



**Tyrella Gardens
APPLICATION FOR HOUSING**

FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE INSERT 'N/A'. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

A. Head of Household (HOH) Information

Name: _____		_____	_____
<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Social Security #</i>
Additional Names Used: _____		Email Contact: _____	
Contact Phone #: _____ () -	Preferred Apartment Sizes <i>(can choose more than 1, contact management for unit sizes specific to the property you are applying)</i> First Choice : <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR Second Choice: <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR Third Choice: <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR		How did you hear about the property?

B. Household Composition
Please see Resident Selection Criteria for Occupancy Standards

Please be sure to include your HOH information (from above) in this section, Member #1 - HOH

All persons who will reside in apartment.	Relationship to HOH	Name Last, First MI	Gender M/F (optional)	Marital Status	Social Security Number	Date of Birth (mm/dd/yyyy)	Student Y/N
Member #1	HOH						
Member #2							
Member #3							
Member #4							
Member #5							
Member #6							
Member #7							

Do you anticipate any household changes within the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Expected # of: Additions: _____ or Reductions: _____	Note: Household changes may impact occupancy at Move-In
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C. Residential History – 2 Years Minimum

Current Address Do you: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Street Address: _____	Unit #: _____	City _____	State _____	Zip Code _____	
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other	From (MM/YY) _____	To (MM/YY) _____	Monthly Payment: _____		
	Landlord Contact Name and Phone #: _____	Select members from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9				
	Landlord Street Address _____	City _____	State _____	Zip Code _____		
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO/SLS <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+	Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____		

<input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> N/A Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Street Address: _____	Unit #: _____	City _____	State _____	Zip Code _____	
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other	From (MM/YY) _____	To (MM/YY) _____	Monthly Payment: _____		
	Landlord Contact Name and Phone #: _____	Select members from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9				
	Landlord Street Address _____	City _____	State _____	Zip Code _____		
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO/SLS <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+	Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____		

<input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> N/A Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Street Address:		Unit #:	City	State	Zip Code
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other		From (MM/YY)	To (MM/YY)	Monthly Payment:	
	Landlord Contact Name and Phone #:		Select members from this current application who resided at this residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9			
	Landlord Street Address		City	State	Zip Code	
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO/SLS <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____	

D. Community Preferences

This community may participate in required preferences, please check with management prior to completing this section.	FOR STAFF USE ONLY: Does this community have preferences: If Yes, Applicants need to complete below. If No, select "Not Applicable" <input type="checkbox"/> YES <input type="checkbox"/> NO or N/A
Are you or any member of your household above on any local Housing Authority Waitlist? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, for how long? #___Months #___Years Member #: _____ From Above
Do you or any member of your household above have a Certification as Homeless? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, for how long? #___Months #___Years Member #: _____ From Above
Were you or any member of your household above displaced by Redevelopment? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, please confirm with Management and explain:
Do you or any member qualify for any local live/work preference (confirm with management)? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, please list all that apply:
Do you or any member qualify for other property preferences (confirm with management)? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, please list all that apply:

E. Household Personal Information

Have you or any member of your household above been convicted of a Felony in the last seven years? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain and provide date(s) and Member #(from above):
Have you or any member of your household above ever been evicted from a rental? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain and provide date(s) and Member #(from above):
Have you or any member of your household above been employed by MidPen Housing? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list when, which department/supervisor and Member #(from above):
Do you or any member of your household have a relative currently employed by MidPen Housing? YES <input type="checkbox"/> NO <input type="checkbox"/>	This is for informational purposes only. We are committed to maintaining the integrity of the process.
Do you or any member of your household above currently possess a current Section 8 Voucher or Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please provide the name & address of your County or City Housing Authority: Name: _____ Phone: () - _____ Street Address: _____ City, State & Zip: _____
If Yes, Is the Voucher/Certificate transferable? YES <input type="checkbox"/> NO <input type="checkbox"/>	Which household member(s) posses the Voucher/Certificate: #(s): _____ From Above
Have you or any member of your household above ever filed for Bankruptcy? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and provide date(s) of bankruptcy:
Do you or any member of your household above plan to have pets in the unit? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain pet details:
Do you or any member of your household above require special accommodations because of a disability? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and explain what accommodations are required (we do not want information related to the nature of the disability):
Do you or any member of your household above share custody of any child(ren) listed above with someone not in the household? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and explain custody arrangements?
Do you or any member of your household above owe any apartment community money? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and explain:
Do you have a family member who is temporarily Absent from home due to: EMPLOYMENT <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> PLACEMENT IN FOSTER CARE <input type="checkbox"/> NURSING HOME, OR HOSPITAL <input type="checkbox"/>	Please list member # and explain:
List all states you or any household member(s) have lived in: States: _____	

Full Time Student Information

(This apartment is governed by Federal and/or State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.)

If unsure of Full-Time status, inquire with Management for determination of "Full-Time" prior to completing the following section.

Are you or any member of your household above (including minors) currently a Full-Time Student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If Yes to the above two questions, complete the following:

Any of the Full-Time Student(s) married and filing a joint tax return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any of the Full-Time Student(s) a TANF or Title IV recipient?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Other Federal Requirements

This community may receive federal funding, please check with management prior to completing this section.	FOR STAFF USE ONLY: Does this community receive federal funding: If Yes, Applicants need to complete below. If No, select "Not Applicable" <input type="checkbox"/> YES <input type="checkbox"/> NO or N/A
To be completed only by applicants for properties with Federal Funding.	I am/we are: <input type="checkbox"/> A National Citizen of the United States of America <input type="checkbox"/> A Non-Citizen with eligible immigration status with one of the following: Form I-551, I-94, I-688, 688B, I-151 or receipt issued by DHS <input type="checkbox"/> Not contending eligible immigration status <input type="checkbox"/> Subject to a lifetime Sex Offender registration program in any State.

F. Income & Assets

Describe all Household Members' (from above) income from employment and/or any other source, including assistance.

<input type="checkbox"/> N/A or <input type="checkbox"/> Current Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly		From (MM/YY)	To (MM/YY)
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly		From (MM/YY)	To (MM/YY)
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly		From (MM/YY)	To (MM/YY)
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly		From (MM/YY)	To (MM/YY)
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly		From (MM/YY)	To (MM/YY)
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
Total Employment Income		<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$1-\$12,500	<input type="checkbox"/> \$12,501-\$20,000	<input type="checkbox"/> \$20,001-\$27,000	<input type="checkbox"/> \$27,001-\$35,000
		<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+

Copy this page for additional space, as needed.

Other Income Sources	Check if N/A	Source Name, Address & Telephone No.	Gross Monthly	Member(s) #
Social Security (SS, SSI, AFDC)	<input type="checkbox"/> N/A			
Social Security (SS, SSI, AFDC)	<input type="checkbox"/> N/A			
Social Security (SS, SSI, AFDC)	<input type="checkbox"/> N/A			
Pensions (VA, Retirement Plan, etc.)	<input type="checkbox"/> N/A			
Pensions (VA, Retirement Plan, etc.)	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
Gifts from Household	<input type="checkbox"/> N/A			
Gifts from Household	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
TOTAL MONTHLY INCOME FROM OTHER SOURCES:				ALL

Zero Income Verification

Are **YOU** or **ANY ADULT** member of your household claiming zero (\$0) income? YES NO

Indicate which household member(s) here:

#1 #2 #3 #4 #5 #6 #7 #8 #9

Asset Source	Check if N/A	Source Name, Address & Telephone No.	Value or Balance	Member(s) #
Checking or Credit Union Banking	<input type="checkbox"/> N/A			
Checking or Credit Union Banking	<input type="checkbox"/> N/A			
Checking or Credit Union Banking	<input type="checkbox"/> N/A			
Savings	<input type="checkbox"/> N/A			
Savings	<input type="checkbox"/> N/A			
Whole Life Insurance	<input type="checkbox"/> N/A			
Whole Life Insurance	<input type="checkbox"/> N/A			
Mutual Fund	<input type="checkbox"/> N/A			
Stocks	<input type="checkbox"/> N/A		Cash Value: _____	
Bonds	<input type="checkbox"/> N/A		Cash Value: _____	
Other:	<input type="checkbox"/> N/A		Cash Value: _____	
Other:	<input type="checkbox"/> N/A		Cash Value: _____	
Other:	<input type="checkbox"/> N/A		Cash Value: _____	

Do you own any Real Estate Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Type of Property: _____	Location of Property: _____
	Owned by Household Members: _____	Appraised Market Value: _____

	Mortgage or Outstanding Loan Due: _____	
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Have you or any other member of your household, disposed of or given away ANY asset(s) for LESS than Fair Market Value within the last two years?
 Amount: \$ _____ Explanation: _____ YES NO

G. Vehicle Information

Vehicle #1	<input type="checkbox"/> N/A	HH Mbr # _____	Make _____	Model _____	Color _____	License Plate # _____	State (License Plate) _____
Vehicle #2	<input type="checkbox"/> N/A	HH Mbr # _____	Make _____	Model _____	Color _____	License Plate # _____	State (License Plate) _____
Vehicle #3	<input type="checkbox"/> N/A	HH Mbr # _____	Make _____	Model _____	Color _____	License Plate # _____	State (License Plate) _____

I. Signature & Consent

Upon notification by landlord of application processing, I agree to pay Tyrella Gardens an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment; which will authorize Tyrella Gardens to obtain any such credit reports, character reports and/or criminal reports, verification of rental and employment history as it deems necessary to verify all information set forth in this application. I understand that I will acquire no rights to the above property until I sign a rental agreement and submit a security deposit. I further understand that false, fraudulent misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

I certify that the information I have provided is true and correct. I understand and acknowledge that providing false or misleading information may be grounds for denying the application for housing.

I authorize and consent to have landlord verify the information contained in this application. I will provide all necessary information including source names, addresses, and phone and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the applicable affordable housing requirements.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this application together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete and accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

_____ Applicant Signature (HOH) #1	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult/Co-Head) #2	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult) #3	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult) #4	_____ Printed Name	_____ Date

The undersigned agent certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose. Additionally, I have verified the identification of the individual named above by reviewing government issued identification:

_____ Community Manager Signature	_____ Printed Name	_____ Date
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MidPen Housing Management Company and its affiliates comply with the Fair Housing Act, the Rehabilitation Act of 1973 and the Fair Housing Act Amendments of 1988 prohibiting discrimination based on race, color, national origin, disability, sex, religion, and familial status and Title VI of the Civil Rights Act of 1964 prohibiting discrimination on the basis of disability in any program or activity receiving federal financial assistance. We do not discriminate and do not deny or limit services, terms, conditions, privileges or facilities based on race, color, creed, religion, sex, sexual orientation, age, disability, medical condition, marital status, familial status, source of income, or national origin, or any other protected classification under State or local law, in any and all aspects of

applicant/ resident relations, including without limitation, accepting and processing applications, selecting residents from eligible applicants on the waiting list; assigning units, certifying and re-certifying eligibility for assistance, granting accommodation, and terminating tenancies.

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*	One or More
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 may mark one or more.*
 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.