

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:

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = ☒ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ No Any Misdemeanor Conviction? ☐ Yes☐ No

Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$ .00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BLUE MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

# BEDROOMS NEEDED→ ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:





## Preliminary Application

Dear Applicant:

Thank you for your interest in Fitchburg Green Apartments!

Enclosed you will find the following:

- Rental application
- HUD 92006 – Supplement to the application
- Race and Ethnic Data reporting form
- Citizenship Declaration form

\*It is imperative that all documents are filled out completely and accurately. We are unable to process incomplete applications. Incomplete applications will be mailed back to the applicant.

If you have any questions, please do not hesitate to call the leasing office at (978)-342-8688.

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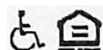
**Fitchburg Green Apartments**

350 Wain Street  
Fitchburg, Massachusetts 01420  
T 978.342.8688

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**Barkan Management Company, Inc.**

24 Farnsworth Street  
Boston, Massachusetts 02210  
T 617.482.5500



## Rental Application

 PROPERTY: 
**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Interview Date: \_\_\_\_\_

EVI/L/VL: \_\_\_\_\_ Imputed Assets: \_\_\_\_\_

Assets Disposition Date: \_\_\_\_\_

Special Needs: \_\_\_\_\_

No. of Bedrooms Desired: \_\_\_\_\_

 Do you own a car? ☐ Yes ☐ No

Refused Unit: \_\_\_\_\_

1. Your Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_

Street &amp; Apt. Number

City

State

Zip

Mailing Address (if different): \_\_\_\_\_

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

How did you hear about this complex? \_\_\_\_\_

2. Please complete the following information about every person to occupy the apartment (including applicant and unborn children):

Name	Sex	Relationship	Date of Birth	Place of Birth	US Citizen?	Eligible Immigrant?	Social Security #

*\*As of January 31, 2010, all individuals, including those under the age of six, must now disclose a valid SSN. Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.*

3. Are you, your spouse, or any member of your household a full-time student 18 years of age or older?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, explain \_\_\_\_\_

4. Is the Head of Household 62 years of age or older?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is the Head of Household between 51 and 61 years of age?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is the Head of Household under 51 years of age and disabled?

Yes \_\_\_\_\_ No \_\_\_\_\_

*Rental Application  
Version 09/08/2023*



7. Please list all landlords for the past five years. If more space is needed, please attach a separate piece of paper.

Name and Address of Current Landlord: \_\_\_\_\_

Apt. Size: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Utility Cost/Month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name and Address of Previous Landlord: \_\_\_\_\_

Apt. Size: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Utility Cost/Month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name and Address of Previous Landlord: \_\_\_\_\_

Apt. Size: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Utility Cost/Month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

#### 8. CURRENT EMPLOYMENT

(Please include current employment of all persons to occupy apartment. Attach a separate piece of paper if needed)

##### Applicant 1

Name of Current Employer: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Business Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Gross Wages: \_\_\_\_\_

##### Applicant 2

Name of Current Employer: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Business Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Gross Wages: \_\_\_\_\_

#### 9. OTHER SOURCES OF INCOME (please include income of all persons to occupy apartment):

	Applicant 1	Applicant 2	Applicant 3
Social Security:	Gross Monthly Amount: \$ _____	_____	_____
SSI:	Gross Monthly Amount: \$ _____	_____	_____
Veterans Benefits:	Gross Monthly Amount: \$ _____	_____	_____
Pension:	Gross Monthly Amount: \$ _____	_____	_____
Alimony:	Monthly Amount: \$ _____	_____	_____
Child Support:	Monthly Amount: \$ _____	_____	_____
Other - \$ _____	Please explain _____		

**10. ASSETS (list all accounts for all family members including: savings, checking, CD's, etc.)**

Account Type (checking, savings, CD's, etc) \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Account Type (checking, savings, CD's, etc) \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Account Type (checking, savings, CD's, etc) \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Stocks – Name: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Bonds – Name: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Annuities: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Trusts: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Whole Life Insurance Policy: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Property Owned: \_\_\_\_\_ Net Sales Value: \$ \_\_\_\_\_

Street

City

State

**11. During the past two years have you given away more than \$1,000 or disposed of other assets for less than market value?** ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

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

**12. CRIMINAL RECORD – Have you or any person who will occupy the unit ever been convicted of a misdemeanor in the last ten years?** ☐ Yes ☐ No

If yes, please explain the circumstances, docket number, charge, date and court: \_\_\_\_\_

\_\_\_\_\_

**13. Does any person who will occupy the unit currently use a controlled substance illegally?** ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**14. Does any person who will occupy the unit currently abuse alcohol?** ☐ Yes ☐ No

**15. Have you or any person who will occupy the unit ever been convicted of a methamphetamine production on federally assisted properties?** ☐ Yes ☐ No

If yes, please explain the circumstances, docket number, charge, date and court: \_\_\_\_\_

\_\_\_\_\_

16. Are you or any person who will occupy is subject to a state lifetime sex offender registration in any state?

☐ Yes ☐ No

If yes, what states are you a registered as a sex offender: \_\_\_\_\_

17. Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with management? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

18. Have you or any person who will occupy the unit ever received housing assistance from any housing agency or other landlord, including rental assistance programs? ☐ Yes ☐ No

If yes, list the Head of household at that time: \_\_\_\_\_

Name of Housing Agency/Landlord: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

19. Have you or any person who will occupy the unit been evicted from housing? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

20. Have you or any person who will occupy the unit been evicted from federally or state assisted housing for drug related criminal activity? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

21. Have you or any person who will occupy the unit been denied housing in the past 5 years? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

22. RACE (Please note that this section is optional. This information will be used only for Fair Housing Programs as required by federal and state laws). Please complete the attached Race and Ethnic Data Reporting Form

23. ELIGIBILITY REQUIREMENT FOR HOUSING FOR PERSONS WITH DISABILITIES - For purposes of determining project eligibility with HUD regulations only. If this applies to any individuals on this application, please complete the attached Disabilities Form.

24. SPECIAL HOUSING NEEDS - (This section is optional and is used only to determine any reasonable accommodations for applicants)

Does any applicant family member have any special housing needs? ☐ Yes ☐ No

Does any applicant family member require a handicap accessible unit? ☐ Yes ☐ No

If yes, please complete the attached Reasonable Accommodation Form.

25. List all of the cities and states where you have lived in the past. (Add a sheet if necessary).

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

I, the undersigned, hereby understand and authorize all requests any present or former employer, school, financial institutions, landlord or other persons having personal knowledge about me to furnish bearer with any and all information, in their possession regarding me in connection with an application for tenancy in a residential apartment. I further understand that a photocopy of this authorization be accepted with the same authority as the original and I specifically waive any written notice from any present or former employer, or landlord who may provide information based on this request. I understand that this Authorization is to be a part of the written tenants' application, which I sign. I also understand that a criminal and credit background report will be requested and used for the purpose of evaluating me for tenancy at any property managed by Barkan Management Company Inc.

I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete processing of this application.

- My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



**PLEASE NOTE:**

Barkan Management Co., Inc. does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, familial status, disability, military/veteran status, source of income, age, actual or perceived sexual orientation, gender identity, or marital status, or other basis prohibited by local, state or federal law.

Barkan Management Company 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. You have the right to request a reasonable accommodation which is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space.

Barkan Management Co., Inc., will make every effort to provide support should applicants require an alternative way of presenting this application to meet the needs of persons with disabilities or with Limited English Proficiency, and will provide assistance in filling out this application should such assistance be requested.

Also be advised that Barkan Management Co., Inc. conducts applicant screening to determine eligibility and suitability of applicants based on ability and willingness to pay the rent, abide by the lease, care for the unit, and cooperate with management.

ability and willingness to pay the rent, abide by the lease, care for the unit, and cooperate with management.

**Privacy Act Notice**

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

**Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

**Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**Penalty:** You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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         </td> <td style="width: 50%; vertical-align: top;"> <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: _____         </td> </tr> </table>		<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	<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: _____
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<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.

## APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_

*if applicable, (this is an 11- digit number found on INS Form I-94, Departure Record)*

NATIONALITY \_\_\_\_\_

*(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)*

SAVE VERIFICATION NO. \_\_\_\_\_

*(to be entered by owner if and when received)*

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

### DECLARATION

I, \_\_\_\_\_ hereby declare,

*(print or type first name, middle initial, last name)*

under penalty of perjury, that I am:

\_\_\_\_\_ 1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_2. a noncitizen with eligible immigration status in the category checked below:

- \_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- \_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- \_\_\_\_ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- \_\_\_\_ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- \_\_\_\_ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- \_\_\_\_ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

a. Verification Consent Format (Attachment 9)

AND

b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
- (i) "Admitted as Refugee Pursuant to section 207";
  - (ii) "Section 208" or "Asylum"
  - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
  - (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
  - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
  - (iii) A court decision granting withholding or deportation; or
  - (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under- taken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property

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): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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)

### A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

**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."

**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 as revised by the Office of Management and Budget are defined below:

**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.

**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.

**Black or African American.** A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note:** The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal is a consistent manner of summarizing, across all HUD programs, the racial and ethnic data of the population(s) served or proposed to be served by your organization.



## B. Specific Instructions for Completing the Form:

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

**Total Number of Racial Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

**Total Number of Hispanic or Latino Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a “yes” or “no” response.

**Other Multiple Race Combinations:** Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit one of the five single race categories or four double race combinations above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial combination, including the actual count, the percentage of the total population (in parenthesis), and the actual Hispanic or Latino count.

For example, if you obtain data that indicates the total population served is 200 and includes 10 Native Hawaiian or Other Pacific Islander and White and 12 Native Hawaiian or Other Pacific Islander and Asian, and those numbers (of Native Hawaiian or Other Pacific Islander and White and Native Hawaiian or Other Pacific Islander and Asian) each equates to more than one percent of the total population being served, and 2 of the Native Hawaiian or Other Pacific Islander and White indicate they belong to the Hispanic/Latino ethnic category and 3 of the Native Hawaiian or Other Pacific Islander and Asian indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
* Other multiple race combinations: [Per the form instruction, write in a description using the box on the right]	Native Hawaiian or Other Pacific Islander AND White 10 (5%)	2
	Native Hawaiian or Other Pacific Islander AND Asian 12 (6%)	3

How the percentage should apply will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals served or proposed to be served.

**Balance of individuals reporting more than one race:** This block is intended to capture the balance of any racial categories that are not included in the list of nine above and are not included under “Other multiple race combinations greater than one percent.” Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all related Hispanic or Latino responses.

**Total:** On the last row of the form, you should indicate the aggregate totals of all the information you gathered including the total of all racial categories and the total of all the Hispanic or Latino categories.



## Reasonable Accommodation Request Form

### You Have a Right to Request a Reasonable Accommodation

If you have a disability, and as a result of your disability you need something changed to give you an opportunity to use and enjoy a Barkan Management Property equal to someone without that disability, then you may ask for this kind of change. This is called a Reasonable Accommodation, and could include requests such as:

- a change in the rules or policies or how we do things
- a change or modification to your apartment or a special type of apartment
- a change or modification to some other part of the community or common area
- a change in the way we communicate with you or give you information

The Reasonable Accommodation Request Form can be requested in the office. If you need help filling out any forms, or if you want to give us your request in some other way, we will help you. If you're not sure what change would be helpful with your disability, we may be able to provide examples of changes that have worked for other people in a similar situation.

In addition to completing a Reasonable Accommodation request form, the Resident/Applicant may be required to provide verification that he or she has a disability and that the accommodation is necessary to give the Resident equal opportunity to use and enjoy the community. This can be demonstrated by obtaining a signed letter from a qualified professional which identifies:

1. the professional's expertise and experience
2. the factual basis for his or her statements
3. an explanation of how the Resident and/or any member of the Resident household meet the definition of "individual with disability", including how the particular disability limits major life functions
4. a description of the accommodation requested
5. an explanation of the connection between the disability and the accommodation requested
6. an indication if there has been a determination that the items requested are the only methods of achieving for the Resident equal opportunity to use and enjoy the community.

We may ask for an independent expert to confirm your disability and that the requested accommodation will likely provide an opportunity to enjoy the housing that is equal to someone without that disability.

The Reasonable Accommodations Committee meets once a month and will give you an answer on your request within 30 days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information from you, or if we would like to talk to you about other ways to meet your needs. Requests may be denied if they impose an undue financial and administrative burden on the housing provider or fundamentally alter the nature of the provider's operations.

If your disability is verified and your request meets the criteria as reasonable, we will try to make the changes you request in a reasonable timeframe. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.





NOTE: All Information you provide will be kept confidential among the people necessary to evaluate and complete your request. It will be used only to help you have an equal opportunity to enjoy your housing and the common areas. If you need help completing a form or if you want to give us your request in some other way, we will help you.

*Please print clearly*

Name of Applicant/Resident: \_\_\_\_\_

Property Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Please provide me with the following Reasonable Accommodation:

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I need this accommodation because:

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

**\*Please return this form to your Property Manager or Residential Service Coordinator**

Barkan Management Company Inc. 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. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988):

*Reasonable Accommodation Request Form  
Version 4/2021*

