



# Arrowhead Apartments



RENTAL APPLICATION  
SECTION 8- SECTION 8/236 SECTION 8/RD515- SECTION 8/ TAX CREDIT  
RENTAL SUPPLEMENT-RAP  
AFFORDABLE COMMUNITES

Application No: \_\_\_\_\_

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

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

**Arrowhead Apartments:** *This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age handicap or disability of any person, famillal status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support of guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or associate.*

**Arrowhead Apartments** *strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.*

## INSTRUCTIONS FOR HEAD OF HOUSEHOLD

1. Please do the following while completing this application:
  - Complete all sections in ink (please print)
  - Please do not leave any section blank (Including sections that do not apply to you)
    - If a section asks for information you donot have currently available, you may write "N/A" for not applicable or not available.
  - When making correctlons:
    - Put one line through incorrect information
    - Write the correct information
    - Initial the change
2. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older which is expected to live in the apartment must sign this Rental Application.
3. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your active application is on file with us, it is you responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add a person to your application or remove a person from your application.

## Application Processing

1. All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.
2. A preliminary determination of your household's eligibility will be established, after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.
3. IN the event you fail to respond to an application update request within the specified time frame, your application will be removed from the Community Waiting List, and determined inactive. The reactivating of applications may be granted if the households meet the exceptions outlined in the community Resident Selection Criteria.
4. When management anticipates and expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in-person eligibility interview. In the event your household does not meet the final eligibility requirements, your application will be declined.



# Arrowhead Apartments



### CONTACT INFORMATION (Current):

First Name (Head of Household)	Last Name (Head of Household)	MI	Home Phone No.	Cell Phone No.	Work/Message Phone No.
Current Street Address			City	State	Zip
First Name (Co-Head)	Last Name (Co-Head)	MI	Home Phone No.	Cell Phone No.	Work/Message Phone No.
Current Street Address			City	State	Zip

### HOUSEHOLD COMPOSITION:

List all persons, including yourself, and who are expected to reside in the unit. **NOTE:** The number to the left indicates the "Family Member Number" and is the Number requested in the remaining sections of this application.

- Enter "E" for Elderly or AU for Accessible Unit needed.
- Enter "M" for Married, "S" for Single, "D" for Divorced, "SEP" for Separated, or "W" for Widowed.

Full Name	Relationship	E/AU	Sex (M/F)	Marital Status	Age	Birthdate MM/DD/YY	Social Security No.	Occupation	Student Status Full/Part Time

### HOUSEHOLD COMPOSITION CONTINUED

*The Department of Housing and Urban Development requires that for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants and residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of eligibility interview (if app.) this information will be requested for each household member.*

#### Ethnic Categories Select One

(head of household only)

Hispanic or Latino

Non-Hispanic

#### Racial Categories Select all that apply

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

- Is any member of your household a member of the Armed Forces or Reserves? ( ) Yes ( ) No
- Is any member of your household in the process of enlisting into the Armed Forces or Reserves? ( ) Yes ( ) No
- Is there anyone not listed on your rental application living, in your unit or residing in your Household on a temporary basis? ( ) Yes ( ) No



# Arrowhead Apartments



- If not, do you expect anyone to move-in on a regular or temporary basis in the future? ( )  
Yes ( ) No

### DOMESTIC, DATING, AND/OR STALKING VIOLENCE:

- Are you or any members of your household victims of domestic, dating, and/or stalking violence? ( ) Yes ( ) No  
If so, please consult with an authorized Agent to discuss federal protections for victims of domestic, date, and/or stalking violence.

### PROGRAM ELIGIBILITY:

- Does any member of your household currently live in Federally Assisted Housing? ( ) Yes ( ) No
- If yes, are the member and/or your household receiving subsidy assistance? ( ) Yes ( ) No  
If yes, what is your current rent portion \$\_\_\_\_\_, and what is the effective date of your most recent Annual Recertification?

### UNIT SIZE REQUESTED:

- Unit size request: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_
- Why are you requesting this unit size? \_\_\_\_\_  
\_\_\_\_\_
- Are there any special accommodations that the household will require (e.g. unit for mobility/impaired, Unit for visually impaired, unit for hearing impaired, live-in aid, grab bars, etc.) \_\_\_\_\_  
\_\_\_\_\_
- Will any of the above household members live anywhere except in the apartment? \_\_\_\_\_  
If yes, where and why (provide address) \_\_\_\_\_
- Are there any other persons who will live in the apartment on a less than full-time basis? \_\_\_\_\_  
If yes, where and why (provide address) \_\_\_\_\_

### WAITING LIST PRIORITY:

- Does your household meet any of the following owner adopted preferences?  
 No owner preference applicable at this community
- Does your household meet the following Working Family Preference? ( ) Yes ( ) No  
*The head, co-head, or spouse (household member) is employed full time (32 hours per week or more), and has been employed at least six (6) months at the time of application or during the eligibility interview. Discrimination against persons unable to work is prohibited; therefore, households in which the head, co-head, or spouse (household member) is sixty-two (62) years of age or older, and/or disabled, shall be eligible under the Working Family Preference.*  
*The working Family Preference only affects the order in which applicant households are selected from the applicant waiting list, and does not make anyone eligible who would not otherwise be eligible of housing*  
*Note: Applicants selected under this preference must meet all eligibility criteria outlined within the Resident Selection Criteria. Applicants that meet the working Family Preference requirement will be selected form the applicant wait list in date and time order*
- Is your household displaced? ( ) Yes ( ) No  
**Displaced Family:** A family in which each member, or whose sole member, is person displaced by governmental action, or person who's dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws.[24CFR 5.403]  
**Displaced Person:** A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster



# Arrowhead Apartments



declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws. [24CFR 5.403]

### MISCELLANEOUS:

- Do you have a pet? Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_ ( ) Yes  
( ) No
- How did you hear about our apartment community? [ ] Newspaper [ ] Apartment Guide [ ]  
Friend/Family  
[ ] Billboard [ ] Other – specify \_\_\_\_\_

### EMERGENCY CONTACT:

NAME	RELATIONSHIP	ADDRESS	PHONE

### IMMIGRATION STATUS:

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

FAMILY NUMBER	MEMBERS NAME	STATUS
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)

### STUDENT STATUS:

Under section 8 of the U.S Housing act of 1937, certain households with students are ineligible for occupancy at our community. We therefore require all applicants and residents upon certification/recertification, to answer the following questions, regarding student status.

Example #1 – The HUD student rule is only applicable to applicants applying to communities for which they are requesting Section 8 (subsidy) assistance.

Exemption #2- Students with disabilities that were receiving Section 8 (subsidy) assistance as of November 30, 2005 are exempt from the Student Status requirements under Section 8. However, students with disabilities



# Arrowhead Apartments



receiving assistance as of December 1, 2005 are subject to the following Student Status requirements under the Section 8 program.

Answer the questions below for all adult household members, 18 years of age or older.

	Yes	No
1. How long have you and/or any other adult household members established a household separate from your/their parents or guardians?		
2. Are you or any other adult household member a Full-Time or Part Time student?		
3. Are you or any other adult household member currently a student of an institution of higher education?		
4. Are you or any other adult household member under the age of 24?		
5. Are you or any other adult household member a veteran?		
6. Are you or any other adult household member married?		
7. Do you or any other adult household member have a dependent child(ren)?		
8. Is one or both of your parents, or any other adult household member's part(s) currently receiving Section 8 assistance?		
9. Are you or any other adult household member claimed as a dependent by your/their parents or guardian pursuant to IRS regulations?		
10. Please provide the name and address of the educational institution or agency that can confirm your current student status:		
Name	Address (street, city, state, zip)	
Phone		

1. Mother's Name/ Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Father's Name/ Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**RENTAL HISTORY:**

List landlord/rental history for the past two (2) years. History must include all places where you and/or any adult (18 years of age or older) household members lives, lived, and places where you, and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord address	Families Previous Address /Addresses	Phone Number	Monthly Rental Payment	Reason for Leaving (relocation/eviction, etc.)	Date of Residency	
						From:	To:
				\$			
				\$			
				\$			
				\$			

- If any household member has used a different name during residency of a current or prior landlord, list names used \_\_\_\_\_

**OUT-OF-STATE RENTAL HISTORY:**



# Arrowhead Apartments



List all out-of-state landlords and addresses where you, and/or any other adult (18 years of age or older) household members have resided, or currently reside (lives), and places where you and/or other adult household members did not appear on the lease. Also include Places where you or other adult household members used different names.

**NOTE:** Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord address	Families Previous Address /Addresses	Phone Number	Monthly Rental Payment	Reason for Leaving (relocation/eviction, eat.)	Date of Residency From: To:
				\$		
				\$		
				\$		
				\$		

- If any household member has used a different name during residency of a current or prior landlord, list names used \_\_\_\_\_

**INCOME:**

**EMPLOYMENT ONLY:** List all full-time, part-time, and/or seasonal employment for ALL household members including self-employment earnings. If you have income from "other sources" see next section of rental application.

**NOTE:** Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Place of Employment	Employment Address	Employer's Phone No.	Supervisor	Annual Income (yearly total)
					\$
					\$
					\$

**INCOME FROM ALL OTHER SOURCES:**

List ALL income from sources other than employments for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

**NOTE:** Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Estimate of Annual Income (Yearly total)
			\$
			\$
			\$
			\$

**ASSETS:**

**NOTE:** Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

**CHECKING ACCOUNTS:**

Family Member	Account Number	Bank Name	Bank Address	Avg. 6 Mo. Balance	Current Interest



# Arrowhead Apartments



No.				Rate
			\$	%
			\$	%
			\$	%

**CASH ON HAND:**

Please indicate amount of cash your household currently has on hand:

Current Amount of Cash on Hand \$ \_\_\_\_\_

**SAVINGS ACCOUNTS:**

Family Member No.	Account Number	Bank Name	Bank Address	Current Balance	Current Interest Rate
				\$	%
				\$	%

**STOCKS, BONDS, CREDIT UNION SHARES, C.D'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ECT.**

Family Member No.	Description of Assets/Account Number	Current Value of Asset	Annual Income from Asset
		\$	
		\$	
		\$	
		\$	
		\$	

NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

Do you have any life insurance policies that have a surrender value?

( ) Yes ( ) No

If so, what is the total surrender value of the policies? \$ \_\_\_\_\_

**REAL ESTATE:**

Do you now own real estate?

( ) Yes ( ) No

If yes, are you receiving any income from this property?

( ) Yes ( ) No

If yes, complete the following:

Location of Property(ies)

Annual Income from Property(ies)

\_\_\_\_\_

\_\_\_\_\_

Have you or any member of your household sold or given away any real estate property or other assets in the past two years?

( ) Yes ( ) No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTOMOBILES AND OTHER VEHICLES:**

List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member No.	Vehicle Make and Model	Year	License Tag Number	State	Color of Vehicle







# Arrowhead Apartments



- Is the child or attendant care paid by an agency or individual other than an adult household member of the household?      ( ) Yes ( ) No
- Is the childcare/attendant care expenses paid out of pocket on a weekly or monthly basis? (circle one)  
Weekly    Monthly

## CRIMINAL SCREENING

(These questions apply to ALL HOUSEHOLD MEMBERS)

A criminal background check will be completed on all adult members of the appliance family (18 years of age and older). The results of this check will be the basis for rejection if any of the following is found:	YE S	N O
<ul style="list-style-type: none"> <li>• Any household containing members listed on the application is currently or has ever been determined guilty of a violent crime by due process of law; or if there is clear documentation to support a pattern of criminal activity. These crimes may include, but are not limited to items listed below in this section.</li> <li>• Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity. There are two exceptions to this provision:               <ol style="list-style-type: none"> <li>1. The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or</li> <li>2. The circumstances leading to the eviction no log exists (e.g. the household member no longer resides with the applicant household).</li> </ol> </li> </ul>		
1. Are you or any members of your household currently using an illegal controlled substance?		
2. Have you or any members of your household ever been convicted of a violent crime? If yes, explain		
3. Have you or any members of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? If yes, explain		
4. Have you or any members of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? If yes, explain		
5. Have you or any other adult members of the household ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, explain		
6. Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been evicted for any federally assisted housing development for drug-related criminal activity? If yes, explain		
7. Have you or any members of your household ever been convicted or pleaded guilty to a felony?		
8. Have you or any members of your household ever been convicted of or pleaded guilty to a sexual offense or are you or any member of your household subject to lifetime registration requirements under local, state, or federal law?		
9. Do you or any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the health, safety, and/or right to peaceful enjoyment of the premises by other residents?		
10. If the answer to question 9 above is yes, is the household member currently enrolled in, or has completed an approved supervised alcohol rehabilitation program?		
11. Are you or any member of your household currently engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents and their guest?		



# Arrowhead Apartments



12. Have you or any member of your household ever engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents and their guest?		
13. Have you or any member of your household ever lived in any other state? If yes, Which members and which states did you and other member(s) reside in?		
14. Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? If yes, to any of the above questions, please explain, providing the location, date and nature of the offense:  _____		

**WARNING:**

*"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 use 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 request, 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 provision for misusing the social security number are contained in the Social Security Act of 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S. C 408 9(s) (6), (7) and (8).*

**STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS**

1. We certify that all information given in this application and any attached there to be true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete; management may decline our application or, if move in has occurred, terminate our Rental Agreement.
2. We authorize Westwind Tower Apartments to make any and all inquiries to verify rental history, credit history, and/or criminal background information now or anything in the future including on a regular recurring basis. Either directly or through information exchanged now or anytime in the future with credit screening services, criminal screening services, and/or from previous or current landlords, or other sources for credit and verifications confirmation which may be release to appropriate Federal, State, or Local Agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility for housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing application is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all condition of occupancy as set forth therein, including specifically all conditions regarding pets, damages, and security deposits.
8. We authorize management to obtain one of more "consumer reports" as defined in the Fair Credit Report Act, 15 U.S.C. Section 1681 a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.



# Arrowhead Apartments



**FAIR CREDIT REPORTING ACT:**

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THRID PARTIES-SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORGIIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE:

_____	_____	_____
DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE
_____	_____	_____
DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE
_____	_____	_____
DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE
_____	_____	_____
DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE

**DO NOT WRITE BELOW THIS LINE-MANAGEMENT USE ONLY**

**APPLICATION DISPOSITION:**

Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Date Signature Title

Disapproved: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Date Signature Title

Reason for disapproval: \_\_\_\_\_  
\_\_\_\_\_

Applicant notified in writing on: \_\_\_\_\_

Applicant appealed decision on: \_\_\_\_\_

Appliance appeal reviewed by: \_\_\_\_\_  
Signature Title Date

Appeal Decision: Date approved: \_\_\_\_\_ Date denied: \_\_\_\_\_

Applicant notified in writing on: \_\_\_\_\_ Date

Section 214 Citizenship Declaration Packet

Property Name: Arrowhead APTS.  
 Unit #: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

**FAMILY SUMMARY SHEET**

MEMBER No.	LAST NAME OF FAMILY MEMBER	FIRST NAME	DECLARATION	DATE OF BIRTH
Head			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
2			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
3			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
4			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
5			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
6			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
7			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
8			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
9			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
10			<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	

**PENALTIES FOR MISUSING THIS VERIFICATION**

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 statement to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, 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 purpose cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretense concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. 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, PHA, or the owner responsible for the unauthorized disclosure of improper use. Penalty provisions for misusing the social security numbers 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).

By my signature, I certify that the information I have provided above is true and complete.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 4/30/2009)

**Arrowhead Apartments**      **05336023**      **100 Cheerio Ln, Asheville NC 28803**  
Name of Property      Project No.      Address of Property

**AMC LLC.**      **Section 8**  
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.

**INSTRUCTIONS:** Complete this Declaration for each member of the household listed on the Family Summary Sheet

**LAST NAME** \_\_\_\_\_ **First Name** \_\_\_\_\_  
**Relation to HEAD Of Household:** \_\_\_\_\_ **Date of** \_\_\_\_\_  
**SEX** \_\_\_ **Birth:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **Alien Registration #:** \_\_\_\_\_

**ADMISSION NUMBER** \_\_\_\_\_ if applicable  
(this is an 11-digit number found on DHS Form I-94, *Departure Record*)

**Nationality:** \_\_\_\_\_ (Enter the **foreign nation or country to which you owe legal allegiance**. This does **not** apply if you were born in the US and are a US citizen. This is normally but not always the country of birth, and is not your race.)

**SAVE VERIFICATION NO.** \_\_\_\_\_  
(to be entered by owner if and when received)

\*\*\*\*\*  
**INSTRUCTIONS:** Complete the Declaration below by printing the person's first name, middle initial, and last name in the space provided. Then review the statements shown below and complete either box number 1, 2, or 3:

**DECLARATION:** I, \_\_\_\_\_ hereby declare, under  
(first name, middle initial, last name of person to whom this form applies):  
penalty of perjury, that I am \_\_\_\_\_ and  
(first name, middle initial, last name of person to whom this form applies):

\_\_\_\_\_  
**1. I am a citizen or national of the United States.**  
Sign and date below and return to the manager. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Signature of **Adult** Date  
Check here if adult signed for a child: \_\_\_\_\_

**NOTE:** If #2 is checked, below and you are **UNDER 62 years of age**, sign and date and submit the documentation required in Owner's Notice 1 with the declaration and a verification consent format to Management. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date.

\_\_\_\_\_  
**2. I am a noncitizen with eligible immigration status as evidenced by one of the documents listed on the following pages. If you checked this box, and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign and date. If under 62, see the next page.**  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Signature of **Adult** Date  
Check here if adult signed for a child: \_\_\_\_\_





