

_____ Studio _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____ 4 Bedroom _____ Add on to existing household	<b>**Office Use Only**</b>	Received Date: _____ Time: _____ am/pm Initials: _____ Prospect #: _____
--	----------------------------	---

## RENTAL APPLICATION

Applicant's Name: _____	Return to: _____
Mailing Address: _____ _____	_____
Home Phone: _____	Phone #: _____ / TTY 711
Cell Phone: _____	Fax #: _____
Message Phone: _____	Email Address: _____
Email Address: _____	Website: _____

**Instructions:**

- It is important that all information on the Rental Application be legible, complete, and correct. False, incomplete, or misleading information will cause us to reject your application. **Do not leave any sections blank.**
- The following will be needed for all adult household members: copies of state issued picture identification; proof of age if required for elderly property program eligibility (birth certificate or another acceptable document)
- The following will be needed for all household members: disclosure of social security numbers, except those members who do not contend eligible immigration status, or who were 62 years of age and receiving HUD rental assistance at another location on January 31, 2010.
- It is your responsibility to notify us when any of the information contained in this application changes (i.e., contact information, family size, income amounts, etc.). Failure to do so may result in the rejection of your Rental Application.
- It is your responsibility to contact us within 48 hours after we call you about an apartment, or we will move to the next applicant on the Waiting List.

*This property 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. You may contact our 504 Coordinator, Dustin Tucker, at 2929 3rd Avenue North, Suite 538; Billings, MT 59101; dtucker@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance. Language interpreters and/or translated documents are available upon request. Intérpretes de la lengua y documentos traducidos están disponibles a petición. Alternate formats are available upon request.*

### Household Information

List all individuals that are applying to live in this apartment. Include live-in aides / attendants. <sup>(1)</sup> Response Optional

Name <i>First, Middle Initial, Last</i>	Aliases <i>Maiden / other legal names</i>	Date of Birth	Age	Social Security Number	Relationship to Head of Household	Gender <sup>1</sup> M / F / P P=Prefer not to disclose	Is the Individual:		
							A Student (Y/N)	Military Veteran (Y/N)	Disabled (Y/N) <sup>1</sup>
					Self				

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## Select the apartment size(s) you wish to apply for:

**Apartment Size\*** (Indicate 1 for 1<sup>st</sup> Choice, 2 for 2<sup>nd</sup>, 3 for 3<sup>rd</sup>)

Note: If you do not pick your order of apartment size preference, we will pick for you

- \_\_\_\_\_ Studio (1-3 person household)
- \_\_\_\_\_ 1 Bedroom (1-3 person household)
- \_\_\_\_\_ 2 Bedroom (2-5 person household)
- \_\_\_\_\_ 3 Bedroom (3-7 person household)
- \_\_\_\_\_ 4 Bedroom (4-9 person household)

\*Be advised that not all apartment sizes listed may be available at this property. Please reference the Resident Selection Plan for apartment sizes or the property website to view floorplans.

Tell us when you want to move into the property (i.e., ASAP, specific date, etc.): \_\_\_\_\_

How did you hear about the property? \_\_\_\_\_

**Residence Information:** We will verify the most recent 36 consecutive months of addresses / rental history for the **head of household, co-head, spouse, and all other adult household members**. Please make sure each member accounts for this entire period of time. If we are unable to verify the information you have given us through third parties, we may ask you to provide evidence of what you are disclosing (see the Resident Selection Plan for details). You may obtain additional Residence Information Forms from the office if your household had more than five residences in the last 36 months. If any adult member did not live with you during the last 36 months, he or she may write their name under "Previous Residence" and provide the information below. If there is not enough room to provide information on all adult members for 36 months, please request an additional Residence Information Form.

<b>Current Residence</b>		Street Address		City	State	Zip
Date In	Reason for Leaving			Landlord /Verifier Name		Landlord/Verifier Phone ( )
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (specify):					Monthly Payment: \$	
Do all applicant household members reside here? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who does not?						
<b>Previous Residence</b>		Street Address		City	State	Zip
Date In	Date Out	Reason for Leaving		Landlord /Verifier Name		Landlord/Verifier Phone ( )
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (specify):					Monthly Payment: \$	
Did all applicant household members reside here? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who did not?						
<b>Previous Residence</b>		Street Address		City	State	Zip
Date In	Date Out	Reason for Leaving		Landlord /Verifier Name		Landlord/Verifier Phone ( )
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (specify):					Monthly Payment: \$	
Did all applicant household members reside here? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who did not?						
<b>Previous Residence</b>		Street Address		City	State	Zip
Date In	Date Out	Reason for Leaving		Landlord /Verifier Name		Landlord/Verifier Phone ( )
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (specify):					Monthly Payment: \$	
Did all applicant household members reside here? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who did not?						
<b>Previous Residence</b>		Street Address		City	State	Zip
Date In	Date Out	Reason for Leaving		Landlord /Verifier Name		Landlord/Verifier Phone ( )
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (specify):					Monthly Payment: \$	
Did all applicant household members reside here? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who did not?						

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## Household Questions

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	If approved for move-in, will this be your household's only residence?
		<b>If no, explain:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are there any absent household members that would normally live with you (for example, active-duty military or living in a nursing home), or household members that will live with you less than full-time?
		<b>If yes, explain:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any changes to your household composition in the next twelve (12) months?
		<b>If yes, explain:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Is there anyone living with you now who will not be living with you at this community?
		<b>Name of Member Leaving: Reason:</b>
<input type="checkbox"/>	<input type="checkbox"/>	If you have minor children, do you have full legal custody? <input type="checkbox"/> N/A
		<b>If no, what percentage of the time are they with you?                      % of the time</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming eligibility as an elderly person?
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming eligibility as a disabled person?
<input type="checkbox"/>	<input type="checkbox"/>	Was any member of your household 62 years of age and receiving HUD rental assistance at another location on January 31, 2010?
		<b>If yes, and this member does not have a social security number, please provide the name of the member and the property name where he or she was living on January 31, 2010: Member Name: Property Name:</b>

## Resident History

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household had your assistance or tenancy in a subsidized housing program terminated for a program violation or cause in the last three years?
		<b>If yes, please explain:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Has any member of your household been evicted from housing for drug-related or other criminal activity in the last three years?
		<b>If yes, please explain, and indicate if the issue was caused by a household member not moving in with you:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household owe money to HUD, apartment community, previous landlord or utility company?
		<b>If yes, please explain:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently making payments to the satisfaction of the party to whom you owe money?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever lived on this property before?
		<b>If yes, name of household member(s):</b>
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household rented from a property managed by Tamarack Property Management Co. or Northwest Real Estate Capital Corp before?
		<b>If yes, name of household member(s) and property name(s):</b>

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## Rental Assistance

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will your household be receiving other rental assistance from a federal, state, or local government?
		<b>If yes, name of program/agency:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving rental assistance from the property where you are living?

## Income and Asset Information

Please disclose all gross income & benefits (amount before deductions) received by members of your household on a recurring basis:

Income sources to consider:

- Employment wages & tips, SSA benefits, rental income, pensions, unemployment, recurring gifts, etc.

Household Member	Income or Benefit Source Name	Amount Received (before deductions)		Frequency (hourly, weekly, bi-weekly, semi-monthly, monthly, etc.)	Total Monthly Income
		\$	Per		
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$

Asset types to consider:

- Checking/savings accounts, cash, CDs, money market accounts, stocks, bonds, retirement accounts, real estate, etc.
- Please disclose all assets owned in full or in part by members of your household.

Household Member	Type of Asset	Bank Name/Asset Location	Current Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

## Property Policies

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you had bed bugs in your current dwelling in the last six (6) months? (We ask this question to be prepared to work with you to eliminate this problem, not to disqualify your application.)
<input type="checkbox"/>	<input type="checkbox"/>	Do you plan to have a pet? (Subject to approval under the Pet Rules; <i>not all properties allow pets, please refer to Resident Selection Plan</i> )
		<b>If yes, number of pets and type of pets:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you understand that this property has a no smoking policy?

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## Reasonable Accommodations/Modifications

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member need the features of an apartment home adapted for wheelchair use or sensory impairments?
		<b>If yes, select type:</b> <input type="checkbox"/> Mobility Accessible <input type="checkbox"/> Vision Accessible <input type="checkbox"/> Hearing Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? Examples might be a live-in aide, assistance animal or grab bar. If yes, complete the following:
		<b>Member Name:</b>
		<b>Describe What Is Needed:</b>

## Criminal History

<b>Yes</b>	<b>No</b>				
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to State lifetime sex offender registration in any state?			
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to sex or violent offender registration of any kind?			
<input type="checkbox"/>	<input type="checkbox"/>	Has any member of your household been convicted of the production or manufacture of methamphetamines?			
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household currently using, selling, or distributing, or in possession of, an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?			
<input type="checkbox"/>	<input type="checkbox"/>	Other than minor traffic violations, are there any criminal convictions* (misdemeanor or felony) or pending charges* not already disclosed for any household member? <b>If yes, provide a complete list:</b>			
Name:		Year:	Crime:	City:	State:
Name:		Year:	Crime:	City:	State:
Name:		Year:	Crime:	City:	State:
Name:		Year:	Crime:	City:	State:
Name:		Year:	Crime:	City:	State:
Name:		Year:	Crime:	City:	State:

*Note: Marking "yes" does not necessarily mean that you or your household will be disqualified, and you are encouraged to submit supplemental evidence to explain, justify or negate the relevance of a potentially negative criminal record and/or pending charges to assist in processing your application expediently. If you are currently facing criminal charges and are participating in a diversion conditional discharge or deferral of judgment program on the charges, please include evidence of your participation with your application.*

We are required by HUD to perform criminal background checks during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Criminal background checks must be performed in this state and in all states where all household members have resided. Please provide a complete list of all states in which each household member (including minors) has resided.

Household Member Name <i>(Include Middle Initial)</i>	States where member has lived

Household Member Name <i>(Include Middle Initial)</i>	States where member has lived

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# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



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.

--	--

**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 an Applicant Family

Dear Applicant:

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 programs:

- a. Section 8 Housing Assistance Payment programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for assistance under one of the 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 seeking housing assistance. To do this you must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below within 14 days of receipt of the application.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact your name at your telephone number. 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 your not being considered for 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 proration of assistance. This means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance



## Family Summary Worksheet

**Property Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Applicant/Resident Name:** \_\_\_\_\_

*(To be filled out below by applicant/resident)*

Member Number	Last Name	First Name	Relationship to Head of Household	Date of Birth
1 - Head			Self	
2				
3				
4				
5				
6				
7				
8				
9				
10				



**CITIZENSHIP DECLARATION**  
Exhibit 3-5

Complete this Declaration for each household member

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to  
Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Alien Registration No. : \_\_\_\_\_ Admission Number: \_\_\_\_\_  
(If applicable) (11-digit number on I-94 Arrival/Departure Record)

**DECLARATION**

I hereby declare, under penalty of perjury, that I am:

*(If signing 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.)*

**1. Sign and date below if the individual listed above is a citizen or national of the United States.**

\_\_\_\_\_  
Signature Date / /

Check here if adult signed for child

**2. Sign and date below if the individual listed above is a non-citizen but with eligible immigration status. Submit copies of your immigration documentation. If for any reason the required documents are not currently available, complete the Request for Extension form. NOTE: If the individual is 62 years of age or older, the individual will only need to submit a proof of age document in addition to signing and dating below.**

\_\_\_\_\_  
Signature Date / /

Check here if adult signed for child

**3. Sign and date below if the individual listed above is not contending eligible immigration status. By not contending eligible immigration status, the individual understands that he/she is not eligible for financial assistance. No further information is required. If signing 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 child

*To be entered by owner/agent if and when received:*

SAVE Verification No.: \_\_\_\_\_



**DHS CONSENT VERIFICATION**

**Property Name:** \_\_\_\_\_

**Applicant/Resident Name:** \_\_\_\_\_

**INSTRUCTIONS:** Complete this form for each non-citizen family member who declared eligible immigration status on the Applicant Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I hereby consent to the following:

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO FAMILY:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Check here if adult signed for child





## 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.

### LANDLORD REFERENCE

Please return to:

Landlord Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) \_\_\_\_\_

Leaseholder's Name (if different from Applicant) \_\_\_\_\_

Applicant's Address at time of residency – City, State, Zip Code \_\_\_\_\_

Applicant's Signature/Consent \_\_\_\_\_

Date \_\_\_\_\_

### APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER

**Landlord – Please complete the following information.** This information will not be released to the applicant.

Current Landlord     Prior Landlord    Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Which utilities were included in the rent?     Water/Sewer     Gas  
 Electricity     All

**Yes    No    Please consider the last 12 months of occupancy when answering the following:**

- Was the rent paid on time? If no, how many times was it late? \_\_\_\_\_
- Did this family receive regular monthly rental assistance? (i.e., Section 8, Voucher, etc.)
- Did this household have a history of disruptive behavior?
- Did this keep the unit in a clean, safe, and sanitary condition?

**Please exclude Pay or Quit Notices from the following lease violation questions:**

- Did this household receive 3 or more lease violations in the last 12 months of occupancy?
- Did this household receive 2 or more lease violations for the same violation in the last 12 months of occupancy?
- Did you terminate this household's lease for cause? If yes, please explain under "Other Comments".
- Would you rent to this household again?
- Does this household currently owe you money? If so, how much? \$ \_\_\_\_\_

If yes, is the household currently making payments to your satisfaction?  Yes  No

**Other Comments** (continue on back if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone verification made by site staff: \_\_\_\_\_  
Staff initials/date

Landlord Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

This institution is an equal opportunity provider.





**HOUSING REFERENCE**

**Please return to:**

Contact Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) \_\_\_\_\_

Other Household Members \_\_\_\_\_

Applicant's Signature/Consent \_\_\_\_\_

Date \_\_\_\_\_

Period of time requiring verification: From: \_\_\_\_\_ To: \_\_\_\_\_

**APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER**

**Verifier – Please complete the following information.**

**Instructions:** The Applicant has indicated they do not have landlord / rental history during the period of time referenced above, or their prior landlord has not responded to our request for verification. The Applicant has indicated that you are able to verify where they were staying during this undocumented period time. Please complete the following information to the best of your knowledge.

Your Name: \_\_\_\_\_ Company (if applicable) \_\_\_\_\_

How do you know the Applicant? \_\_\_\_\_

- Yes  No **Did the Applicant have a history of disruptive behavior?** \_\_\_\_\_  
 Yes  No **Did the Applicant have a history of poor housekeeping habits?** \_\_\_\_\_  
 Yes  No **Would you recommend the Applicant as a renter?** \_\_\_\_\_

**Which type of housing situation are you verifying?** (You may select more than one.)

- Applicant was homeless with no known accommodations  
 Applicant was homeless and was staying in a shelter  
 Applicant stayed in my home  
 Applicant stayed with friends or family (not me)  
 Applicant was hospitalized or in a care facility  
 Applicant was away at school  
 Applicant was away on military assignment  
 Applicant was incarcerated  
 Applicant reported the following address to me:

From (month/year)	To (month/year)

Telephone verification made by site staff: \_\_\_\_\_  
Staff initials/date

Verifier Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

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