

**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

Application:

Please complete the application in its entirety and sign and date all consent forms. Check all applicable boxes and fill in all lines even if the answer in "Not Applicable" (N/A) or zero. Incomplete applications cannot be processed. Return all required forms and make copies for your records. Complete household information is required.

Identification:

We require copies of three (3) forms of identification as described below. Do not send originals. The originals will be reviewed at the time of final application processing.

Acceptable forms of ID are:

- Picture **ID** (driver's license) or State Issued Identification
- Birth Certificate **
- Social Security Card, for all adult household members

For minors under 18 years of age Birth Certificate and social security cards.

** Other acceptable forms of identification with date of birth include: Baptismal Certificate, Valid Passport, and Naturalization Certificate.

Verifications:

An individual or a service provider working with an applicant can assist with completing this application.

Qualifications:

Eligibility Criteria –All household members age 18 or older must complete & sign the application and provide proof of income. Eligibility is recertified every 12 months and annual household income will be verified.

Per Department of Housing Program (DOH) guidelines, a household's annual gross income must not exceed the lesser of established income limits for the State or Area Median Income for the metropolitan area as adjusted for family size as indicated in Appendix A. Annual household income includes income from all sources and from net family assets, and will be determined by authorized, third party verification. The income limits used by the agent for admission are published by the Department of Housing and Urban Development (HUD) on an annual basis. In no case will an applicant household be admitted to an income restricted unit if the applicant household's income exceeds the specified income limit.

Marketing of all units will be targeted appropriately, and no applications will be refused or denied except for those determined to be ineligible as documented herein.

NOTE: THE LOFT AT SPENCER'S CORNER APARTMENTS IS A SMOKE FREE COMMUNITY

**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

Income Sources: All sources of Income must be disclosed at the time of application. Please provide copies of the following:

Copy of Most Recent Federal Tax Return

Paycheck stubs (4 - 6)

Workman's Compensation

Social Security / SSI Payments

Unemployment

Pensions

Budget Sheet (TANF/SAGA)

Court Records Child Support or Alimony

Bank Statements

All sources of Assets must be verified:

Checking Accounts (6 – months printed bank statements)

Savings Accounts (current bank statement)

Certificate of Deposits (CD'S)

401K Accounts

IRA/Roth Accounts

Real Estate (own a home/condo/land)

Stock or Bonds

Mutual Funds

Life Insurance Whole or Universal Policy Only

Applications may be denied if any of the following apply: You are NOT eligible if:

- Your income is too high
- You do not meet the maximum or minimum occupancy standards
- You have not completely filled out the application
- You have failed to provide current and accurate information
- Failure to supply requested documentation
- You or anyone in the household is a registered Sex Offender
- You did not sign all verification and consent forms
- Unfavorable criminal background and/or credit check
- Unfavorable reference(s): landlord or personal
- Reasonable doubts as to ability to pay rent

**THE LOFTS AT SPENCER'S CORNER APARTMENTS
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

AFFORDABLE HOUSING AVAILABLE
LOFTS AT SPENCER'S CORNER
www.demarcomc.com

Hope Partnership, LLC through its managing agent DeMarco Management Corporation are pleased to announce the new affordable housing opportunity available at the Loft's at Spencer's Corner. The Lofts at Spencer's Corner is a 17-unit mixed-income rental housing community located at 90 Main Street in Centerbrook, CT. This brand-new apartment community will offer a mix of 4 one-bedroom units, 10 two-bedroom townhouse units, and 3 three-bedroom townhouse units with occupancy to begin in December 2020.

Of the 17 units:

- Three (3) units will serve applicants having an income at or below 30% Area Median Income (AMI) for the Southern Middlesex County metropolitan statistical area;
- Eight (8) units will serve applicants having an income at or below 50% AMI;
- Six (6) units will serve applicants having an income at or below 80% AMI;

The property offers spacious unique floor plans, fully-appliance kitchens, on-site laundry facilities, central air, accessible units, plenty of parking, and with income restricted one-bedroom rents ranging from \$440.00 to \$1,250.00; two-bedroom income restricted units start at \$525.00 to \$1,350; three-bedroom income restricted units start at \$1,125 to \$1,650. **Rental rates are subject to change.**

This development is financed through the Department of Housing (DOH) as such certain Income restrictions apply.

Applications are available at DeMarco Management Corporation located at 117 Murphy Road in Hartford or you can request an application by calling (860) 951-9411, ATT Relay Line 711, or via email at compliance@demarcomc.com. Please contact DeMarco Management for more information.

Maximum Income Limits as of 04/1/2020
Income limits per the size of Household
Local and State Area Median Income (AMI)

| AMI | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons |
|-----|----------|-----------|-----------|-----------|-----------|-----------|
| 30% | \$23,550 | \$26,900 | \$30,250 | \$33,600 | | |
| 50% | \$39,200 | \$44,800 | \$50,400 | \$56,000 | \$60,480 | \$64,960 |
| 80% | \$54,950 | \$62,800 | \$70,650 | \$78,500 | \$84,800 | \$91,050 |

Occupancy Limits

The following occupancy standards shall determine the number of bedrooms required to accommodate each household without overcrowding or over housing

| Number of bedrooms | Min. # Persons in Household | Max. # of Persons in Household |
|--------------------|-----------------------------|--------------------------------|
| 1 | 1 | 2 |
| 2 | 1 | 4 |
| 3 | 3 | 6 |

**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

Preferences

If you are claiming a waiting list preference, please indicate all preferences being claimed below.

The property will determine if you are eligible for “Least likely to Apply” based on the information provided on the Form HUD-27061-H, which can be found at the end of this packet

| Preference Category | Yes or No |
|---------------------------------------------------------------------|-----------|
| Least Likely to Apply | |
| Current Resident of the Town of Essex, Centerbrook or Ivoryton | |
| Current or Past Town Employee | |
| Currently Employed in the Town of Essex, Centerbrook or Ivoryton | |

I certify that the preference claimed is current at the time of application. I/we will be able to provide the necessary documentation when requested to confirm eligibility for the preference claimed.

Please Print - Applicant Name
Head-of-Household

Signature

Date

Please Print – Applicant Name
Co-Head/Spouse

Signature

Date

**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

PLEASE PRINT CLEARLY

| | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| This is an application for housing at: | Property: THE LOFT AT SPENCER'S CORNER |
| | Address: 90 MAIN ST |
| | CENTERBROOK CT 06409 |
| Please complete this application and return to: | Name: THE LOFT AT SPENCER'S CORNER |
| | Address: 90 MAIN ST |
| | CENTERBROOK CT 06409 |
| | Fax: 1-860-955-1143 Email: compliance@demarcomc.com ; |

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

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

If owned, do you receive monthly rental income from property? Yes No (check one)

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 Three BR

Do you Own a Section 8 / RAP Housing Voucher Yes No

If yes, from where? _____



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

| B. HOUSEHOLD COMPOSITION | | | | | | |
|---------------------------------|------|----------------------|------------|----------------|-----|-------------|
| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N |
| Head | | | | | | |
| 1. | | | | | | |
| Co-T | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------|
| Will all listed minors be living in the unit at least 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any household members not have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , was the household member 62 years or older as of 01/31/2010, and receiving HUD rental assistance on 01/31/2010? |
| Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, explain:</i> |
| Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, explain:</i> |
| Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, explain:</i> |



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|------------------------------------------------------------------|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | | |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | \$ |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | Title IV/TANF | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

| Household Member Name | Source of Income | Monthly Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | \$ |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | \$ |
| Do you anticipate any changes in this income in the next 12 months? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |
| | | |
| | | |
| Is the income received? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

D. ASSETS

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

| | | | | |
|-----------------------|-------|---------------|-------------------------|--------------------|
| Checking Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Savings Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Trust Account | # | Bank | Balance \$ | |
| | | | | |
| Certificates | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Credit Union | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | | | | |
| Life Insurance Policy | # | Cash Value \$ | | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | | | | |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Investment Property | | | | Appraised Value \$ |



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

| | |
|--------------------------------------------------------------|----------------------------------------------------------|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , describe: | |
| | |
| | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------------------------------------|----------------------------------------------------------|
| Have you sold/dispensed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property: | |
| Market value when sold/dispensed | \$ |
| Amount sold/dispensed for | \$ |
| Date of transaction: | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , describe the asset: | |
| Date of disposition: | |
| Amount disposed | \$ |

| | |
|------------------------------------------------------------------------------|----------------------------------------------------------|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , please list: | |
| | |
| | |

**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

| E. ADDITIONAL INFORMATION | | |
|--------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your family ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> List all states that you or a member of your household has lived in: | | |
| Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, explain</i> | | |
| Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| 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> | | |



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

F. REFERENCE INFORMATION

| | | |
|------------------|-----------|--|
| Current Landlord | Name: | |
| | Address: | |
| | Phone: | |
| | How Long? | |
| Prior Landlord | Name: | |
| | Address: | |
| | Phone: | |
| | How Long? | |

| | |
|------------------------|----------|
| Personal Reference #1: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |

| | |
|------------------------------|----------|
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

G. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

| | |
|----------------------------------------------------|------------------|
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| NOTE: PETS ARE NOT ALLOWED AT THIS PROPERTY | |



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

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 true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

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

**** OFFICE USE ONLY ****

DATE RECEIVED _____
TIME RECEIVED _____

DMC STAFF SIGNATURE _____
DATE LOGGED _____ / **APPLICATION #** _____



**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized DeMarco Management Corporation, agent for **Lofts at Spencer's Corner**, to verify the accuracy of the information I have provided to them. This information will be used to determine eligibility for the housing programs as required by Department of Economic and Community Development (DECD), Housing & Urban Development (HUD) and DSS/CHFA Annual Recertification, the Low-Income housing tax credit (LIHTC) verifications i.e., ASSETS, ALL Income, LANDLORD verification, YEAR to date taxes, AND Criminal/credit Records.

I hereby give you my permission to release this information to DeMarco Management Corporation understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to DeMarco Management Corporation within five (5) days of receipt of this request.

I have received a copy of the "Summary of your rights Under the Fair Credit Reporting Act"
I understand that a photocopy of this authorization is as valid as the original.
Thank you for your assistance and cooperation in this matter.

SIGNATURE

DATE

Each Adult 18+ individual must complete/sign/date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM
THE DATE NOTED ABOVE.**

**THE LOFTS AT SPENCER'S CORNER
90 MAIN ST CENTERBROOK CT 06409
HOUSING APPLICATION**

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized DeMarco Management Corporation, agent for **Lofts at Spencer's Corner**, to verify the accuracy of the information I have provided to them. This information will be used to determine eligibility for the housing programs as required by Department of Economic and Community Development (DECD), Housing & Urban Development (HUD) and DSS/CHFA Annual Recertification, the Low-Income housing tax credit (LIHTC) verifications i.e., ASSETS, ALL Income, LANDLORD verification, YEAR to date taxes, AND Criminal/credit Records.

I hereby give you my permission to release this information to DeMarco Management Corporation understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to DeMarco Management Corporation within five (5) days of receipt of this request.

I have received a copy of the "Summary of your rights Under the Fair Credit Reporting Act" I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

SIGNATURE

DATE

Each Adult 18+ individual must complete/sign/date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

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.