

# Application for Admission and Rental Assistance at Christopher Inn Apartments

## Section 202-8 / LMSA



<b>Property Name:</b>	<b>Christopher Inn Apartments</b>	<b>Telephone:</b>	<b>504-949-0312</b>
<b>Mailing Address:</b>	<b>2110 Royal Street</b>	<b>Fax:</b>	<b>504-227-3349</b>
<b>City, State, Zip</b>	<b>New Orleans, LA 70116</b>	<b>TTD/TTY:</b>	<b>1-800-846-5277</b>
<b>Property Web Site</b>	<b>www.christopherhomesinc.org</b>	<b>Email</b>	<b>chici@christopherhomesinc.org</b>

(Please return this form to the above address)

Dear Applicant:

Thank you for your interest in Christopher Inn Apartments. Attached is an Application for Tenancy packet. Because of the HUD Section 202/8 and LMSA subsidy program through which this property is funded, applicants must meet certain qualifications for admission to Christopher Inn Apartments. Head of household, spouse, or co-head must be 62 years of age or older to apply.

Particular income limits determined by the Department of HUD in accordance with the Section 8 program do apply. Those who qualify for this program type will pay 30% of his/her adjusted gross monthly income toward rent. All apartments are unfurnished units equipped with refrigerator and stove. In addition, applicants must meet the annual income eligibility determined by the U.S. Department of Housing and Urban Development. **The current income requirements are part of the advertisement flyer.**

**Accessible Units:** Certain units were architecturally redesigned in 2015 for accessibility (to various degrees). Someone in the family must qualify as “needing” **the architecturally designed features to apply**. These units may have wider doorways, higher commode, extra grab bar(s) and may or may not have cabinets under sinks and kitchen work areas. An applicant requesting an accessible unit will be requested to verify his or her need with a medical practitioner.

**Christopher Inn Apartments** will house applicants on a first-come, first-serve basis from our waiting list. Please understand that because we work with a waiting list you may not be able to choose the location of the apartment. When an applicant’s name reaches the top of our Waiting List we will offer the next available apartment. If you do not accept the available apartment, you will get one more offer before your name will be dropped from the Waiting List.

**Christopher Inn Apartments** does not provide “assisted living,” nursing services, or personal care. Residents must be capable of fulfilling lease requirements by themselves or arrange on their own for needed services to be provided by outside agencies. This application requires specific information. **Failure to provide proper documents and/or verification will result in the rejection of your application and/or delay in processing.** Completed applications can be delivered to our office in person during regular business hours, Monday through Friday, or via first class mail. Remember that the applicant packet must contain the original signatures of all persons applying to reside in the unit. Please be advised that it is your responsibility to update your information, phone number, and other changed information on your application.

Upon receipt you will be notified if it appears you have initially qualified for tenancy, and if your name has been placed on the Waiting List. If you have any questions concerning the applicant packet or our facility, please feel free to contact our Rental Office at **(504) 949-0312**.

Sincerely,

Management



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For Office Use Only:  Date application received _____  (ELI) 30%AMI _____ (VLI) 50%AMI _____	Time application rec'd  _____
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To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?  Yes  No If Yes, please list the language and services requested: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List the Head of Household and all other people who will be living in the unit. Give the Relationship of each family member to the head. (Head of household, co-head, spouse, other adult, foster adult, child, foster child, live-in aide). Also indicate the citizen/non-citizen eligibility status.

HOUSEHOLD MEMBER	GENDER MALE FEMALE Prefer not to disclose	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE AND SOCIAL SECURITY #	AGE
<b>Head of Household</b>			<b>Head of Household</b>	— —	
Citizenship Status		<input type="checkbox"/> US. Citizen	<input type="checkbox"/> Eligible non-citizen	<input type="checkbox"/> Ineligible non-citizen	
<b>Co-Head</b>				— —	
Citizenship Status		<input type="checkbox"/> US. Citizen	<input type="checkbox"/> Eligible non-citizen	<input type="checkbox"/> Ineligible non-citizen	
<b>Other Adult</b>				— —	
Citizenship Status		<input type="checkbox"/> US. Citizen	<input type="checkbox"/> Eligible non-citizen	<input type="checkbox"/> Ineligible non-citizen	

Please provide the Benefit Claim Numbers for those receiving Dual Entitlement benefits, if applicable:

Head of Household \_\_\_\_\_ Co-Head \_\_\_\_\_ Other Adult \_\_\_\_\_

Do any member of the above household with no Social Security Number qualify for one of the allowable exceptions?

1. Ineligible, non-citizen member – not contending eligible immigration status
2. Members 62 years old as of 1/31/2010 and whose initial determination of eligibility began before 1/31/2010
3. Members under the age of 6 who are added to applicant household within 6 months prior to move-in

If yes, identify which household member and the exception \_\_\_\_\_

\_\_\_\_\_



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**UNIT Size:** The owner/agent will take your unit preferences/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom.

**ACCESSIBLE UNIT:** Do you have a mobility impairment that would necessitate the features of a fully accessible/barrier-free unit? Do you have an audio/visual impairment that would necessitate the features of a communication accessible unit? Please note that this need will be verified with your doctor/physician.

### CHECK WHETHER OR NOT THERE IS A NEED FOR AN ACCESSIBLE UNIT

<input type="checkbox"/> Studio Unit	Mobility Accessible Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 Bedroom Unit	Communication Accessible Unit (Audio/Visual)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Head-of household, co-head or spouse 62 or older?  <b>Head of household, spouse, or co-head must be 62 years of age or older to apply.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

### CURRENT HOUSEHOLD ADDRESS

Head of Household Name	
Current Address	
City, State, Zip	
Home Phone/Cell Phone	
Email address, if applicable	

Co-Head Name	
Current Address	
City, State, Zip	
Home Phone/Cell Phone	
Email address, if applicable	

Other Adult Name	
Current Address	
City, State, Zip	
Home Phone/Cell Phone	
Email address, if applicable	

Do you or any member of the household currently live in HUD subsidized housing or receiving housing assistance from HUD or a PHA?  Yes  No If yes, give name and address of location.

Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy? If yes, please list the request: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Student Status:</b> Are you or any member of your household currently enrolled in an institution of higher education (anything except K-12)?  <i>On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, "Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937," implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.</i>  If Yes, please list family member(s) and institution: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enrolled in the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain:</b>	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? If yes, Please explain and name household member _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past fifteen (15) years? This also includes harassment, sexual assault, drug abuse, and other crimes. <b>If yes, please explain:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household been released from an incarcerated setting within the past two (2) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Live-In Attendant: Do you require the aid of a live-in care attendant? Please note that this need will be verified with your doctor/physician.  Yes  No If a Live-In Attendant is needed, name of Attendant \_\_\_\_\_

Name/Address of a Doctor who can verify this need: \_\_\_\_\_

### PETS & ASSISTANCE/COMPANION ANIMALS

Residents are allowed one pet per household. Certain rules apply regarding pet type, pet size and pet breed. The presence of any animal must be approved before they are allowed to be kept in the unit.

Do you plan to house an animal in the unit?  Yes  No

If no, please move on to the next section. If yes, please provide the following information.

Do you plan to use this animal as a service or assistance animal in this facility?  Yes  No

ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT

Do you have a vehicle(s) you wish to bring onto the property?  Yes  No

If yes, is the car(s) registered, insured, in operable condition, and owned by a member of household?  Yes  No

**PREFERENCES:** The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a unit transfer preference.

I currently live on this property.  Yes  No

### INCOME INFORMATION

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$



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Are you entitled to Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Are you currently receiving the Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Are you currently receiving the Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Monthly Public assistance?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card		\$
Income from a pension or annuity or other asset?			\$
Regular contributions from organizations or from individuals not living in the unit?			\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?			\$
Contributions from family for rent, child care or other bills.			\$
Any lump sum amounts from delay of payments for SSI or VA Disability			\$
Do you receive financial aid for education assistance? If yes, annual amount.			\$
Please list all other income not listed above on lines below.			\$
Other?			\$
Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?			\$
Employer #2			
Address			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?			\$

**ASSETS INFORMATION**

Have you sold or given away real estate property or other assets valued at \$1000.00 or more (including cash) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		



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Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the Current Balance? Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have an employment 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you or any members of your household own a home, commercial property, or other real estate either here in the United States and/or in a foreign country? <b>Address</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy? <b>Do you or any members of your household have any <u>life insurance policies</u> with permanent cash value? (May be called "whole life," universal," or "paid up" coverage.)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		



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**DEDUCTIONS** Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$
Health Insurance - 1 – annual deductible	\$
Health Insurance - 2 – annual premium	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$
Prescription Drugs - annual out-of-pocket expense	\$
Do you have an <b>HMO</b> , a <b>medical plan</b> , or <b>health insurance policy</b> , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. _____ _____ _____	
Over-the-counter medical expenses to treat a specific medical condition <i>(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)</i>	\$
Personal use items <i>(i.e. glasses, incontinent supplies, hearing aids)</i>	\$
Cost/Care for an Assistance/Companion Animals – annual out of pocket expense	\$
Mileage to and from medical appointments.	\$
List any other out of pocket medical cost below.	\$
Other?	\$
Expenses for auxiliary aides for a disabled family member	\$
<b>Annual Child Care for a minor 12 years of age or younger</b> Child care is used to care for the child because the parent/guardian is: <input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Going to school	\$
Provider Name	
Provider Address	
City, State, Zip	
Phone	





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<b>Annual Cost of Care for a disabled family member to allow any adult family member to work</b>	\$
Provider Name	
Provider Address	
City, State, Zip	
Phone	
Expenses for auxiliary aides for a disabled family member	\$

List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you. (Optional)

Name	
Relation	
Address	
City, State, Zip	
Phone	

Name	
Relation	
Address	
City, State, Zip	
Phone	

**RENTAL HISTORY**

<b>Are you currently homeless?</b> <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Current Landlord</b>		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address?		
Reason for wanting to move?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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<b>Previous Landlord #1</b>		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address?		
Reason for leaving?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Previous Landlord #2</b>		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address?		
Reason for leaving?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**List all States in which the Head of Household has resided during his/her adult life (since age 18 years).**

<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington DC
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**List all States in which the Co-Head has resided during his/her adult life (since age 18)**

- Alabama  Alaska  Arizona  Arkansas  California  Colorado  Connecticut
- Delaware  Florida  Georgia  Hawaii  Idaho  Illinois  Indiana  Iowa  Kansas
- Kentucky  Louisiana  Maine  Maryland  Massachusetts  Michigan  Minnesota
- Mississippi  Missouri  Montana  Nebraska  Nevada  New Hampshire  New Jersey
- New Mexico  New York  North Carolina  North Dakota  Ohio  Oklahoma  Oregon
- Pennsylvania  Rhode Island  South Carolina  South Dakota  Tennessee  Texas  Utah
- Vermont  Virginia  Washington  West Virginia  Wisconsin  Wyoming  Washington DC

**List all States in which the Other Adult has resided during his/her adult life (since age 18)**

- Alabama  Alaska  Arizona  Arkansas  California  Colorado  Connecticut
- Delaware  Florida  Georgia  Hawaii  Idaho  Illinois  Indiana  Iowa  Kansas
- Kentucky  Louisiana  Maine  Maryland  Massachusetts  Michigan  Minnesota
- Mississippi  Missouri  Montana  Nebraska  Nevada  New Hampshire  New Jersey
- New Mexico  New York  North Carolina  North Dakota  Ohio  Oklahoma  Oregon
- Pennsylvania  Rhode Island  South Carolina  South Dakota  Tennessee  Texas  Utah
- Vermont  Virginia  Washington  West Virginia  Wisconsin  Wyoming  Washington DC

**HOW DID YOU HEAR ABOUT US?**

- Current Resident or Resident Family Member
- Friend
- Employee
- Religious Organization
- Internet/Computer
- Information provided by a government agency
- Advertisement (Where?) \_\_\_\_\_
- Other \_\_\_\_\_

**NOTE:** Christopher Homes Inc. values the health and safety of its residents, staff, vendors, and visitors. In the future, CHI will make Christopher Inn Apartments smoke free including in tenants' apartments. At that point, smoking will only be allowed in designated smoking areas away from the buildings.

**NOTE:** If there is a member of your family who is the survivor of domestic violence, **HUD** has a form you can voluntarily fill out. The Violence Against Women Act of 2013 (VAWA) protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence, sexual assault or stalking, or for being affiliated with a victim, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants can request **HUD-5382** form during the application process.



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**PENALTIES FOR MISUSING THIS FORM**

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**APPLICANT CERTIFICATION**

By signing this document, I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Christopher Inn Apartments in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

**I would like to receive a complete copy of the Tenant Selection Plan** \_\_\_\_ **Yes** \_\_\_\_ **No**

**If yes,**  **Paper copy or**  **Electronic copy, please provide email address** \_\_\_\_\_.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Assisting the \_\_\_\_\_ Date \_\_\_\_\_  
Applicant on Filling-In the Application:

Signature of Property Representative: \_\_\_\_\_ Date \_\_\_\_\_

**Christopher Inn Apartments** does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. **Christopher Inn Apartments** does not discriminate based upon age for any reason, excluding HUD program/project requirements.

**Christopher Inn Apartments**  
**2110 Royal Street**  
**New Orleans, LA 70116**

**Telephone: 504-949-0312**  
**Fax: 504-945-2634**  
**TTD/TTY: 1-800-846-5277**



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Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants OMB Control # 2502-0581  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING Exp. (02/28/2019)**

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.

<b>Signature of Applicant</b>	<b>Date</b>
-------------------------------	-------------

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.

Form HUD- 92006 (05/09)



**Application for Admission and Rental Assistance at Christopher Inn Apartments**  
**Section 202-8 / LMSA**

**Notice - Requirement to Determine Citizen/Non-Citizen Eligibility**  
**Applicant Declaration includes Family/Owner's Summary**

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 U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments 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 these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your household members for whom you are seeking housing assistance. You must do the following:

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

This Citizen/Non-Citizen eligibility 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 the rental office. We 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 Citizenship/Non-Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance. **If you are unable to submit your request using this form, the owner/agent will accept the request for an extension in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.**



**Application for Admission and Rental Assistance at Christopher Inn Apartments**  
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If this **Citizen/Non-Citizen eligibility review** (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 is eligible for assistance; your family may be eligible for proration of assistance. That 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, that assistance may be provided to you if at least one member of your household has submitted the required documentation **and is deemed eligible**. Following verification of the documentation submitted by all household 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.

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this policy, please contact the management office. Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or disability.

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

*(Si se desactivan o tienen dificultad para entender el inglés, por favor solicite nuestra ayuda y nos aseguramos de que le proporciona un acceso significativo basado en sus necesidades individuales.)*

Sincerely,

---

Management Representative

cc: Applicant File

*The owner/agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name	<b>Patricia Fulkerson, Section 504 Coordinator</b>
Address	1000 Howard Avenue, Suite 100
City	New Orleans State LA Zip 70113
Telephone	(504) 596-3460
Telephone	(800) 846-5277



**Application for Admission and Rental Assistance at Christopher Inn Apartments  
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Name: \_\_\_\_\_

**FAMILY SUMMARY SHEET**

Under provisions of Section 214 Housing and Community Development Act of 1980, all Tenant families / Applicant families must provide a listing of all persons who are residing or will reside in the assisted housing unit.

Member No.	Last Name of Family Member	First Name	Gender:	Date of Birth
			Male/Female/Decline to Report	
1				
2				
3				

**PENALTIES FOR MISUSING THIS VERIFICATION FORM**

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date





**Application for Admission and Rental Assistance at Christopher Inn Apartments**  
**Section 202-8 / LMSA**

**CITIZENSHIP/NON-CITIZEN DECLARATION**

**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 \_\_\_\_\_ 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)**

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

*Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales*

**PENALTIES FOR MISUSING THIS FORM**

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA 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).



**Application for Admission and Rental Assistance at Christopher Inn Apartments**  
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**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.

a. If you claim that you are a citizen or national of the U.S., you must submit proof of such status.

(1) The following documents will be accepted as proof of citizenship:

(a) United States (U.S.) Passport

(2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)

(a) U.S. Birth Certificate

(b) Certification or Report of Birth Abroad issued by USCIS or the State Department

(c) U.S. Citizen ID card issued by USCIS

(d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Svc (USCIS)

(e) Certificate of Citizenship issued by USCIS

(f) American Indian card issued by USCIS for the Kickapoo tribe

(g) Final Adoption Decree

(h) Evidence of Civil Service employment by U.S. Government before 6/1/1976

(i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)

(j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986

(k) Extract of U.S. hospital birth record established at the time of birth

(3) Proof of Identity includes

(a) Driver's License

(b) Certain government issued ID cards with photo (if no photo, must include identifying information)

(c) Tribal government issued ID and documents, including Certificate of Indian Blood

(d) Day care or nursery record (minors only)

(e) School record or report card (under 16 only)

(f) School ID with picture

(g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child,



**Application for Admission and Rental Assistance at Christopher Inn Apartments**  
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**2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form**

AND

c. One of the following documents:

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a 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 Section 212(d)(5) of the INA."
- 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - 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 (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an 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 c above are not currently available; complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child,



**Application for Admission and Rental Assistance at Christopher Inn Apartments**  
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**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 housing assistance.**

If you checked this block, 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.



## Citizen/Non-Citizen Eligibility Verification Consent Form

**INSTRUCTIONS:** Complete this form for each noncitizen household member who declared eligible immigration status on the Citizenship Declaration. 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:  
(print or type first name, middle initial, last name)

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. The Department of Housing and Urban Development (HUD), as required by HUD; and
  - b. The Department of Homeland Security (DHS) for purposes of verification of the immigration status of the individual.



**Application for Admission and Rental Assistance at Christopher Inn Apartments**  
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**NOTIFICATION TO HOUSEHOLD:**

Evidence of eligible immigration status shall be released only to the Department of Homeland Security (DHS) for purposes of establishing eligibility for housing 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 a child.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

*Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.*



**Application for Admission and Rental Assistance at Christopher Inn Apartments  
Section 202-8 / LMSA**

**Exhibit 3-7**

**OWNER'S SUMMARY SHEET**

Member	Last Name of Member	First Name of Member	Date of Birth	Declaration	Date Verified
1				<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
2				<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	
3				<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Ineligible Non-citizen	

\_\_\_\_\_  
Print name of person who completed SAVE verification if accessed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Application for Admission and Rental Assistance at Christopher Inn Apartments

## Section 202-8 / LMSA

**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)

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>	
<b>Name of Head of Household</b>	<b>Name of Household Member</b>	
<b>Date (mm/dd/yyyy):</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>		

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

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

<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
<b>Signature</b>	<b>Date</b>

**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.





# Application for Admission and Rental Assistance at Christopher Inn Apartments

## Section 202-8 / LMSA

### 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.

