

# FERRY CROSSING

## **APPLICATION PACKAGE**

### **PLEASE READ CAREFULLY AND FOLLOW THESE INSTRUCTIONS**

Please answer **ALL** Questions even if the answer is “Not Applicable” (N/A) or zero and sign all consent forms.  
A blank does not mean “Not Applicable”

Please make sure all necessary information is attached when returning the package and that the application is **BOTH** signed and dated.

Incomplete applications will be returned to you for completion. **It is critical that we have current contact information or a means to reach you in a timely manner.** Returned correspondence or failure to respond will prevent your application from being processed and removed from the established waitlist.

**Please return your application to the site office at:**

Ferry Crossing LLC  
c/o DeMarco Management Corporation  
16 Main St, Centerbrook, CT 06409

**If you have any questions, please call (860) 767-1250 or you can reach us using the AT&T relay service by dialing 711.**

**FERRY CROSSING IS A NON-SMOKING FACILITY**

**No Smoking is Allowed in the Apartments or on the Property**

**FERRY CROSSINGS APARTMENTS**

**45 Ferry Rd  
Old Saybrook, CT 06475**

**RENTAL OFFICE**

**DeMarco Management Corporation  
16 Main St  
Centerbrook, CT 06409  
860-767-1250 Phone 860-767-6810 Fax**

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

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

Time: \_\_\_\_\_

**APPLICATION INSTRUCTIONS**

Please complete the attached application form and sign the release forms. Answer all questions even if the answer is zero. Incomplete applications will not be processed. Return all forms and make copies for your record. This applies to each person who will be living in the apartment.

**Identification:**

We require (2) forms of identification. Please do not send originals. We require a picture ID and your Social Security Card. Picture ID must have date of birth on it.

**Qualification:**

To qualify for tenancy at Ferry Crossings Apartments, an applicant must be U.S. Citizen, National or Eligible Non-Citizen, and have an adjusted gross annual income below the established HUD guideline.

**Income Limits:  
as of 4/1/2018**

No. of persons	25% AMI	50% AMI	60% AMI	80% AMI
1	19,000	38,000	45,600	60,800
2	21,700	43,400	52,080	69,440
3	24,425	48,850	58,620	78,160
4	27,125	54,250	65,100	86,800
5	29,300	58,600	70,320	93,760
6	31,475	62,950	75,540	100,720

**Income Verifications:**

All Sources must be verified.

1). Please attach copies of paycheck stubs (6 most recent), budget sheets for state assistance, alimony, social security, worker’s compensation or pension.

**Rental History:**

Please sign and complete the top portion of the enclosed “Landlord Verification Form” and return it to us. We will mail the form to your landlord. Residency must be established for the past 12 months. If you own your home, we may ask for copies of tax bills to establish residency.

APPLICATIONS MAY BE DENIED IF ANY OF THE FOLLOWING APPLY:

- 1). Not eligible (Income too high, ineligible non-citizen)
- 2). Unfavorable credit report
- 3). Unfavorable landlord reference (previous eviction, late payments)
- 4). Inability to pay rent
- 5). Unfavorable background checks (arrest and/or conviction history)
- 6). Failure to supply requested documentation

**Waiting List:**

An applicant household will be placed on the waiting list for the Property only after submission of a completed application and a determination that the household meets the initial eligibility requirements for the Property. Completed applications for eligible households will be placed on the waiting list based upon appropriate bedroom size for the household, including a live-in aide, and the application will be ranked by the date the completed application is received. The waiting list will show the name, date and time of application for each applicant.

**Security Deposit:**

A security deposit equal to one month of the Total Tenant Payment will be due upon acceptance of available unit.

Please Mark if you are requesting ONE, TWO, or a THREE, Bedroom Townhouse/Apartment

- ONE BEDROOM
- TWO BEDROOM
- THREE BEDROOM

**Supportive Housing Units**

The four (4) Supportive Housing Units that are limited to households with incomes at or below 25% of AMI are targeted to families who are homeless. Applicants for these units must sign release forms allowing the Supportive Services Provider and DeMarco Management Corporation to verify homeless status and must meet other eligibility criteria per the Tenant Selection Plan. Tenants of the supportive housing units will have access to supportive services provided and Two (2) of the four (4) units will be designated for homeless veterans.

A preference point system will be utilized, and points will be added up for each applicant. Date and time of application will be considered for households having an equal amount of preference points. Applicant selection will be based on their order on the waiting list per the program.

Please see preference point chart and definitions below:

**Current Resident (3) points** - a household in which one or more members is living in the town of Old Saybrook at the time of application. \*For supportive housing units, if the applicant is currently in a shelter located outside of Old Saybrook but can document eligibility for the jurisdictional preference based upon immediate prior residency, the applicant is entitled to resident preference for up to 12 months from the end of residency in Old Saybrook\*

**Municipal Employee / Volunteer (3) points**- a current employee of the town of Old Saybrook, such as teachers, janitors, firefighter, police officer, librarians, town hall employee, Volunteer first responders etc.

**Veteran (3) points**- a household in which one or more members serves or served in the United States armed services. Documentation of Veteran status must be provided

**Least Likely to apply (10) points**- a household that includes persons who are not likely to apply for this housing without special outreach efforts, as identified in the Affirmative Fair Housing Marketing Plan.

**I have read and understand the application instructions:**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# Ferry Crossing

## 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
Municipal Employee/ Volunteer	
Current Resident	
Veteran	
Homeless	
Least likely to apply	

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

**FERRY CROSSINGS**

45 Ferry Rd  
Old Saybrook, CT 06475

**Rental Office:**  
DeMarco Management  
16 Main St  
Centerbrook, CT 06409

**TO DETERMINE YOUR ELIGIBILITY FOR HOUSING IN ONE OF OUR UNITS, PLEASE SEND OR BRING IN A COPY OF THE FOLLOWING MATERIALS TO OUR OFFICE WITH YOUR APPLICATION:**

- 1. A copy of your Social Security Card- EACH MEMBER**
- 2. A copy of your birth certificate- EACH MEMBER**
- 3. A copy of your license or other form of picture ID- Head and CO Head of Household ONLY**
- 4. At least six (6) check stubs (consecutive) from all employment for all Members of family that is 18 and over.**
- 5. A copy of your bank books, certificates of deposit, stock certificates, mutual funds, etc.**
- 6. A copy of the latest bank statement for checking, savings, etc.**
- 7. A copy of your pension and what is deducted if anything.**
- 8. A copy of a cancelled check or rent receipt from rent you pay.**
- 9. A copy of the bills you pay for Medical Insurance, BC/BS, AARP, etc. and copies of medical bills that have been paid by you for all members of the household.**
- 10. A copy of your resident alien card if not a citizen of the US.**
- 11. If you are under 62 years old and are disabled or handicapped, a copy of the Award Letter from Social Security.**

**FERRY CROSSINGS**  
**45 Ferry Rd**  
**Old Saybrook, CT 06475**

**RENTAL OFFICE**  
**16 Main St**  
**Centerbrook, CT 06409**  
**860-767-1250 Phone 860-767-6810 Fax**

**APPLICATION FOR HOUSING**

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b> Ferry Crossings
	<b>Address:</b> 45 Ferry Rd Old Saybrook, CT 06475
Please complete this application and return to:	<b>Name:</b> DeMarco Management Corporation
	<b>Address:</b> 16 Main St Centerbrook, CT 06409

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 Handicap  One BR  Two BR  Three BR

<b>B. HOUSEHOLD COMPOSITION</b>						
	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

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>

Will all the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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	\$
	SSI Benefits	\$
	Pension (list source)	\$
	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)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments more than \$180/day	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	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.	\$
	<b>Child Support</b>	
	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.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (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
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>D. ASSETS</b>				
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 \$		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

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:	

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</i> , describe:		

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>		

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	
Credit Reference #3:		
Address:		
Account #:	Phone #:	

Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

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

<b>G. VEHICLE AND PET INFORMATION (if applicable)</b>			
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:		
Do you own any pets?		Yes	No
<i>If yes, describe:</i>			

**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

---

(Signature of Co-Tenant)

Date

---

(Signature of Co-Tenant)

Date

**General Authorization for Release of Information  
For  
DeMarco Management Corporation**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, the above-named individual, have authorized DeMarco Management Corporation 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) Department of Housing (DOH) and DSS/CHFA Annual Recertification, 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 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*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

**LANDLORD VERIFICATION FORM**

Return mail to:  
Ferry Crossings Apartments  
c/o DeMarco Management  
16 Main St  
Centerbrook, CT 0640.9

To Be Completed by Applicant

Landlord Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

Occupancy Agency \_\_\_\_\_  
Dated of Occupancy \_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW:

X \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The above referenced person has applied for an apartment in Ferry Crossings Apartments, Old Saybrook, CT. You were listed as either current or former landlord. The applicant by his/her signature above has authorized you to release the information regarding his/her residency. We ask your cooperation in supplying information requested. This information will be used only in determining the eligibility status of the family. Your prompt return of this information will be appreciated. A self-addressed stamped envelope is enclosed. Should you have any questions, please do not hesitate to contact us.

To Be Completed by Landlord Only

Move-in Date \_\_\_\_\_ Move-out Date \_\_\_\_\_  
Amount of Monthly Rent \$ \_\_\_\_\_ Utilities included \_\_\_\_\_  
Does tenant have rental assistance? \_\_\_\_\_  
Rent Generally Paid: On Time \_\_\_\_\_ Occasionally Late \_\_\_\_\_ Often Late \_\_\_\_\_  
Has any legal action been taken against this tenant? \_\_\_\_\_  
Housekeeping Habits: Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_  
Would you rent to this tenant again? \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Landlord's Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

Name of Property Project # 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): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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.