

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
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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 Explain: |
| <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 Details

- ☐ 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 _____

HANCOCK COURT
25 School Street, Quincy, MA
Affordable Housing Waitlist Opportunity
Managed by:
MARINA BAY MANAGEMENT SERVICES

Hancock Court is re-opening the Waiting List and taking applications for 1 or 2 bedroom subsidized apartments for the Elderly (62+), Handicapped, or Disabled.

Income Guidelines: To qualify for these apartments, very low-income limits apply. All applicants will be screened for eligibility. Maximum income for:

1 person=\$37,750.00 yearly

2 people=\$43,150.00 yearly

How to get an application: Applications will only be available starting Monday, February 4 at 9AM through Thursday, February 28, at 4PM at which time no further applications will be given out.

You may obtain applications in several ways during the application period:

- 1) You may call 617-773-9542/TDD users call 711, Monday through Friday 9AM to 4PM and ask for an application to be mailed to you.**
- 2) In person at the Management Office located at 25 School Street, Quincy, MA Monday through Friday 9AM to 4PM or...**
- 3) At the Thomas Crane Public Library, 40 Washington Street, Quincy Monday-Thursday: 9AM to 9PM, Friday: 9AM to 5PM Saturday: 9AM to 5PM, Sunday: 1PM to 5PM**
- 4) E-mail address: HancockCourt@marinabaymgt.com**

Returning completed applications: Applications must be returned by mailing, faxing, or bringing to the office no later than Monday, March 4 at 4PM.

- Your Placement on the Waiting List will be decided by RANDOM SELECTION LOTTERY so there is no need to come in person or to come early and wait in a long line to get your application.**
- If your application shows that you are eligible, your Placement on the Waiting List will be decided by a LOTTERY on Thursday, April 4, in the Hancock Court lobby, 25 School Street, Quincy, MA at 1PM.**
- You do not need to be present to be included in the LOTTERY.**

Minimum household size of at least one person per bedroom required.

Use and Occupancy restrictions apply.

**For more information or reasonable accommodations for applicants with disabilities, call Hancock Court Management Office
617-773-9542/TDD users call 711/ Fax: 617-847-6332**



Hancock Court does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities

HANCOCK COURT • 25 SCHOOL STREET • QUINCY MA 02169 • PHONE: 617-773-9542 • FAX: 617-847-6332



**FOR MANAGEMENT OFFICE USE ONLY**

Application Number: _____ Annual Gross Income: _____
Application Date: _____ Priority: _____
Size Needed: _____ Adapted Unit?: _____

HANCOCK COURT APPLICATION FOR RESIDENCE

Hancock Court is financed by the Massachusetts Housing Finance Agency, and rents to all people on an open occupancy basis.
Hancock Court does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

1. Name: _____

Tel: _____

Tel: _____

Address: _____

PRESENT HOUSING

2. Name of Present Landlord: _____ Tel: _____

Address: _____
Street City State Zip Code

Length of Tenancy: _____

Current Rent: \$ _____

3. May we contact your present Landlord? Yes _____ No _____

4. What are the reasons for moving? _____

Note: If you are unable to furnish a landlord or other housing references, please be prepared to furnish character references. They must have known you for one (1) year or more and not be related to you.

Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the 504/ADA Coordinator in the rental office:

SITE HANCOCK COURT
ADDRESS 25 School Street, Quincy, MA. 02169
PHONE 617-773-9542
TDD 711

Hancock Court does not discriminate on the basis of handicapped, status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

HANCOCK COURT • 25 SCHOOL STREET • QUINCY, MA 02169 • PHONE: 617-773-9542 • FAX: 617-847-6332



PREVIOUS HOUSING

*please list housing for the previous 10 years. Use a separate sheet of paper if needed.

5. Previous address: _____

Name of Previous Landlord: _____ Length of Tenancy: _____

6. What were the reasons for moving? _____ to:

7. **PLEASE LIST BELOW ALL PERSONS WHO WILL OCCUPY THE APARTMENT - INCLUDE YOURSELF**

<u>NAME</u>	<u>BIRTHDATE</u>	<u>S.S. #</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>
_____	_____	_____	Head of Household
_____	_____	_____	_____
_____	_____	_____	_____

INCOME

8. **PLEASE LIST BELOW ALL INCOME OF PERSONS WHO WILL OCCUPY APARTMENT. (Attach a separate sheet if needed)**

Employment Income

Employee Name: _____ Current Salary \$ _____ Per _____

Employer: _____ Tel: _____

Employer
Address: _____

Employee Name: _____ Gross Income \$ _____ Per _____

Employer: _____ Tel: _____

Employer
Address: _____

Social Security and Pension Income

Recipient Name: _____ Gross Income \$ _____ Per _____

Income Source: _____

Recipient Name: _____ Gross Income \$ _____ Per _____

Income Source: _____

Other Sources of Income, (e.g., alimony, General Relief, stock, dividends, ect.)

Recipient Name: _____ Gross Income \$ _____ Per _____

Income Source: _____

Address: _____

9. Banking Information

<u>Account Number</u>	<u>Type of Account</u>	<u>Bank Name</u>	<u>Balance</u>	<u>Interest Rate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Please list any companies with whom you have credit

<u>Company Name and Address</u>	<u>Account Number</u>
_____	_____
_____	_____
_____	_____

11. Please respond to these questions if you wish to be considered for priorities or special deductions/considerations. **YOUR PRIORITY WILL BE VERIFIED BEFORE YOU WILL BE ABLE TO BE HOUSED.**

- _____ PRIORITY A - Homeless due to Displacement by Natural Forces
- _____ PRIORITY B - Homeless due to Displacement by Public Action (Urban Renewal)
- _____ PRIORITY C - Homeless due to Displacement by Public Action (Sanitary Code Violations)
- _____ PRIORITY D - Homeless due to Domestic Violence
- _____ PRIORITY E - Involuntary Displacement due to one of the following:
- Action by landlord to sell your housing, or
If your housing landlord can not satisfy an ADA
Reasonable Accommodation Request
- _____ PRIORITY F - Rental Burden; paying more than 50% of your income for rent.

Explain your Priority: _____

12. Rent Amount \$ _____ Utilities Amount \$ _____

Total Income Amount \$ _____ *Per month*

13. APARTMENT SIZE DESIRED? _____ ONE BEDROOM

_____ TWO BEDROOM

14. Is there a handicap which you, as head of household, wish to claim for eligibility purposes? Yes _____ No _____

15. Do you require an architecturally adapted unit? Yes _____ No _____

If "Yes", please indicate adaptations required: _____

16. Do you own a vehicle? Yes _____ No _____

If "Yes", _____

Make of Vehicle	Year	Color	Registration Number
-----------------	------	-------	---------------------

17. Whom should we contact in case of an emergency:

Name:

Tel:

Address:

Relationship:

18. (Optional Section: Information will be used for fair housing programs only and as required by HUD.)

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian/Alaskan Native _____ Asian _____ White
_____ Black or African American _____ Native Hawaiian or other Pacific Islander

An aggrieved person may file a complaint of a housing discrimination with:

The Massachusetts Housing Finance Agency

One Beacon Street

Boston, MA 02108

Tel: 617-854-1000

PROJECT ELIGIBILITY VERSUS PROJECT SUITABILITY

When you apply to Hancock Court, your application is screened initially for your eligibility for this Project. We screen you based on what you write on your application. This application does not, in any way, guarantee that you will be housed at Hancock Court. Eventually, you will be responsible to verify everything that you indicated on your application. If, after all the information is compiled you are deemed to be unsuitable for this project you will be denied housing at Hancock Court.

If you are denied we will discuss the reasons for your unsuitability with you.

Your signature authorizes Management to obtain information they deem necessary to process this application which includes credit reports, civil or criminal actions, rental history, verification of income and any other relevant information. A false statement made on this application will be grounds for immediate rejection of this application.

I/We declare the foregoing information is true and correct and I/we hereby authorize you to obtain information you deem desirable in processing of this application, including: credit reports, civil or criminal actions, rental history, employment/income information, police and vehicle records, and any other relevant information. I/We release landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

Signatures

Head of Household

Date

Co head of Household

Date

FAMILY SUMMARY SHEET

MEMBER NO.	LAST NAME OF FAMILY MEMBER	FIRST NAME OF FAMILY MEMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	DATE OF BIRTH	DECLARATION	DATE VERIFIED
---------------	-------------------------------	--------------------------------	--------------------------------------	-----	---------------------	-------------	------------------

HEAD

2

3

4

Citizenship Declaration

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

LAST NAME _____

FIRST 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 DHS 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, under
(print or type first name, middle initial, last name):
penalty of perjury, that I am:

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. 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: _____

If you are a citizen, STOP here and skip to page 10.

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you check this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent 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 subparagraph 2.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 undertaken to obtain the evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am 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: _____

Verification Consent Form

INSTRUCTIONS: Complete this form for each noncitizen family member who declared eligible immigration status on the ****Citizenship**** Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

- (1) The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- (2) The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Hancock Court will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes ☐ No ☐
2. Do you currently use illegal drugs or abuse alcohol? Yes ☐ No ☐
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes ☐ No ☐
4. Have you been convicted of any drug-related crime within the past five years? Yes ☐ No ☐
5. Have you been convicted of any felony within the past five years? Yes ☐ No ☐
6. Have you been convicted of any crime involving fraud or dishonesty with the past five years?
Yes ☐ No ☐
7. Have you been convicted of any crime involving violence within the past five years? Yes ☐ No ☐
8. Are you currently charged with any of the above criminal activities? Yes ☐ No ☐
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #'s):

10. Have you ever used or been known by any other name? Yes ☐ No ☐

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Hancock Court Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Hancock Court Apartments, to a public housing authority, or to any agent contracted by Hancock Court Apartments to conduct criminal background checks.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S NAME (PLEASE PRINT) _____

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.

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.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)**Hancock Court****MA0600010078****25 School Street, Quincy, MA 02169**

Name of Property

Project No.

Address of Property

Hancock Court Associates L.P.**Section 8**

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 form 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.

form HUD-27061-H (9/2003)

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.