

The Ohio School for the Deaf Alumni Association's



1165 Colony Dr
Westerville, Ohio 43081-3667
614-423-6589 VP
614-794-2011 Phone
614-523-3323 Fax

Dear Prospective Resident,

Thank you for your interest in **Columbus Colony Housing I**.

Columbus Colony Housing I is a **HUD Section 202/8 subsidized apartment community** designed to serve **elderly and disabled individuals** in a supportive and inclusive environment. Columbus Colony is an **independent** housing facility located in Westerville, Ohio. Our four-story building offers **106 smoke-free units** thoughtfully adapted to meet a wide range of accessibility needs.

While we proudly maintain a **Deaf housing preference**, Columbus Colony Housing I is **open to all eligible applicants**, and we welcome individuals of all abilities and backgrounds. All apartments are **adapted to support Deaf and Hard of Hearing residents**, and six units are fully equipped as **mobility-accessible apartments**.

Key features of our community include:

- Income-based rent assistance through HUD Section 202/8
- Smoke-free living environment
- Visual alert systems and Deaf-friendly design throughout
- Mobility-accessible units
- 24-hour emergency maintenance
- A welcoming and respectful atmosphere for all residents

Columbus Colony Housing I is committed to fostering a community where every resident is treated with dignity and respect.

Enclosed, you will find our application materials, eligibility guidelines, and important information to help you get started. If you have any questions or need assistance completing the application, please contact our office at the numbers listed above. **Applications may be submitted by email to info@columbuscolonyhousing.com, mailed to the address above, delivered in person, or faxed to the number listed above.**

We look forward to the opportunity to welcome you to our community.

Warm Regards,

Kristaline Carter, BS, COS

Housing Manager





Rental Application-Member Questionnaire

Do not leave blanks or the form will be considered incomplete.

This questionnaire must be completed for each household member, regardless of age.



Member Name _____

Household Member Information

Date of Birth: _____		SSN: _____	
Are you disabled?		<input type="radio"/> Yes <input type="radio"/> No	
Are you temporarily displaced from prior home due to a presidentially declared disaster?		<input type="radio"/> Yes <input type="radio"/> No	
Are you a military veteran?		<input type="radio"/> Yes <input type="radio"/> No	
Are you a joint custody dependent pursuant to court documentation?		<input type="radio"/> Yes <input type="radio"/> No	
Are you contending eligible immigration status?	<input type="radio"/> Yes <input type="radio"/> No, I am not claiming to be an eligible US Citizen/Non-Citizen		
Were you 62 years old or older as of 1/31/2010?		<input type="radio"/> Yes <input type="radio"/> No	
If Yes, were you a part of a HUD Housing Program as of 1/31/2010? You will be asked to provide evidence of program participation at a later date (lease or move in 50059).		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Current Full Address: Street Address _____ City, State, Zip: _____			
This section is only required to be answered if the Household Member is 18 of age or older; check "N/A" for minors. Cell Phone Number <input type="radio"/> NA _____ Work Phone Number <input type="radio"/> NA _____ Home Phone Number <input type="radio"/> NA _____			
Do you require any accessibility features in the unit due to a disability?		<input type="radio"/> Yes <input type="radio"/> No	
If Yes, check the item below that applies: <input type="radio"/> Wheelchair Accessibility <input type="radio"/> Ramp Access/Unit without stairs <input type="radio"/> Deaf/Hard of Hearing <input type="radio"/> Visual Impairment <input type="radio"/> Other (Explain): _____			
Check all that apply: Race/Ethnicity (<i>disclosure is optional and only gathered for statistical purposes when updating marketing efforts</i>)		<input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Hispanic/Latino <input type="radio"/> White Alone	



Rental Application-Member Questionnaire
Do not leave blanks or the form will be considered incomplete.
This questionnaire must be completed for each household member, regardless of age.



Member Name _____

Criminal History Questions	
Is this member 18 years of age or older?	<input type="radio"/> Yes <input type="radio"/> No, skip to the Income Section
Do you have any felony or misdemeanor convictions of any kind? <input type="radio"/> Yes <input type="radio"/> No	
<i>Note: The specific criminal screening criteria is outlined in the property's Tenant Selection Plan.</i>	
Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?	<input type="radio"/> Yes <input type="radio"/> No If Yes, what year? _____
Are you currently engaged in illegal drug use as defined by federal law? <input type="radio"/> Yes <input type="radio"/> No	
List here all states you have ever resided in (regardless of duration): _____	
Do you have a state sex offender lifetime registration requirement? <input type="radio"/> Yes <input type="radio"/> No If Yes, which state?	
Rental History Questions	
<i>You have rental history if your name was listed on a prior lease as a lease signer. Lack of rental history will not be considered a negative factor.</i>	
Current Landlord Name	Rent you pay each month \$ _____
Landlord Email Address	Landlord Phone Number
Landlord Mailing Address	City, State, Zip
Do you currently live in HUD subsidized housing?	<input type="radio"/> Yes <input type="radio"/> No If Yes, are you currently receiving assistance? <input type="radio"/> Yes <input type="radio"/> No
Prior Landlord Name	Landlord Email Address:
Apartment Community Name	Landlord Phone Number
Street Address	City, State, Zip



Rental Application-Member Questionnaire
Do not leave blanks or the form will be considered incomplete.
This questionnaire must be completed for each household member, regardless of age.



Member Name _____

Income		
Live-In Aides and Foster Children/Foster Adults may skip the Income and Asset Sections		
Traditional Employment:		
Do you have an employment income?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, is it <input type="radio"/> Full Time or <input type="radio"/> Part Time?
Start date:	Employer Company Name:	
	Address:	
	Phone Number:	Employer Email:
Do you have a second job?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, is it <input type="radio"/> Full Time or <input type="radio"/> Part Time?
Start date:	Employer Company Name:	
	Address:	
(use additional pages if necessary)	Phone Number:	Employer Email:
Other Types of Earned Income:		
Do you receive any of the other following types of income?	Describe the income source	
Business Income documented on Schedule C of tax return.	<input type="radio"/> Yes <input type="radio"/> No	
Rideshare, delivery App income (Uber, Lyft, Door dash, etc.)	<input type="radio"/> Yes <input type="radio"/> No	
Day Laborer, Contract Work, Seasonal Migrant Work Pay	<input type="radio"/> Yes <input type="radio"/> No	
Benefits:		
Do you receive any of the other following types of income?	Gross Monthly Amount (before any deductions or withholding):	
Social Security	<input type="radio"/> Yes <input type="radio"/> No	
SSI Disability	<input type="radio"/> Yes <input type="radio"/> No	
SSP (State Supplemental Payment)	<input type="radio"/> Yes <input type="radio"/> No	
Dual Entitlement Benefits	<input type="radio"/> Yes <input type="radio"/> No	
Unemployment Benefits	<input type="radio"/> Yes <input type="radio"/> No	
TANF	<input type="radio"/> Yes <input type="radio"/> No	
VA Benefits	<input type="radio"/> Yes <input type="radio"/> No	
Long/Short Term Disability	<input type="radio"/> Yes <input type="radio"/> No	
Court Ordered Child Support	<input type="radio"/> Yes <input type="radio"/> No	Case Number(s):
Rental Income	<input type="radio"/> Yes <input type="radio"/> No	
Alimony	<input type="radio"/> Yes <input type="radio"/> No	



Rental Application-Member Questionnaire

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This questionnaire must be completed for each household member, regardless of age.



Member Name _____

Other Income:		
Do you receive any of the other following types of income?		Name of individual/agency providing income
Regular, reoccurring assistance from friends/family to help with bills (amount and from whom can vary. Include Cash App, Venmo, Zelle, PayPal, cash deposits in bank)	<input type="radio"/> Yes <input type="radio"/> No	
Voluntary Child Support Payments (not court ordered)	<input type="radio"/> Yes <input type="radio"/> No	
Periodic Retirement Payments/Pension Payments	<input type="radio"/> Yes <input type="radio"/> No	
Adoption Assistance Payments	<input type="radio"/> Yes <input type="radio"/> No	
Are you a student in an institute of higher learning (post high school educational institution) <input type="radio"/> Yes <input type="radio"/> No		
If Yes, you will be asked to complete a Student Status Certification Form that included additional questions about Student Financial Assistance you may receive and what your tuition and other course related expenses and room and board costs are.		
Assets		
Checking account(s)	<input type="radio"/> Yes <input type="radio"/> No	Single <input type="radio"/> Joint <input type="radio"/> Financial Institution Name(s):
Savings Account(s)	<input type="radio"/> Yes <input type="radio"/> No	Single <input type="radio"/> Joint <input type="radio"/> Financial Institution Name(s):
Reloadable Debit Card or Pay Cards	<input type="radio"/> Yes <input type="radio"/> No	List the card or financial institution name:
Money Market/CD Account(s)	<input type="radio"/> Yes <input type="radio"/> No	Single <input type="radio"/> Joint <input type="radio"/> Financial Institution Name:
Stocks/Bonds	<input type="radio"/> Yes <input type="radio"/> No	Financial Institution Name:
Mutual Funds/Annuity- not part of Retirement Account	<input type="radio"/> Yes <input type="radio"/> No	Financial Institution Name:
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	Financial Institution Name:
Revocable Trusts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Revocable <input type="radio"/> Irrevocable Financial Institution Name:



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Member Name _____

Cash on hand (maintained in your home/safe deposit box/etc.)	<input type="radio"/> Yes <input type="radio"/> No	If Yes, amount:
Do you own real estate (including a dwelling or land)?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, when requested, you will be asked to provide additional verification documentation regarding this property.
Do you own any recreational vehicles, 4 wheelers, golf carts, boats, campers, private planes?	<input type="radio"/> Yes <input type="radio"/> No	
Do you own collections of Antique cars, art, stamps, jewelry, equipment/machinery, gems, precious metals, or other items kept as an investment?	<input type="radio"/> Yes <input type="radio"/> No	Please describe:

Note: During the final interview, prior to potential move in, all adult applicants will be required to provide a copy of their last year's tax return to confirm the amount of refund paid, if any.

Expenses/Deductions

Health and Medical Care and Attendant Care & Auxiliary Apparatus Deduction

Is the Head, Co-Head or Spouse 62 or older or disabled?	<input type="radio"/> Yes <input type="radio"/> No	If No, skip the Health and Medical Care and Attendant Care & Auxiliary Apparatus Section.
Medicare Premiums	<input type="radio"/> Yes <input type="radio"/> No	
Prescription copay costs	<input type="radio"/> Yes <input type="radio"/> No	If Yes, list pharmacy name:
Installment payments on outstanding medical bills	<input type="radio"/> Yes <input type="radio"/> No	If Yes, what is name of entity paid:
Medical insurance other than Medicare	<input type="radio"/> Yes <input type="radio"/> No	If Yes, list name of company:
Routine doctor visits	<input type="radio"/> Yes <input type="radio"/> No	Name(s) of Doctor(s):
Expenses related to care of an Assistance Animal	<input type="radio"/> Yes <input type="radio"/> No	Describe:
Over the Counter medication used to treat a specific medical condition	<input type="radio"/> Yes <input type="radio"/> No	Describe:



Rental Application-Member Questionnaire
Do not leave blanks or the form will be considered incomplete.
This questionnaire must be completed for each household member, regardless of age.



Member Name _____

Child Care Expense Deduction		
Are you paying out of pocket expenses for the childcare of a child under the age of 13?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, provide name(s) of child(ren): Name and Contact info of provider/facility name:
If Yes, does childcare enable members to	<input type="radio"/> work <input type="radio"/> seek employment <input type="radio"/> go to school <input type="radio"/> none	

Member Signature or Parent Signature for Minor Questionnaire

Signature

Date

Property Manager Signature

Date

FOR OFFICE USE ONLY	
Date _____	
Time _____	Initials _____

Authorization to Release Information

Purpose: The undersigned individual(s) has applied for residency at _____.
The property is operated under the Rural Development (RD), Low-Income Housing Tax Credit (LIHTC), and/or HOME programs, which requires that we obtain written confirmation of the income of all applicants and other household members. To comply with Federal regulators requesting verification of all income, assets and allowances for residents of RD, HOME, LIHTC housing and all other HUD programs, please complete the following form in full and return it to the sender at your earliest convenience.

Information Covered: I/we, the undersigned, understand that depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Student Status
Residences and Rental Activity	Income -Employment, Pension/ Assets	Social Security Numbers
Family Composition	Federal/State/Tribal/Local Benefits	Medical Allowances

Individuals/Organizations That May Release Information: The individuals, groups, or organizations, including any governmental organization, may be asked to release and/or verify the above information (depending on program requirements) including but not limited to:

Providers of:

Banks and Other Financial Institutions	Health Care Providers (physicians/pharmacies)	Alimony
Law Enforcement Agencies	Veterans Administration	Child Support
Past and Present Employers	Utility Companies	Credit
Landlords (Including Past, Present & PHA's)	Welfare Agencies	Disability Assistance
Educational Institutes	Social Security Administration	Pension/Annuities/Life Insurance

Computer Matching Notice and Consent: I/We agree that the above name company may conduct matching programs with other governmental agencies including Federal, State, Tribal or Local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect.

Authorization: I/We, _____ the undersigned hereby authorize the release of any information requested by _____ for purposes of verifying my/our eligibility for the RD, HOME, LIHTC housing, and all other HUD programs.

SIGNATURES: (All persons over the age of 18 must sign this form)

_____ Applicant/Resident Signature	_____ Print Name	_____ Date
_____ Co-applicant/Resident Signature	_____ Print Name	_____ Date
_____ Adult Member Signature	_____ Print Name	_____ Date
_____ Adult Member Signature	_____ Print Name	_____ Date

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 requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C.408 (a) (6), (7) and (8).

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

--	--

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.



OWNER'S NOTICE NO. 1
FOR TENANT FAMILY

Dear _____:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD program:

1. Public and Indian Housing Programs
2. Section 8 Housing Assistance Payments Program
3. Section 235 of the National Housing Act
4. Section 236 of the National Housing Act
5. Section 101/Rent Supplement Program

You are receiving assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. To do this, you should;

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members residing in the assisted unit.
2. Have a Declaration Format (Attachment 6) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats, and any other forms and/or evidence to the name and address listed below:

If one or more members of your family elect not to contend that they have eligible immigration status, and other members of the family establish their citizenship or eligible immigration status, your family may be eligible for prorated assistance, i.e. the amount of assistance will be determined by the number of members of your household who are eligible. Your family must identify to the project owner, the family member (or members), who will not elect contend that he or she has eligible immigration status. Block 3 on the attached Declaration Format can be used for this purpose.



OWNER'S NOTICE NO. 1 (cont'd)

This Section 214 review will be completed in conjunction with the regular reexamination of tenant income and will be performed only one time during continuously assisted occupancy for each member of your household under any covered program. For any new occupant of your unit, the required evidence shall be submitted at the first interim or regular recertification following the person's occupancy.

If you have any questions or difficulties in completing the attached formats or determining the type of documentation required, please contact _____ the Housing Manager. He/She will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in the termination of your housing assistance.

If this Section 214 review results in a determination of ineligibility. You will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for temporary deferral of termination of assistance, continued assistance, or proration of assistance. the conditions and availability of these options will be discussed with you in detail if you contact _____ the Housing Manager.

You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments



Citizenship Declaration Exhibit 3-5

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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 is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

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 notification letter. 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.

Signature _____
Date

Check here if adult signed for a child: _____

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

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**



If this block is checked, sign and date below and submit the documentation required above 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.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status, and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



FAMILY SUMMARY SHEET

Member No.	Last Name of Family Member	First Name	Relationship to HOH	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



OWNER'S SUMMARY OF FAMILY

Member No.	Last Name of Family Member	First Name	Relationship to HOH	Sex	Date of Birth	Declaration				
						1	2	3	Date Verified	4
Head										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Declaration Legend:

1 – Citizen/National

2 – Noncitizen Tenant 62 or Older

3 – All Other Noncitizens

4 – Not Contending Eligibility

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

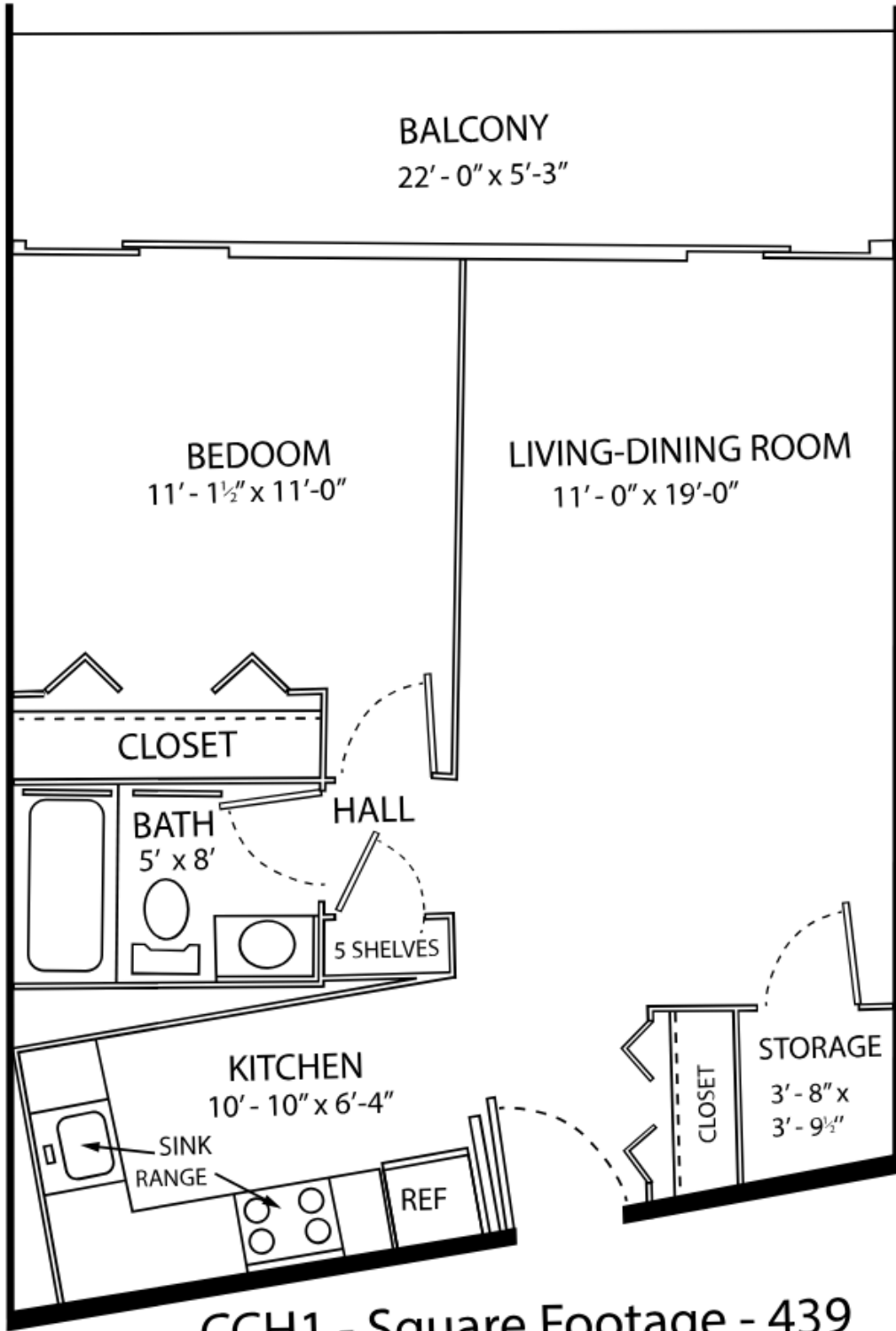
The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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