

# Meadowood Gardens

revision 10/19

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

Property Name:	Meadowood Gardens	Telephone:	479-273-7344
Address:	808 N. Main St. Box 1 Bentonville, AR 72712	Fax:	479-464-7169
Property Web Site	cdcbentonville.com	TTD/TTY:	711 National Voice Relay
		Email	gerrielynn@cdcbentonville.com

(Please return this form to the above address)

<b>For Office Use Only:</b>	
Date application received _____	Time application received _____ By _____

Applicant Name			
How did you hear about us?			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <small>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</small>		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 <b>and</b> receiving HUD housing assistance as of 1/31/10			
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Are you currently using marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy that prohibits people from smoking in individual units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been evicted from a federally funded housing program for a lease violation ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when			



Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

- AL  AK  AZ  AR  CA  CO  CT  DE  FL  GA  HI  ID  IL  IN  IA  
 KS  KY  LA  ME  MD  MA  MI  MN  MS  MO  MT  NE  NV  NH  
 NJ  NM  NY  NC  ND  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  
 VT  VA  WA  WV  WI  WY  Washington D.C

**RENTAL HISTORY:**

<b>Current or Previous Landlord</b>		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Previous Landlord #2</b>		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**UTILITY PROVIDERS:** You may not live in the unit unless you can establish utilities in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit? Electric.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Do you receive any assistance to pay your utility bills?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is assistance provided under the DHS Low-Income Home Energy Assistance Program (LIHEAP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
If no, the monthly amount you receive to assist with your utility bills from other sources.		\$ _____ or <input type="checkbox"/> NA	

**PETS & ASSISTANCE/COMPANION ANIMALS:** Please review the property pet/assistance animal rules. The presence of any animal **must be approved** before housing the animal in the unit.

Do you plan to house an animal in the unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal Type (i.e. dog, cat, turtle, etc.)	Breed (if applicable)	Weight	

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

**If you are the Head of Household (HOH), please complete this section** which provides information about other household members. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults			

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
2			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Live-in Aide ( <i>live in aides must be approved before move in</i> ) <input type="checkbox"/> None of the Above			
SSN		Date of Birth	
Please indicate each state where this person has lived			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			

**UNIT SIZE/FEATURES:** The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features on next page.



**Unit Size**

1 Bedroom Unit

**Special Features**

Mobility Accessible Unit  
 Communication Accessible Unit (Hearing)  
 Communication Accessible Unit (Visual)  
 Special features: Please list below:

**INCOME AND ASSET INFORMATION:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

**Income**

Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	

Do you currently have more than one employer?  Yes  No  
 If yes, please provide additional employment information on a separate sheet.

How much do you expect to receive in other income in the next 12 months? <b><i>Please write in 0.00, NA or None if you will receive no income from these sources.</i></b> <b><i>THE APPLICATION WILL NOT BE PROCESSED IF THESE FIELDS ARE NOT COMPLETE.</i></b>	
Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Are you entitled to Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Child Support Amount	\$
Are you entitled to Alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly Alimony Amount	\$
Monthly Public assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Income from a pension or annuity or other asset?	\$
Regular contributions from organizations or from individuals not living in the unit?	\$
Periodic Payments from Long-Term Care Insurance, Disability, or Death Benefits?	\$
Contributions from family or other sources for rent or other bills.	\$
Any lump sum amounts from delay of payments for SSI or VA Disability	\$



Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	
Other?	\$	

**Assets**

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
<b>Do you own a home or other property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value- <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
<b>Do you have business income?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
<b>Do you own stocks/bonds/certificates of deposit (CD)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
<b>Do you own a life insurance policy?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal
Current Value - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
<b>Do you own an annuity?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
<b>Is there a trust fund in your name or have you established a trust fund for someone else?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - <i>Please write in 0.00, NA or None if the asset value is zero.</i>	\$	
<b>Do you have a safety deposit box?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have access to any other assets, property, insurance policies, businesses, etc.?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		

**Medical Expenses:** Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1- annual premium	\$
--------------------------------------	----



<b>Health Insurance - 2 – annual premium</b>	\$
<b>Dr. visit/medical treatments - annual out-of-pocket expense</b>	\$
<b>Prescription Drugs - annual out-of-pocket expense</b>	\$
<b>Do you have an HMO, a medical plan, or health insurance policy, which pays all or part of the cost of your medications?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who reimburses you? _____ _____	

Over-the-counter medical expenses to treat a <b>specific medical condition</b> Doctor's prescription required- annual out-of-pocket expense ( <i>i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis</i> )	\$
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	\$
Mileage to and from medical appointments	\$
Other	\$
Other	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	

Other?	\$
Other?	\$
Other?	\$

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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. 408 (a) (6), (7) and (8).

**APPLICANT CERTIFICATION**

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Signature

Date



*Meadowood Gardens does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

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

LaDwana Whittenberg  
808 N. Main St. Box 1  
Bentonville, AR 72712  
Telephone – 479-273-7344  
Telephone – TTY 711

OMB Control # 2502-0581

Exp. (02/28/2019)

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.

<b>Signature of Applicant</b>	<b>Date</b>

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.

Form HUD- 92006 (05/09)





**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)

Meadowood Gardens                      082-EE147                      907 Meadowood Ln, Bentonville, AR 72712  
**Name of Property**    **Project No.**    **Address of Property**

Community Development Corp of Bentonville/Bella Vista Inc.                      HUD 202 PRAC  
**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 of 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.

Form HUD-27061-H (9/2003) 2

## 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 house hold 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.

form HUD-27061-H (9/2003)

