



CEDAR SINAI PARK  
park tower apartments

Dear Applicant:

Thank you for your interest in living at our property. Attached you will find our Application Packet, there are several forms included which are described below. **When you submit your application, please include a photo copy of your current photo ID.** We are happy to make copies of these documents in our office.

- **Tenant Selection Plan**

The first section describes the application process, the qualification criteria for residency and the screening criteria. Screening includes rental history, a credit report, and a criminal background check for every potential tenant over 18.

- **Application:**

Please fill the application out fully and please do not leave any blanks. If a question does not apply please put N/A (non-applicable), or None. **The residential history must include three consecutive years. If you were homeless please provide the City and State where you were homeless.**

- **Race and Ethnic Data Reporting Form:**

**This form is optional for you to fill out, if you do not wish to fill out the information you will still need to sign and date the document to indicate that you have seen the form.**

- **Supplemental Information:**

**The last page of the packet is a form that is also optional for you to fill out but you must still sign and date the form.**

If the application is not completed correctly or fully it will be mailed back to you. You cannot be added to our waiting list until we have a complete application. If you have any questions please feel free to contact us at (503) 224-1567.

We look forward to meeting you!





## Tenant Selection Plan and Screening Criteria

### 1. Project Eligibility Requirements:

- a. *Project specific Requirements:* Head of household must be sixty-two years of age or disabled.
- b. *Citizenship Requirement:* H.U.D. does not provide assistance to non-citizens with ineligible immigration status. We require applicants to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status prior to moving into the property.
- c. *Social Security Number Requirements:* All household members must disclose and provide verification of the complete and accurate Social Security Numbers (SSN) assigned to them. The SSN requirements do not apply to individuals who do not contend eligible immigration status and individuals age 62 or older as of January 31, 2010 whose initial determination of eligibility was begun before January 31, 2010. If the applicant is unable to disclose/verify the Social Security numbers of all non-exempt household members, the applicant will be determined ineligible. If the applicant is otherwise eligible and the only outstanding verification is that of "disclosing and providing verification of the SSN" the applicant will retain their place on the waiting list for a 90 day period during which the applicant is attempting to obtain documentation. If 91 or more days have elapsed and applicant has not provided documentation the applicant is determined to be ineligible and will be removed from the waiting list.
- d. *Student Eligibility Requirements:* Households comprised entirely of full-time students are not eligible with four exemptions: 1) All of the students are entitled to file a joint federal income tax return, 2) the household consists of a single parent with custody of school age child/children, 3) the household receives assistance under the T.A.N.F. program as such program activities and participation are related to families with dependent children, 4) the tenant(s) in the household are enrolled in and receiving assistance under the Workforce Investment Act (WIA) or similar governmental job-training program.

### 2. Income Limits: We accept applicants who meet the Very-Low and Extremely-Low Income requirements for Multnomah County. Current income limits are available at the office.

### 3. Procedures for Accepting Applications and Selecting from the Waiting List:

- a. An applicant must submit a completed Application for Admission & Rental Assistance to be placed on the waiting list. A completed application requires that all fields be filled in accurately and completely. If the application is incomplete the application will be returned to the applicant and his/her name will not be placed on our waiting list.
- b. Current State or government issued picture identification is required that states the date of birth of the applicant.
- c. If an applicant needs help filling out the application please notify our office and we will assist the applicant with the application process.
- d. Each applicant will be required to qualify individually. Persons intending to occupy the same apartment must submit separate applications.
- e. Our building maintains two separate waiting lists for applicants; 1) Sixty-two and older, and 2) Under the age of sixty-two and disabled. All vacancies are filled from these lists.
- f. Position on the waiting list is determined by eligibility, preferences, and the date/time on which a completed application is received at the office.
- g. The applicant must notify the office in writing if any of the information on their application changes.
- h. If we are unable to contact the applicant due to an unreported change, they will be removed from the waiting list.

- i. Each applicant will receive a letter approximately once per year asking you to indicate that you are still interested in remaining on the waiting list. You must reply in the affirmative to the letter to remain on the waiting list. If you do not reply you will be removed.
- j. Apartments are rented to eligible persons in the order of receipt of their application. If the applicant refuses the apartment they are offered, they can choose to be removed from the waitlist or moved to the bottom of the waitlist. An applicant can request to be moved to the bottom of the waitlist one time. If they wish to be moved to the bottom of the list again they will be asked to fill out a new application.
- k. If the application is approved and the applicant accepts the available unit, they will be required to sign a rental agreement in which they will agree to abide by all of our rules and regulations.
- l. A security deposit is required equal to one month's rent and utilities or \$50.00 whichever is higher.
- m. Current tenants of this property are not eligible to be placed on the waiting list.

4. Procedures for Applying Preferences:

- a. Our contract with H.U.D. requires that we fill vacancies with applicants from the sixty-two and older waiting list first. If there are no qualified applicants on that list, then we will fill vacancies from the waiting list for applicants who are disabled and under the age of sixty-two.
- b. H.U.D. requires that no less than 40% of the admissions to any project assisted through the Section 8 Project-Based program in any fiscal year must be Extremely Low-Income households. Income targeting will be analyzed annually to ensure the 40% target is met. In keeping with H.U.D. Income Targeting Policies, applicants whose incomes are below the Extremely Low-Income limit (30% of the area median income) may receive preference over another applicant in a higher position on the waitlist when a unit becomes available. To implement this preference the first Extremely Low-Income applicant on the waiting list will be selected for the available unit (which means "skipping over" some applicants with higher incomes). Once we have met our 40% Extremely Low-Income requirement in a given fiscal year we will select the next eligible applicant currently at the top of the waiting list, regardless of income level, for the next available unit.

5. Applicant Screening Criteria:

- a. *Rental Requirements:* Three years of eviction-free rental/residential history is required. Applications will not be denied due to lack of rental history. Alternative documentation of residency will be accepted. Rental history reflecting more than \$500.00 in damages will result in denial, regardless of settled debt. Rental history demonstrating documented noise, disturbances, or other complaints will result in denial when the manager would not re-rent. Rental history reflecting past-due rent will result in denial unless the debt has been settled and the manager would re-rent. All Applicants must disclose if they are currently receiving H.U.D. housing assistance. The owner/agent will not knowingly assist applicants who will maintain another residence in addition to the H.U.D. assisted unit. The owner/agent will use the Enterprise Income Verification System (E.I.V.) to determine if the applicant or any member of the applicant household is currently receiving H.U.D. assistance. Nothing prohibits a H.U.D. housing assistance recipient from applying to this property, however, the applicant must move out of their current property and/or forfeit any voucher before H.U.D. assistance on this property will begin. Special consideration to this rule applies to recipients of H.U.D. assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit.
- b. *Credit Requirements:* Good credit will be required for an unconditional approval. Applications will be accepted without credit history. If negative or adverse credit is reported, the following criteria will be used:
  - i. Outstanding bad debt of more than \$3,000 reported on the credit file will result in denial, unless the debt is a verifiable medical expense, or the debt is a bankruptcy and no negative information has been reported since the bankruptcy.
  - ii. Ten or more past-due accounts on the credit file will result in denial.
- c. *Criminal Convictions:* When an applicant's name approaches the top of the waiting list, a search of public records will be conducted to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty to or no-contest to, any crime. The following shall be grounds for denial of the rental application:

- i. A conviction, guilty plea or no-contest plea, ever, for any felony involving serious injury, kidnapping, death, arson, rape, sex crimes including child sex crimes, extensive property damage or drug-related offenses (sale, manufacture, delivery or possession with intent to sell), class A/Felony burglary or Class A/Felony robbery;
    - ii. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any other felony charges;
    - iii. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any Class A misdemeanor or gross misdemeanor involving assault, intimidation, sex related, drug related (including sale, manufacture, delivery or possession), property damage or weapons charge;
    - iv. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last three years for any Class B or C misdemeanor in the above categories or any misdemeanor involving criminal trespass I, theft, dishonesty, or prostitution.
    - v. Applicant is subject to a lifetime sex offender registration requirement in any state.
  - d. Pending charges or outstanding warrants for any of the above will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate unit is still available, the processing of the application will be completed. No unit will be held awaiting resolution of pending charges.
  - e. *Alcohol or Drug Abuse*: Any applicant whose abuse, pattern of abuse, or current use of alcohol or drugs interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents will result in denial of the rental application.
6. Live-in Aide Screening Criteria: Current rental/residential reference and your last three years of rental/residential history will be verified. Three years of eviction-free rental/residential history is required. Evictions due solely to nonpayment of rent will not result in denial as live-in aids are not responsible for rental payments at our property. Rental history reflecting more than \$500.00 in damages will result in denial, regardless of settled debt. Rental history demonstrating documented noise, disturbances, or other complaints will result in denial when the manager would not re-rent. Applicants subject to a lifetime sex offender registration requirement in any state will be denied.
7. Occupancy Policy: Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises that is used primarily for sleeping, with at least one window and a closet for clothing. Two persons are allowed per bedroom with one additional person for any additional living space such as separate living room.
8. Unit Transfer Policy: Transfers from one apartment to another will only be granted for medically necessary reasons in conjunction with a reasonable accommodation.
9. Rejection Policy:
- a. Incomplete, inaccurate, or falsified information will be grounds for denial.
  - b. Any individual who may constitute a direct threat to the health and safety of an individual, the complex, or the property of others will be denied.
  - c. If the application is rejected due to unfavorable information received on the applicant's background investigation, they will receive a letter from our screening company detailing the reason/s they were rejected. After they receive the report, they may:
    - i. Contact our screening company to discuss their application.
    - ii. Find out the name of the credit reporting agency which is reporting the unfavorable information and correct any incorrect information through the credit reporting agency as per their policy.
    - iii. Request that the credit reporting agency submit a corrected credit check.
  - d. Upon receipt of the correct and satisfactory information, the application will be reevaluated for the next available unit. If, after the applicant has contacted our screening company, they continue to feel that they qualify as a resident under the criteria set out above and they wish to discuss the rejection of their application, wish to request a Reasonable Accommodation, or if the wish to make

a discrimination complaint they should write a letter to: Park Tower Apartments, Equal Housing Opportunity, 731 SW Salmon St, Portland, OR 97205. In the letter, please explain the reasons the applicant believes their application should be approved and request a review of their file. If applicant is requesting a Reasonable Accommodation, please include that in the letter. The applicant has fourteen days from the date of rejection to respond in writing or to request a meeting to discuss the rejection of your application. Within five working days of receipt of the applicant's letter, their application will be reviewed and they will be notified in writing of the outcome of the review.

10. Policies to comply with Section 504 of the Rehabilitation Act of 1973 and Fair Housing Act Amendments of 1988:

- a. Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance.
- b. We do 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.
- c. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Par 8 dated June 2, 1988. Name of Coordinator: Pamela Washington, 1431 SW 11<sup>th</sup> Ave, Portland, Oregon 97201.
- d. The Fair Housing Act prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of federal financial assistance. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from H.U.D.
- e. We are willing to make and allow reasonable accommodations for reasonable changes to the units and common areas that will provide accessibility to all residents. The applicant or tenant must seek the landlord's written approval before making any modifications. Each request will be evaluated under state and federal law to determine who will be responsible for the cost. Requirements for modifications include:
  - i. Written approval from the landlord before modifications are made,
  - ii. Written assurances that the work will be performed in a professional manner,
  - iii. Written proposals detailing the extent of the work to be done,
  - iv. Documents identifying the names and qualifications of the contractors to be hired,
  - v. Furnishing of all appropriate building permits and required licenses for landlord inspection.
- f. We can provide language services upon request.
- g. Equal access to housing in H.U.D. programs regardless of sexual orientation or gender identity is intended to ensure that housing access across H.U.D. programs is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

Policy for Opening and Closing the Waiting List: We do not close the waiting list.

Policies for Applying Violence Against Women Act (VAWA) Protections: We maintain policies that support and assist victims of domestic violence, dating violence, or stalking and protect victims, as well as their family members, from being denied housing or from losing their H.U.D. assisted housing as a consequence of domestic violence, dating violence, and stalking. A Certification of Domestic Violence, Dating Violence, or Stalking, H.U.D. form 91066, is available to applicants at the time of admission to the property or in the event of a termination or start of an eviction for cause. Other documentation may be accepted in lieu of this certification.



## Application for Admission and Rental Assistance

Return completed application to: Park Tower Apartments, 731 SW Salmon St, Portland, Oregon 97205

I am:  62 years of age or older  Under the age of 62 with a disability

I am applying for:  Studio  1 bedroom  Handicap Accessible Unit

Applicant Name: \_\_\_\_\_  
First Middle Last

Co-Applicant's Name: \_\_\_\_\_  
First Middle Last

*Please note: co-applicants, spouses, etc. must fill out separate applications unless their credit is fully combined*

Current address: \_\_\_\_\_  
Street Apt/Unit #

\_\_\_\_\_  
City State Zip

Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_\_) \_\_\_\_\_

Are you currently receiving funds from the Social Security Administration?  Yes  No

If you checked yes, check the type of Social Security funds you receive:

- Regular Social Security (for persons over 62 years of age)
- SSI (Supplemental Security Income)
- SSD (Social Security Disability)

If you are under the age of 62 and you checked no we are required to verify your eligibility. Please: 1) fill out the bottom paragraph on page two with the name, address, and phone number of your physician, psychiatrist, therapist, or other qualified professional who is familiar with your condition, and 2) sign and date the form in this packet entitled "Verification of Disability" and we will send it to the professional that you indicate on page two.

**For management use only**

Date & Time Application Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Placed on:  62+  Under 62/Disabled

One Bedroom  Studio

Handicap Accessible

# Application for Admission and Rental Assistance

## Household Composition and Characteristics

	Member's Full Name	Relation to Head	Date of Birth	Age	Social Security Number	Full or Part Time Student
1		Head				
2						
3						

List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the Head as well as the other information requested:

Does anyone live with you now who is not listed above?  Yes  No

Do you expect a change in your household composition?  Yes  No

If you answered yes to either question #2 or #3 please explain: \_\_\_\_\_

\_\_\_\_\_

Do you require the features of a mobility impaired unit?  Yes  No

What is the primary language spoken, written, and/or read by household members? We offer interpretation services if necessary. \_\_\_\_\_

### Caseworker Information

Does the head of household, spouse or co-head have a caseworker?  Yes  No

If yes, please list the following information:

Caseworker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

### Emergency Information

Who is to be notified in case of an emergency?

1. \_\_\_\_\_  
 Name Phone City Relationship

2. \_\_\_\_\_  
 Name Phone City Relationship

### Physician/Psychiatrist/Therapist Information

Please fill out this information for the applicant's Primary Care Physician or Psychiatrist/Therapist. This information may be required in order for us to verify the household's eligibility for our program:

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Name of clinic/hospital where doctor works: \_\_\_\_\_

## Application for Admission and Rental Assistance

### Income and Asset Information

Please answer each of the following questions. For each "yes," provide details in the chart below. If you require more space please attach an additional piece of paper.

YES    NO

- |     |     |     |   |
|-----|-----|-----|---|
| ___ | ___ | 1.  | Work full-time, part-time or seasonally?  |
| ___ | ___ | 2.  | Expect to work for any period during the next year?   |
| ___ | ___ | 3.  | Work for someone who pays you cash?   |
| ___ | ___ | 4.  | Expect a leave of absence from work due to lay-off, medical, maternity or military leave?   |
| ___ | ___ | 5.  | Now receive or expect to receive unemployment benefits?   |
| ___ | ___ | 6.  | Now receive or expect to receive child support?   |
| ___ | ___ | 7.  | Entitled to child support that he/she is not now receiving?   |
| ___ | ___ | 8.  | Now receive or expect to receive alimony?   |
| ___ | ___ | 9.  | Have an entitlement to receive alimony that is not currently being received?  |
| ___ | ___ | 10. | Now receive or expect to receive public assistance (TANF)?  |
| ___ | ___ | 11. | Now receive or expect to receive Social Security or disability benefits?  |
| ___ | ___ | 12. | Now receive or expect to receive income from a pension or annuity?  |
| ___ | ___ | 13. | Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?   |
| ___ | ___ | 14. | Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? |
| ___ | ___ | 15. | Own real estate or any assets for which you receive no income (checking account, cash)?   |
| ___ | ___ | 16. | Have you sold or given away real property or other assets (including cash) in the past two years?   |

Member	Source of Income/Type of Income	Monthly Income	Annual Income



# Application for Admission and Rental Assistance

## Assets

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members. If you require more space please attach an additional piece of paper.

Member No.	Bank Name	Type of Account	Account No.	Balance

List all stocks, bonds, trusts, or other assets, and their value, owned by any household member:

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List any assets disposed of for less than their fair market value during the past two years:

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## Expenses

YES   NO

- \_\_\_   \_\_\_   1.   Do you pay for a care attendant or for any equipment, for any handicapped or disabled household member(s), necessary to permit that person or someone else in the household to work? What is the cost to you for the care attendant and/or their equipment?: \_\_\_\_\_

If you pay a care attendant, provide their name address and telephone number:

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- \_\_\_   \_\_\_   2.   Do you have Medicare? If Yes, what is the monthly premium?: \_\_\_\_\_

- \_\_\_   \_\_\_   3.   Do you have any other kind of medical insurance? If yes, please provide the following; carrier name and address:

\_\_\_\_\_

Policy number: \_\_\_\_\_ Premium amount: \_\_\_\_\_

- \_\_\_   \_\_\_   4.   Do you have any outstanding medical bills? If yes, list them below:
- 

What medical expenses do you expect to incur in the next twelve months, list below:

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If you use the same pharmacy regularly, please provide the name and address:

---

# Application for Admission and Rental Assistance

## Rental/Residential History

Please list **ALL** the states you have lived in during your lifetime, full addresses are not necessary:

\_\_\_\_\_

We require you to document the **last three years** of your rental/residential history. Please account for any gaps.

**Current address:** \_\_\_\_\_  
Street City State Zip

Building name: \_\_\_\_\_

Landlord/Manager's name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving? \_\_\_\_\_

**Previous address:** \_\_\_\_\_  
Street City State Zip

Building name: \_\_\_\_\_

Landlord/Manager's name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving? \_\_\_\_\_

**Previous address:** \_\_\_\_\_  
Street City State Zip

Building name: \_\_\_\_\_

Landlord/Manager's name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year

Reason for leaving? \_\_\_\_\_

If you require more space to document the last three years of your rental/residential history, please write the rest of your history on a separate sheet of paper and attach it to the application. Also account for any gaps in your rental/residential history on a separate sheet of paper.

Have you ever been evicted?  Yes  No If yes, list the date: \_\_\_\_\_

# Application for Admission and Rental Assistance

## Employment History

Head of Household's Current Employer: \_\_\_\_\_

Employers address: \_\_\_\_\_  
Street City State Zip

Supervisor's Name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

Spouse/Co-head's Current Employer: \_\_\_\_\_

Employers address: \_\_\_\_\_  
Street City State Zip

Supervisor's Name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

## Criminal History

Have you or your co-applicant/spouse/co-head been convicted of or pled guilty to any felony or misdemeanor (other than a traffic offense)? If you need additional room please attach an additional piece of paper.

Yes  No If yes, please provide the following information for each offense:

1.  Head  Co-applicant/Spouse/Co-head State: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Crime: \_\_\_\_\_ Sentence: \_\_\_\_\_

2.  Head  Co-applicant/Spouse/Co-head State: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Crime: \_\_\_\_\_ Sentence: \_\_\_\_\_

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

Yes  No

## **Penalties for Misusing this Consent:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*

# Application for Admission and Rental Assistance

## Credit Statement

*In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation, and mode of living is verified. You, as the prospective tenant, agree that a complete investigation of everything on this application will not constitute an invasion of your privacy. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. The name and address of the screening service or credit reporting agency will be provided at the request of the applicant.*

I/We certify that all information in this application is true and complete to the best of my/our knowledge and you are hereby authorized to make any inquiries you feel necessary to evaluate my/our tenancy and credit standing. I/We understand a criminal history search will be conducted and authorize you to do so. I/We am/are aware of, and extend the privilege to, the tenant screening service to obtain the credit reports and/or character reports as necessary. I/We understand that the above information is being collected to determine my/our eligibility.

I/We understand that inaccurate or falsified information will be grounds for the denial of the application or eviction from the premises. I/We understand that false statements or information are punishable under Federal law.

I/We understand that a security deposit will be required before I/we move into an apartment and that pets are allowed only after a pet application has been processed and approved.

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence.

I/We agree to all of the above and sign this of my/our own volition.

\_\_\_\_\_  
Household member 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member 3 Signature

\_\_\_\_\_  
Date

To complete your application, we also require a copy of a valid piece of photo identification for each applicant.

## **Federal Social Security Disclosure Regulations**

1. This rule does not require anyone to get a Social Security number if they do not have one; however, each family member applying for housing must supply either:
  - a. Their Social Security Number and verification of it, OR
  - b. A certification that they have no number (certification available at the Social Security office).
  
2. An applicant cannot become a participant until they have submitted either:
  - a. A Social Security Number and verification, OR
  - b. A certification that they do not have one.
  
3. Acceptable Social Security Number verifications are as follows:
  - a. A valid Social Security card issued by the Social Security Administration, or
  - b. One of the following documents that display your Social Security Number:
    - i. A Driver's License
    - ii. An Identification Card issued by a Federal, State, or Local agency
    - iii. An Identification Card issued by an employer or trade union
    - iv. Earnings statements or payroll stubs
    - v. Bond statements
    - vi. IRS Form 1099
    - vii. Benefit Award Letter from government agencies
    - viii. Unemployment Benefit Letter
    - ix. Retirement Benefit Letter
    - x. Life Insurance policies
    - xi. Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records
    - xii. Other documents that the processing entity determines as adequate evidence
    - xiii. If the entity verifies Social Security benefits with the Social Security Administration, the acceptance of the SSN by SSA may be considered documentation of its validity

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**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.