



# Subsidized Housing Rental Application

Applicant can complete and submit ONE COMPLETE APPLICATION to any of the property locations listed or to the Senior Housing Options office. **To be added to multiple OPEN property waitlists you must check each property that you are applying for on PAGE 2 of this application.**

1510 17th Street · Denver, CO.  
80202 303-595-4464 (ph.)  
1-800-659-2656 TDD  
Fax: 720-523-9000  
www.seniorhousingoptions.org

**PLEASE BE ADVISED:** INCOMPLETE APPLICATIONS WILL CAUSE AUTOMATIC DENIAL or A DELAY IN THE APPLICATION PROCESS.

**NOTE: When the applicant has reached the top of the wait list, they will need to provide the following REQUIRED documents:**

- ORIGINAL SOCIAL SECURITY CARDS- when requested
- CURRENT DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION-when requested
- BIRTH CERTIFICATES OR OTHER IMMIGRATION DOCUMENTS FOR ALL FAMILY MEMBERS- when requested
  - Only U.S. citizens or eligible non-citizens may receive assistance under applicable HUD programs.
  - All documents must be provided to Site staff for review and verification for all persons 18 years of age and older. These must all be ORIGINAL documents. A copy of these documents will be made by Senior Housing Options.
- **SIGN and COMPLETE ALL CONSENT FORMS and/or RELEASE OF INFORMATION FORMS**
  - Several documents attached to the application packet require applicants to sign information statements. Individual releases must be completed by each household member 18 years of age and older. Make additional copies if necessary. **Any incomplete release of information statements will delay processing and may cause the application to be denied.**

Applicant documentation will be maintained in accordance with relevant HUD regulations and Federal privacy.

If you need assistance in order to complete this application, Senior Housing Options (SHO) will provide appropriate aids such as readers or print magnifiers and/ or will make copies of this notice available in large print, electronic or another format, upon request.

1-bedroom and Studio units



1- bedroom units



2-bedroom units



**Note to Applicant:** This page lists the contact information for each property in the Subsidized Apartment Living portfolio. Individual waiting lists are maintained for each property as identified below. To apply, applicants must provide one complete application to Senior Housing Options or to the property location. By submitting one complete application to any one of the property locations or the Senior Housing Options office – you can be added to an OPEN wait list. Persons with disabilities have the right to request reasonable accommodations with Senior Housing Options, Inc. to participate in the application and resident selection process.

**ASSISTANCE IS AVAILABLE FROM RELAY COLORADO FOR ALL SENIOR HOUSING OPTIONS PROGRAMS AND SERVICES BY CONTACTING: 1-800-659-2656 TELE BRAILLE · 1-800-659-2659 TTY [7-1-1 IN METRO DENVER]**



**THE DECATUR APTS.:** 1915 South Decatur Street, Denver CO 80219  
PH: 303-839-5647 281-664-9414 FAX

**SEPTEMBER HOUSE APTS.:** 1111 South Zuni, Denver CO 80223  
PH: 303-839-5647 281-664-9414 FAX

**OPEN WAITLIST**

**2 BEDROOM APARTMENTS FOR OLDER ADULTS 62 AND OVER, Two-HOUSEHOLD MEMBERS REQUIRED, OR REASONABLE ACCOMMODATION FOR 2<sup>ND</sup> ROOM, VERIFIED.**



**EMERSON GARDENS:** 940 Emerson Street, Denver CO 80218  
**Closed Waitlist on 4/15/2023** PH: 303-839-5647 281-664-9414 FAX

**1 BEDROOM APARTMENTS FOR OLDER ADULTS 62 AND OVER.**

**EMERSON GARDENS IS LOCATED AT 940 EMERSON STREET, DENVER CO 80218**



**Olin Hotel APARTMENTS:** 1420 Logan Street, Denver CO 80203

**OPEN WAITLIST** PH: 303-861-8052 303-916-2058 E-FAX

**STUDIO AND 1 BEDROOM APARTMENTS FOR OLDER ADULTS FOR 62 AND OVER AND DISABLED, WITH ELDERLY PREFERENCE, (PARKING IS NOT PROVIDED)**

**THE OLIN HOTEL APARTMENTS OFFICE IS LOCATED AT 1420 LOGAN STREET, DENVER CO**



# Subsidized Housing Rental Application

Date/Time stamp- (optional):

**FOR OFFICE USE ONLY:**

DATE:     /     /                      TIME:     :      AM  PM     INITIALS OF SHO REPRESENTATIVE:

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME/CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E M A I L ADDRESS: \_\_\_\_\_

EMERGENCY/MESSAGE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOW DID YOU HEAR ABOUT SENIOR HOUSING OPTIONS? \_\_\_\_\_

**CURRENT LIVING SITUATION:** SECTION 8 \_\_\_\_\_ ASSISTED LIVING \_\_\_\_\_ REHAB \_\_\_\_\_ HOMELESS \_\_\_\_\_ LIVE WITH FAMILY/FRIENDS \_\_\_\_\_

Please list each person that will reside in the unit [if accepted]. Begin with the Head-of-Household:

LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER	RELATIONSHIP	DATE OF BIRTH	COUNTRY OF CITIZENSHIP	SSN	DISABLED Y/N
				HEAD OF HOUSEHOLD	/ /		- -	
					/ /		- -	
					/ /		- -	
					/ /		- -	

Add ALL HOUSEHOLD MEMBERS that will be living in the unit.

HAVE YOU BEEN DISPLACED BY GOVERNMENT ACTION OR A PRESIDENTIALLY DECLARED DISASTER?  YES  NO

Federally subsidized properties provide certain income deductions for those households where qualifying members are 62 years of age or older AND/OR individuals with a disability [per applicable federal definition & subject to verification].

· ARE YOU OR A QUALIFYING HOUSEHOLD MEMBER 62 YEARS OR AGE OR OLDER?  YES  NO

· DO YOU OR A QUALIFYING HOUSEHOLD MEMBER MEET THE DEFINITION OF A PERSON WITH A DISABILITY?  YES  NO

· DO YOU PAY FOR ADDITIONAL CARE OR FOR EQUIPMENT FOR ANY DISABLED HOUSEHOLD MEMBER(S) THAT PERSON OR SOMEONE ELSE IN THE HOUSEHOLD TO WORK?  YES  NO

Do you require an accessible unit due to a disability? If yes, please answer below-**Part A**  YES  NO

Affirmative obligations to make programs accessible to persons with disabilities are imposed on Owners that receive Federal financial assistance. When requested, modifications to dwelling units and common areas may be provided [at no cost] as a reasonable accommodation to tenants or applicants with a disability. DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE ANY REASONABLE ACCOMMODATIONS IN ORDER TO FULLY UTILIZE A DWELLING UNIT/COMMON AREA?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**PART A-DO YOU OR A QUALIFYING HOUSEHOLD MEMBER REQUIRE ANY OF THE FOLLOWING?**

- AN ACCESSIBLE DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A MOBILITY IMPAIRMENT?  YES  NO
- A DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A VISION IMPAIRMENT OR BLINDNESS?  YES  NO
- A DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A HEARING IMPAIRMENT OR DEAFNESS?  YES  NO

PLEASE IDENTIFY ANY OTHER SPECIAL HOUSING NEEDS THAT YOU OR ANY HOUSEHOLD MEMBER(S) REQUIRE?

\_\_\_\_\_

**Citizenship:**

ARE ALL HOUSEHOLD MEMBERS U.S. CITIZENS, U.S. NATIONALS OR NONCITIZENS WITH ELIGIBLE IMMIGRATION STATUS?  YES  NO IF NO, PLEASE EXPLAIN: \_\_\_\_\_

**Asset Information:** Please identify any assets held by any member of the household. This includes all cash, checking & savings accounts, IRA's, Keogh Accounts, Certificates of Deposits, Direct Express, and the value of all stocks, bonds, trusts or other assets of all household members.

OWNER OF ACCOUNT	NAME & ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT # LAST-4 DIGITS	BALANCE INFORMATION
Is this asset held jointly? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name: Address:		\$
Is this asset held jointly? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name: Address:		\$
Is this asset held jointly? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name: Address:		\$

PLEASE DISCLOSE ALL ASSETS. USE ADDITIONAL SHEETS IF NECESSARY.

DO YOU OR ANY HOUSEHOLD MEMBER OWN A HOME, CONDO, TRAILER, PROPERTY OR OTHER REAL ESTATE?  YES  NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER SOLD OR GIVEN AWAY ANY REAL PROPERTY OR OTHER ASSET DURING THE PAST TWO (2) YEARS FOR LESS THAN FAIR MARKET VALUE?  YES  NO IF YES, WHAT WAS the asset?

\_\_\_\_\_

**Income Information:** List income for all household members. This includes Social Security, pensions, employment, public assistance, disability compensation, SSI, unemployment compensation, alimony, child support, worker's compensation,

disability compensation, the portion of educational grants and scholarships allotted for subsistence, income from rental property and any other income received by the household, whether monetary or nonmonetary.

INDIVIDUAL	SOURCE OF INCOME & ADDRESS	MONTHLY AMOUNT
	Source of Income: Address:	\$
	Source of Income: Address:	\$
	Source of Income: Address:	\$

DISCLOSE ALL INCOME INFORMATION. USE ADDITIONAL SHEETS IF NECESSARY.

ARE ANY HOUSEHOLD MEMBERS CURRENTLY WORKING / EMPLOYED?

YES  NO IF

YES, PROVIDE THE NAME OF COMPANY OR EMPLOYER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Medical Expenses:** Do you or a member of your household have out-of-pocket on-going medical expenses. If so, please list below: (this may include Medicare Premiums)

TYPE OR MEDICAL EXPENSE ITEM	NAME & ADDRESS OF EXPENSE [WHERE PAYMENT IS SENT]	AMOUNT PAID MONTHLY
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$

**Rental History:** Please complete the following rental history. Start with your current or most recent address and include all the places where you lived during the last two (2) years. Include all records whether you were actually listed on the lease and/or where you lived under a different name. **If homeless, we ask that you complete as much information as possible.**

CURRENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS
			(____) ____ - ____	
	PROPERTY OR FACILITY STREET ADDRESS	CITY, STATE & ZIP CODE	MONTHLY RENT AMT.	MONTHLY UTILITIES COST
			\$	\$
LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT	DO YOU HAVE A LEASE?
	/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU CURRENTLY BEING EVICTED?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

2 <sup>ND</sup> MOST RECENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS
			( ) -	
	PROPERTY OR FACILITY STREET ADDRESS	CITY, STATE & ZIP CODE	MONTHLY RENT AMT.	MONTHLY UTILITIES COST
			\$	\$
LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT	DID YOU HAVE A LEASE?
	/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

3 <sup>RD</sup> MOST RECENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS
			( ) -	
	PROPERTY OR FACILITY STREET ADDRESS	CITY, STATE & ZIP CODE	MONTHLY RENT AMT.	MONTHLY UTILITIES COST
			\$	\$
LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT	DID YOU HAVE A LEASE?
	/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Background Information:** The following questions pertain to the **head-of-household and all household members.**

Answer and provide a written response to each question if applicable.

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER USED A DIFFERENT NAME(S)?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER BEEN EVICTED FROM RENTAL PROPERTY?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER LIVED IN A RENTAL PROPERTY THAT WAS DESTROYED OR DAMAGED BY FIRE?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU OR ANYONE IN YOUR HOUSEHOLD CURRENTLY USE ANY ILLEGAL DRUG(S) OR ILLEGAL CONTROLLED SUBSTANCES?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER **BEEN CONVICTED OF** DRUG-RELATED CRIMINAL ACTIVITY, SUCH AS: USE, POSSESSION, DISTRIBUTION, TRAFFICKING OR MANUFACTURE OF ANY ILLEGAL DRUG OR ILLEGAL CONTROLLED SUBSTANCES?  YES  NO

IF YES, PLEASE EXPLAIN/DATE OF CONVICTION: \_\_\_\_\_

ARE YOU OR ANYONE IN YOUR HOUSEHOLD SUBJECT TO ANY STATE LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER BEEN INVOLVED IN CRIMINAL ACTIVITY THAT POSED A THREAT TO THE HEALTH, SAFETY, OR WELFARE OF OTHERS?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER BEEN CONVICTED OF A FELONIOUS CRIME DURING THE LAST 10 YEARS?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER, DURING THE LAST 10 YEARS, RESIDED IN ANY STATE OTHER THAN COLORADO?  YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

Please list all states where all household members have resided: \_\_\_\_\_

**Higher Education Student Status:** The following question(s) apply to the head of household.

ARE YOU CURRENTLY ENROLLED AS EITHER A PART-TIME OR FULL-TIME STUDENT AT AN INSTITUTION OF HIGHER EDUCATION FOR THE PURPOSE OF OBTAINING A DEGREE, CERTIFICATE OR OTHER PROGRAM LEADING TO A RECOGNIZED EDUCATIONAL CREDENTIAL?

YES  NO

**If you answered yes above,** please respond the following questions:

· ARE YOU OVER THE AGE OF 24?  YES  NO

· ARE YOU MARRIED?  YES  NO

· ARE YOU A VETERAN OF THE UNITED STATES MILITARY?  YES  NO

· DO YOU HAVE A DEPENDENT CHILD [OR CHILDREN]?  YES  NO

**Applicant Certification:** I/we certify and attest that all information given in this application, attachments or submissions to Senior Housing Options is true, accurate and complete. I/we understand that if any information is false, misleading or incomplete, management may decline this application or, if move-in has occurred, terminate the lease. I/we authorize management to make any and all inquiries to verify information and to contact previous and current landlords or other sources for verification of information provided in this application. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment.

**I/we agree to notify the Senior House Options, Inc. in writing of any changes in household address, phone numbers, income, assets and/or household composition. I/we have read, and understand the information in this application.** I/we understand that applicants accepted for housing at a Senior Housing Options property cannot maintain a secondary residence elsewhere. I/we have been informed that the Tenant Selection Plan, which describes the procedures for processing application, is available for review in each property management office or at the corporate office location.

SIGNATURE OF HEAD-OF-HOUSEHOLD:  \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF OTHER HOUSEHOLD MEMBER:  \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Senior Housing Options, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). [Senior Housing Options, Angelica Onofre, Compliance Manager, 1510 17th Street, Denver, CO 80202 303-595-4464, 1-800-659-2656 TDD].*

*"This institution is an equal opportunity provider, and employer."*

ASSISTANCE IS AVAILABLE FROM RELAY COLORADO FOR ALL SENIOR HOUSING OPTIONS PROGRAMS AND SERVICES BY CONTACTING: -800-659-2656 TELE BRAILLE · 1-800-659-2659 TTY [7-1-1 IN METRO DENVER]

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



**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: **Senior Housing Options Inc.** 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.



CITIZENSHIP DECLARATION



INSTRUCTIONS: Complete a separate Declaration of Citizenship for each household member listed on the Owner/Family Summary Sheet.

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO HEAD-OF-HOUSEHOLD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

ALIEN REGISTRATION NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

ADMISSION NUMBER: \_\_\_\_\_ [If applicable, this 11-digit number can be found on DHS Form I-94, Departure Record]

NATIONALITY: \_\_\_\_\_

SAVE VERIFICATION NO: \_\_\_\_\_

[ENTER THE FOREIGN NATION OR COUNTRY TO WHICH YOU OWE LEGAL ALLEGIANCE. THIS IS NORMALLY BUT NOT ALWAYS THE COUNTRY OF BIRTH.]

[TO BE ENTERED BY OWNER IF AND WHEN RECEIVED]

Please complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Next, review the blocks shown below and complete either block number 1, 2, or 4:

DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am: [PRINT OR TYPE FIRST NAME, MIDDLE INITIAL, LAST NAME]

1.) A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached documentation. 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.

[X] \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ [CHECK HERE IF ADULT SIGNED FOR A CHILD]
SIGNATURE DATE

2.) A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If this block is checked, sign and date below and submit the documentation as identified below with this declaration and a verification consent format to the name and address specified in the attached notification. 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. If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

[X] \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ [CHECK HERE IF ADULT SIGNED FOR A CHILD]
SIGNATURE DATE

