

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 _____



Northeast II Apartments Application
MOUNT HOLYOKE MANAGEMENT
63 JACKSON STREET
HOLYOKE, MASSACHUSETTS 01040
Telephone: (413) 532-9268
Facsimile: (413) 532-1843
TTY to Voice: 711 MASS Relay

(Office Use Only)

_ Date / Time

PLEASE PRINT

This is an application for housing in properties managed by Mount Holyoke Management, LLC. located in Holyoke, Massachusetts 01040. Please complete this application and return it to the rental office located at 63 Jackson Street, Holyoke, Massachusetts 01040. Complete applications are placed in order of date and time received. An applicant may be interviewed only after the rental office receives the *complete* tenant application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____
Street Apt. # City/State Zip

Telephone # _____ No. of Bedrooms in current unit: _____

Do You Own _____ or Rent. If Rental, amount of current monthly rental payment \$ _____

Check Utilities Paid by You:

Heat \$ _____
Electricity \$ _____
Gas \$ _____
Other \$ _____

Approximate monthly cost of utilities

paid by you (excluding phone & cable TV) \$ _____

Bedroom Size Requested:

One Bedroom _____
Two Bedrooms _____
Three Bedrooms _____
Wheelchair Accessible _____
Visual/Hearing _____

Mount Holyoke Management LLC. is an Equal Housing Opportunity Company, with projects in compliance with 504 and Fair Housing Regulations. Mt. Holyoke Management LLC. accommodates any applicants who need assistance in filling out this application.

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the USDA, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., Se, Washington, D.C. 20250-9410.

List ALL persons who will live in the apartment. **List Head of Household First:**

	Name	Relationship to Head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Yes/No
Head							
C-T							
3							
4							
5							
6							
7							
8							

Do you anticipate any additions to the household in the next twelve months?

☐ Yes ☐ No

If yes, explain: _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

☐ Yes ☐ No

If YES, Answer the following questions:

If all of the occupants of the unit are full time students, has any student formerly received foster care assistance?

☐ Yes ☐ No

Are any full-time student(s) married and filing a joint return?

☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving Assistance under the Job Training Partnership Act?

☐ Yes ☐ No

Are any full-time student(s) a TANF or a title IV recipient?

☐ Yes ☐ No

Are any full-time student(s) a single parent living with his/her Minor child who is not a Dependent on another's tax return?

☐ Yes ☐ No

Name(s) _____

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

FAMILY MEMBER NAME	SOURCE OF INCOME	AMOUNT	
_____	a. Social Security	Monthly Amount \$ _____	
_____	Social Security	Monthly Amount \$ _____	
_____	b. Pension	Monthly Amount \$ _____	
_____	Pension	Monthly Amount \$ _____	
_____	Source of Pension(s)	_____	
_____	c. Veterans Benefits	Monthly Amount \$ _____	Claim # _____
_____	d. SSI Benefits	Monthly Amount \$ _____	
_____	SSI Benefits	Monthly Amount \$ _____	
_____	e. Unemployment Comp	Monthly Amount \$ _____	
_____	Unemployment Comp	Monthly Amount \$ _____	
_____	f. TANF/Title IV	Monthly Amount \$ _____	
_____	g. Wages	Gross \$ _____ Monthly Amount \$ _____	
	Employer	_____	
	Position held	_____	
_____	How Long employed	_____	
_____	h. Full Time Student Income (only full time students 18 and over)		
_____		Monthly Amount \$ _____	Source
_____	Full Time Student Income (only full time students 18 and over)		
_____		Monthly Amount \$ _____	Source
_____	i. Alimony	Monthly Amount \$ _____	Source
_____	j. Child Support	Monthly Amount \$ _____	Source
_____	k. Interest Income	Monthly Amount \$ _____	Source
_____	Intefest Icome	Monthly Amount \$ _____	Source
_____	l. Other Income	Monthly Amount \$ _____	Source
_____	Other Income	Monthly Amount \$ _____	Source
_____	m. Long Term Care Ins.	Monthly Amount \$ _____	Source

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12)

\$ _____

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR

\$ _____

Do you anticipate any changes in this income in the next 12 months?

☐ Yes ☐ No

If Yes, please explain _____

C. ASSETS

Do you receive a Direct Express Debit Card? YN If yes, please list the amount of the applicable monthly benefit below: (for checking, average 6-month daily balance)

Checking Account(s) # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Savings Account(s) # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Certificates# # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Credit Union # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Savings Bonds # _____ Maturity Date _____ Value \$ _____

_____ Maturity Date _____ Value \$ _____

Whole Life Insurance Policy # _____ Face Value \$ _____

Case Value of Life Insurance Policy \$ _____

Mutual Funds				
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks				
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds				
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				
	Name:			Appraised Value \$

Real Property: Do you own any property?

☐ Yes ☐ No

If Yes, type of property _____

Location _____

Appraised Market Value \$ _____

Mortgage or Outstanding Loans Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you Sold/Disposed of Any Property in the Last 2 Years?

☐ Yes ☐ No

If Yes, type of property _____

Market Value When Sold/Disposed of \$ _____

Amount Sold/Disposed of for \$ _____

Date of Transaction _____

Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? ☐ Yes ☐ No

If Yes, Describe Asset _____
Date of Disposition _____
Amount Disposed \$ _____

Do you have any other Assets not listed above (excluding personal property)? ☐ Yes ☐ No

If Yes, list _____

D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums Monthly Amount \$ _____

Monthly Amount \$ _____

2. Medical Insurance Coverage-Name of Insurance Company _____
Address _____

Monthly Amount \$ _____

3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by Insurance NOR reimbursed: Monthly Amount \$ _____

4. Medical bills our outstanding costs you are making Monthly Payments for:
Balance due \$ _____ Monthly Payments \$ _____
Payable to _____

5. Medical related travel costs Monthly Payments \$ _____

6. Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months
Monthly Payments \$ _____

7. Any other Medical expenses: List type and Amounts:
_____ Monthly Payments \$ _____

Childcare Costs: Complete ONLY for children 12 and younger:

Name(s) of Children cared for _____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Name & Address of person OR Agency caring for Children: _____

Weekly cost for Childcare Due to Employment \$ _____
Weekly Cost for Childcare Due to Education \$ _____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables Disabled applicants or others in the household to work. Complete ONLY if Disabled Expenses allow someone in the household to work.

11. List Type of Expenses	Weekly Amount	Paid to whom:

E. PROGRAM INFORMATION

Questions 1, 2 and 3 are optional

1. Are you displaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Displacement Agency: _____		
2. Is your current Unit Condemned/Substandard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Describe _____		
3. Are you paying more than 50% of your Gross Income for Rent and Utilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you Applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, do you realize you will be eligible for a \$400 and Medical deduction? Please realize that your eligibility must be verified.		
5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If so, would you like to request an adapted unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you currently living in Subsidized Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever resided in a Project financed and/or Subsidized by the Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Name & Address _____		

9. Have you ever been evicted from Public Housing or any other Federal Housing Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever been evicted from Other Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you currently using illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are you now, or will you become, a part time or full time student prior to move-in?		
15. How did you hear about this housing?		
16. Will you take an Apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Briefly describe your reasons for applying: _____		
18. Are you a smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Are you a victim of domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have you ever rented or lived in housing infested with bed bugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Are you or any member of the applicants household subject to a lifetime state sex offender registration program in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Please list all states where you or any member of your household have resided: _____ _____ _____		

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:

Prior Landlord Name _____
Address _____
Home Phone _____ Business Phone _____

Prior Landlord Name _____
Address _____
Home Phone _____ Business Phone _____

G. CREDIT REFERENCES

1. Name _____	2. Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____

3. Name _____	4 Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	

H. PERSONAL NON-RELATED REFERENCES

1. Name _____	
Phone _____	
Address _____	
2. Name _____	
Phone _____	
Address _____	
3. Name _____	
Phone _____	
Address _____	

In Case of Emergency Notify _____
Address _____
Phone _____

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of vehicle _____ Year/Make _____ Color _____

License Plate # _____ Driver's License # _____

Type of vehicle _____ Year/Make _____ Color _____

License Plate # _____ Driver's License # _____

PETS: Do you own any pets?

☐ Yes ☐ No

If Yes, describe _____

How did you hear about the apartments at Northeast II?

Newspaper advertisement? ☐ Yes ☐ No

Internet Web-site? ☒ Yes ☐ No

If yes, which one? www.housingworks.net

Property Sign? ☐ Yes ☐ No

Word of Mouth: ☐ Yes ☐ No

Local Agency Reference? ☐ Yes ☐ No

Other: _____

It is illegal to discriminate against any person on the basis of Race, Color, Religious Creed, National Origin, Ancestry, Sex, Age, Handicap (Disability), Sexual Orientation, Marital Status, Children, Veteran Status, and Public Assistance. If you feel you have been discriminated against, you may call the 504 Coordinator at (413) 534-0955 x 104.

I. CERTIFICATION/AUTHORIZATION

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. I/We understand that my eligibility for housing will be based on Low Income Housing Tax Credits or Section 8 income limits (whichever is applicable) and by the management companies approved tenant 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.

SIGNATURE:

TENANT _____ CO-TENANT _____

Dated _____ Dated _____

AUTHORIZATION

I/We do hereby authorize _____ and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by Mount Holyoke Management Company. I/We further authorize Mount Holyoke Management Company to verify all information listed on this application.

SIGNATURE:

TENANT _____ CO-TENANT _____

Dated _____ Dated _____

It is illegal to discriminate against any person on the basis of Race, Color, Religious Creed, National Origin, Ancestry, Sex, Age, Handicap (Disability), Sexual Orientation, Marital Status, Children, Veteran Status, and Public Assistance. If you feel you have been discriminated against, you may call the 504 Coordinator at (413) 534-0955 x 104.

Most Recent Landlord _____ Phone# _____

Address of Landlord _____

Monthly Rent \$ _____ Average Costs of additional Utilities \$ _____

Was Lease in your Name? ☐ Yes ☐ No If not, Whose Name was it in? _____

Dates of Residence _____

IF LESS THAN 5 YEARS AT THAT ADDRESS, please list each address for last 5 year:

Previous Address _____

Length of Tenancy _____ From ____/____/____ To ____/____/____

Name of Previous Landlord _____

Address of Landlord _____ Phone# _____

Reason for Leaving _____

Previous Address _____

Length of Tenancy _____ From ____/____/____ To ____/____/____

Name of Previous Landlord _____

Address of Landlord _____ Phone# _____

Previous Address _____

Length of Tenancy _____ From ____/____/____ To ____/____/____

Name of Previous Landlord _____

Address of Landlord _____ Phone# _____

Reason for Leaving _____

TO ALL APPLICANTS

The following items are required at the time of application:

Social Security Cards
Birth Certificates
Identification Document (ID)
(For all members that will be living in the house hold)

The following items are needed but not required at the time:

4-5 Year rental history*
Income Verification

* If you have never rented before and/or never had a lease under your name, we require three (3) professional reference letters that are on letter head.

*We prefer that you not mail your application & any personal information
(due to sensitive information)*

A TODOS LOS APLICANTES

Información requerido:

Tarjetas de Seguro Social
Documentos de Identificación (ID)
Certificado de nacimiento

Informacion necesitados:

4-5 años de historia de apartamento*
Verificación de Ingreso

* Si nunca tuviste un apartamento en su nombre o nunca rentado un apartamento, requerimos tres (3) cartas de recomendaciones profesionales.

Favor de no enviar la aplicación y information personal por correo.

OCCUPANCY

The occupancy policy is to establish the size of a unit the family will occupy. However, it is not intended to judge the sleeping arrangements. The policy considers the size of the unit, the size of the bedrooms, and the number of bedrooms with the following factors:

- a. The number of person in the family;
- b. The age, sex and relationship of family members;
- c. The family's need for a larger unit as a reasonable accommodation; and
- d. Balancing the need to avoid overcrowding with the need to avoid underutilization of the space an unnecessary subsidy.

If a family, based on the number of members, would qualify for more than one unit size, the family may close which unit size they prefer.

Family members include:

- a. All full time members;
- b. Children expected to be born to a pregnant woman;
- c. Children in the process of being adopted by an adult family member;
- d. Children whose custody is being obtained by an adult member;
- e. Children who will be residing in the unit;
- f. Children who are temporarily in a foster home who will return to in the household
- g. Children in joint custody arrangements who are present in the household 50% or more of the time;
- h. Children who are away at school. and-who live at home during recess;
- i. Live-in aides; and
- j. Foster adults.

A single person may not occupy a unit with two or more bedrooms, except for the following persons:

- a. A person with a disability who needs the larger unit as a reasonable accommodation.

Assigning a Smaller Unit Than Required

A smaller unit than suggested by the occupancy policy may be assigned if the family requests the smaller unit and if all the following apply:

- a. The family is eligible for the smaller unit based upon the number of family Members, and occupancy of the smaller unit will not cause serious overcrowding.

Optional and Supplemental 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.

☐ Check this box if you choose not to provide the contact information.

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

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.

Language Identification Cards

Side 1 of 2

Instructions: Place a check by the language spoken. ☒

<input type="checkbox"/>	Mark this box if you read or speak English.	English
<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	Arabic
<input type="checkbox"/>	Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	Bengali
<input type="checkbox"/>	ឈ្មួចញ៉ាក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	Cambodian
<input type="checkbox"/>	Motka i kakhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	Chamorro
<input type="checkbox"/>	如果你能读中文或讲中文，请选择此框。	Simplified Chinese
<input type="checkbox"/>	如果你能讀中文或講中文，請選擇此框。	Traditional Chinese
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	Dutch
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	Farsi
<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	Greek
<input type="checkbox"/>	Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen.	Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	Hungarian

Language Identification Cards

Side 2 of 2

Instructions: Place a check by the language spoken. ☒

<input type="checkbox"/> Marchi questa casella se legge o parla italiano.	<i>Italian</i>
<input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。	<i>Japanese</i>
<input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	<i>Korean</i>
<input type="checkbox"/> ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	<i>Laotian</i>
<input type="checkbox"/> Kakōlleiki bọk (box) in elaññe kwōjela kajin im waakin (read) majōl.	<i>Marshallese</i>
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	<i>Polish</i>
<input type="checkbox"/> Assinale este quadrado se você lê ou fala português.	<i>Portuguese</i>
<input type="checkbox"/> Însemnați această căsuță dacă citiți sau vorbiți românește.	<i>Romanian</i>
<input type="checkbox"/> Пометьте этот квадратик, если вы читаете или говорите по-русски.	<i>Russian</i>
<input type="checkbox"/> Обележите овај квадратик уколико читате или говорите српски језик.	<i>Serbian</i>
<input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	<i>Slovak</i>
<input type="checkbox"/> Marque esta casilla si lee o habla español.	<i>Spanish</i>
<input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	<i>Tagalog</i>
<input type="checkbox"/> ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	<i>Thai</i>
<input type="checkbox"/> Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	<i>Tongan</i>
<input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	<i>Ukrainian</i>
<input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	<i>Urdu</i>
<input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	<i>Vietnamese</i>
<input type="checkbox"/> באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	<i>Yiddish</i>