Birth: _____

Race of HH Member #5

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
 - ☐ 4a - Asian India
 - ☐ 4b - Chinese
 - ☐ 4c - Filipino
 - ☐ 4d - Japanese
 - ☐ 4e - Korean
 - ☐ 4f - Vietnamese
 - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
 - ☐ 5a - Native Hawaiian
 - ☐ 5b - Guamanian or Chamorro
 - ☐ 5c - Samoan
 - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

Ethnicity of HH Member #5

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
- ☐ 2 - Member does not have a disability
- ☐ 3 - I do not wish to disclose the disability status.