

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**
Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

Did you know? You can update some waitlists using your CELLPHONE! <https://form.jotform.com/waitlistupdate/hws-wl-update-form>

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

DATE OF BIRTH

GENDER

Enter the last four digits of your SSN or ITIN

Type birthyear first, using dashes YYYY-MM-DD

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:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

← Total # in Household

\$.00

☐ 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:

BEST 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: _____



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

Cruz Management Company
434 Massachusetts Ave., Suite 300
Boston, MA 02118
Phone: 617-247-2389 Fax: 617-247-4270
US Relay: 711

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

SARAH BAKER MANOR

APPLICATION FOR HOUSING

***Applications are placed in the order specified in the Tenant Selection Plan located at the management office.
An applicant may be interviewed only after the receipt of this tenant application.***

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

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip

Best Phone #: _____ Email address: _____

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

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

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No

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

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

Bedroom size requested: ☐ One BR ☐ Two BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing then we can't accommodate your requirements.

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

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No
If "yes", please list the features that you need to be accessible: _____
3. Do you need a unit with special features for someone with a hearing and/or visual impairment?
☐ Yes ☐ No
4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No
If "yes", please explain: _____
5. Is the Head of Household, Co-Head and/or Spouse under the age of 62 and have a disability?
☐ Yes ☐ No

*Answering this question is voluntary. The program that govern these apartments operated by Cruz Management require that the head of household, co-head or spouse to be 62 years of age or older, or have a disability as defined by the program. **Disability status will be verified by management prior to approval of application. If you choose not to provide disability information, or if your household does not meet the age/disability requirement for those specific apartments, your application will not be considered for a unit which is restricted by such a program.**

Social Security Number (SSN) Disclosure Requirements

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applications must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

Applicants who are exempt from SSN Disclosure (supporting documentation must be provided):

- Household Members who do not contend eligible immigrations status. NOTE: Subsidy assistance for the household will be prorated based on eligible household members.

Household Members who do not have an SSN, but, were age 62 or over AND were receiving HUD assistance at another location on January 31, 2010, he/she may be exempt.

<u>B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY</u>						
List ALL persons who will live in the apartment. List the head of household first.						
1.	Name	Relationship to head of household	Birth Date	Age (optional)	Social Security#	Student Status (Must Circle as Applicable for EACH Member)
Head		HOH				Full-time / Part-time / Not Student
Co-T						Full-time / Part-time / Not Student
3.						Full-time / Part-time / Not Student
4.						Full-time / Part-time / Not Student

Do you anticipate any changes to the household in the next twelve months? ☐ Yes ☐ No

If "yes", please explain: _____

C. INCOME

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

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security	\$
	Social Security	\$
2.	SSI Benefits	\$
	SSI Benefits	\$
3.	SSP (State Supplement Program) Payments	\$
4.	Pension; List source:	\$
5.	Veteran's Benefits; List claim #:	\$
6.	Unemployment Compensation	\$
	Unemployment Compensation	\$
7.	Worker's Compensation	\$
8.	Title IV/TANF/TAFDC/Public Assistance	\$
9.	Interest Income; List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) List source:	

Household Member Name	Source of Income	Monthly Amount
12.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	Alimony	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	Child Support	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on last tax year)		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

22. Do you file income tax returns? (If yes, please provide a copy with this application.) ☐ Yes ☐ No

D. ASSETS

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

1. Checking Accts		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
5. Cash on Hand				Amount \$
6. Trust Account		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
7. Certificates of Deposit		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
8. Savings Bonds		Maturity Date		Value \$
		Maturity Date		Value \$
9. Life Insurance Policy	Ins. Co: _____ Acct: _____			Cash Value \$
10. Life Insurance Policy	Ins. Co: _____ Acct: _____			Cash Value \$
11. Mutual Funds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(k), IRA, Keogh	Name: Source:			Value \$
15. Investment Property	Name: Source:			Appraised Value \$
16. Real Estate Property: <i>Does any household member own any property?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , Name of Household Member:		b. Type of property:		
c. Location of property:				
d. Appraised Market Value:				\$

e. Mortgage or outstanding loans balance due:	\$
f. Amount of annual insurance premium:	\$
g. Amount of most recent tax bill:	\$

17. <i>Has any household member sold/dispensed of any property in the last 2 years?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member:	Type of property:
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

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

E. ADDITIONAL INFORMATION

1. How were you referred to this property?		
<u>Notice for the following question:</u> We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
2. Do you currently have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you or any member of your family currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you or any member of your family ever been: (A) convicted of a felony; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:</i>		
5. Provide a <u>complete list of ALL States</u> in which any applicant household member has ever resided:		

6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has any landlord ever had to take legal action against you or another family member listed in Section B above for non-payment of rent and/or any other material non-compliance with your lease that resulted in your appearance in court?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please describe:</i>			
8. Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>			
9. Will you take an apartment when one is available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>			
<u>F. REFERENCE INFORMATION</u>			
You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)			
1. Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From: _____ To: _____	
2. Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From: _____ To: _____	
3. Personal Reference #1:			

Address:	
Relationship:	Phone #:
4. Personal Reference #2:	
Address:	
Relationship:	Phone #:
5. Personal Reference #3:	
Address:	
Relationship:	Phone #:
6. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

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

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

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

Attachment C: Information on Restrictions on Assistance to Non-Citizens

Cruz Companies, Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or treatment or employment in its programs and activities. Cruz Companies, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Cruz Companies, Inc. also provides people whose primary language is not English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Dareline Jackson coordinates Cruz Companies' compliance with all nondiscrimination requirements, including Section 504. Contact her with questions or concerns relating to Cruz Companies' compliance with nondiscrimination requirements: Telephone (617) 247-2389, Relay #711 or at Cruz Management Corporation, 434 Massachusetts Ave., #300, Boston, MA 02118.



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) <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: _____
<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: _____		
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. 12/31/2007)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

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

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

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

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