
When submitting your application, please ensure that the information is complete and the requested documents are attached.

DO NOT USE WHITE OUT! APPLICATION WILL NOT BE PROCESSED

The landlord reference check will be faxed to your previous landlord to fill out. **Only** the applicant's printed name, signature, and date are to be on the form. Nothing else needs to be completed on the form. The remainder is for office use only. **There must be at least one landlord reference to check.**

The following pages are the application. Please fill out the application completely and leave no blank spaces. If it does not pertain to you, please write "N/A".

REQUESTED DOCUMENTS:

- There is a **\$25.00** application fee per adult. Each adult must complete an application. The fee is non-refundable. This is to cover the administrative cost incurred for a criminal background check and to verify credit history. **Amount of Application fee is subject to change at NeighborWorks® Alaska's Discretion.*
- A signed "Authorization for Release of Information" is required.

To expedite the application process, if a family member received income from any source such as from the following agencies, please provide a current print-out or award letter:

- Social Security Income
 - Adult Public Assistance
 - Alaska Temporary Assistance Program (ATAP)
 - PFD (current year)
 - Social Security Admin.
 - Child Support
 - Unemployment
- Photo copy (legible) of your driver's license, passport, or identification card. The items copied must contain a picture of the applicant and date of birth. If you do not have valid identification, your application will not be processed.
 - A copy of your social security card is also needed. A letter from the Social Security office verifying request for replacement Social Security card may be used in lieu of an actual card.
****Please note: we will require photo copies of Social Security cards for every member of the household, including children under the age of 18.**

Thank you for applying with NeighborWorks® Alaska





2515 A Street
Anchorage, AK 99503
(907) 677-8490

TENANT INCOME CERTIFICATION WORKSHEET (TICW)

Property Name: _____ Unit #: _____

Effective Date of Certification: _____ Original Date of Certification: _____

Certification Type: Move-in Annual re-cert Transfer Interim

Household Size: _____ # of Bedrooms: _____ Phone: _____

Please list below, the Head of Household and all other members who are or will be living in the unit.
Give the relationship of each family member to the Head of Household:

MEMBER #	FULL NAME	RELATIONSHIP	BIRTH DATE/AGE	M / F	SOCIAL SEC. #	FULL-TIME STUDENT Y / N
1.		HEAD				<input type="checkbox"/> Y <input type="checkbox"/> N
2.						<input type="checkbox"/> Y <input type="checkbox"/> N
3.						<input type="checkbox"/> Y <input type="checkbox"/> N
4.						<input type="checkbox"/> Y <input type="checkbox"/> N
5.						<input type="checkbox"/> Y <input type="checkbox"/> N
6.						<input type="checkbox"/> Y <input type="checkbox"/> N

Is this the entire household which will occupy the unit? Yes No.

If no, list and explain: _____

Do you anticipate anyone else living with you in the 12 months? Yes No

If yes, please explain: _____



TICW / ASSETS QUESTIONNAIRE

Each household member 18 years and older must complete a separate questionnaire

Name: _____

Unit #: _____

1. Are you employed or anticipate being employed in the next 12 months? Yes No
2. Are you presently employed at a second job? Yes No
3. Are you self employed? Yes No
4. Are you receiving Social Security and/or Supplemental Social Security (SSI)? Yes No
5. Will you receive or do you anticipate the Permanent Fund Dividend?
a. If it was garnished, please mark yes Yes No
6. Do you receive dividends from a Native Corporation? Yes No
7. Do you receive monthly benefits from the Alaska Senior Care Program? Yes No
8. Are you receiving public assistance (APA/ATAP)? Yes No
9. Are you currently receiving or do you anticipate receiving child support or alimony in the next 12 months? Yes No
10. Do you currently receive unemployment, L&I, or disability benefits? Yes No
11. Are you a member of the Armed Forces? Yes No
12. Are you receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits, or Veteran's Benefits? Yes No
13. Are you receiving money regularly from your family, church, friends, or any other form of regular/periodic income (such as rent and utilities)? Yes No

For each type of income that your household receives, or will receive, give the income source and the amount of income that can be expected from that source during the next 12 months.

Household Member Name	Source of Income (Employer Name, ATAP, SSI, APA, etc.)	Expected Annual Income



HOUSEHOLD MEMBER # (please check one): Head 2 3 4 5 6 7 8

Name: _____

Unit #: _____

- 14. Do you have any checking accounts? Yes No
- 15. Do you have any savings accounts? Yes No
- 16. Do you have any money market accounts? Yes No
- 17. Do you own any treasury bills, certificates of deposit, stocks, or bonds? Yes No
- 18. Do you have a 401(k)/IRA/Keogh? Yes No
- 19. Do you receive money from a revocable or non-revocable trust fund? Yes No
- 20. Do you have whole or universal life insurance? Yes No
- 21. Do you earn any income from a rental property? Yes No
- 22. Do you own or are you in the process of selling any real estate or do you hold a contract for real estate sold? Yes No
- 23. Do you own personal property held strictly as investment assets (art, coins, etc.)? Yes No
- 24. Have you disposed of assets within the last two years for less than fair market value? Yes No
- 25. Do you have income from assets or sources other than those listed above? Yes No

List all asset accounts of all household members, including amounts disposed of during the past two years:

Household Member Name	Bank/Financial Institution	Account #	Balance	Interest Rate

Certification by tenant(s): I/We have understood and answered all questions on this recertification update. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentation of information or false statements is punishable under Federal Law.

Tenant Signature: _____

Date: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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 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).**





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Anchorage, AK 99503
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AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to NeighborWorks® Alaska any information needed to determine my eligibility for occupancy in their agency-owned affordable housing properties. Verifications and inquiries that may be requested include but are not limited to:

- o Identity and Marital Status
- o Credit History
- o Schools and Colleges
- o Police Records/Criminal History
- o Employment Income
- o Residence and Rental History
- o Income from Any Source
- o Assets including those disposed past 2 years
- o Department of Labor – Wages

Groups or individuals that NeighborWorks® Alaska may contact:

- o Past and Present Landlords
- o Courts and Post Offices
- o Law Enforcement Agencies
- o Utility Companies
- o Veteran’s Administration
- o Banks/Financial Institutions
- o AK Permanent Fund Division
- o Private Social Service Agencies
- o Employment/Housing References
- o Schools and Colleges
- o Past and Present Employers
- o Department of Health/Social Services
- o Department of Labor/Workforce Development
- o Department of Education/Early Childhood Development
- o Social Security Administration
- o Medical/Child Care Providers
- o Retirement Systems
- o Payees/Trustees

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for LIHTC or other affordable housing owned by NeighborWorks® Alaska. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will remain in effect for 15 months from the date signed.

_____	_____	_____
Signature of Adult Member	Printed Name	Date
_____	_____	_____
Signature of Adult Member	Printed Name	Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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 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).**



Unemployed Income Verification Form #9205
(For unemployed applicant)

Apartment Number: _____

Applicant / Resident Name: _____

I confirm that:

- I am not currently employed in any capacity.
• I have no intention of becoming employed in the next 12 months.
• I do not receive unemployment compensation or other benefits as a result of my non-employment status.
• I am not under any other obligation to obtain employment.
• The reason I am not seeking employment is: _____
_____.
- I am not presently employed but I anticipate becoming employed in the next 12 months.
• Based on my educational background, prior experience and career training, I anticipate starting employment as a _____.
• I anticipate earning \$ _____ per hour working _____ hours per week.
• I anticipate starting employment on _____.

This information is supported by the attached documentation:

- _____ Previous year's tax returns
_____ Previous job and salary history
_____ Written confirmation from a new employer
_____ Three current employment advertisements showing average compensation
_____ Other _____

I understand that this certification and supporting documentation is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease and subjects me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant / Resident

Date





2515 A Street
Anchorage, AK 99503
(907) 677-8490

Child Support Certification

Unit Number: _____

Applicant / Resident Name: _____

PLEASE CHECK ALL THAT APPLY:

- I **AM entitled** to receive child support and I am currently receiving child support (attach verification of collection).
- I **AM entitled** to receive child support; however, I am not currently receiving support **AND** (check one of the following):
 - I am **ACTIVELY** in the process of seeking monies for child support through the child support enforcement agency or other legal channels. I am pursuing support for the following children:

 - I am **NOT ACTIVELY** in the process of seeking any monies for child support through legal channels for the following children:

- I certify that I **AM NOT** entitled to receive child support pursuant to any court order or other agreement for the following child/children:

Although I do not receive child support, I **do receive** the following from the non-custodial parent:

Average Value per Month

Food	\$
Diapers, clothing, and other household items	\$
Payment of utility, car insurance, or other monthly bill	\$
Health insurance and child care	\$
Other items not listed above	\$

(Attach verification of recurring gift)

- I **DO NOT RECEIVE** support from the non-custodial parent.
- Although child support has not been ordered at this time, I **anticipate receiving** such an order in the next 12 months in the amount of: _____ per month, starting: _____
- Child support is not an issue for this household as both parents reside in the home.
- Child support is not an issue for this household as there are no children residing in the home.

I understand it is my responsibility to notify the landlord of any changes to the status of child support. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date



Asset Certification

Household Name: _____ Property Name: _____ Unit #: _____

1. My/Our Assets include (please complete fully. Put N/A into any blank line that does not apply):

Source/Asset Type	Current Cash Value* (A)	Annual Interest % Rate (B)	Annual Income From Asset =A(\$) X B(%)	Source/Asset Type	Current Cash Value* (A)	Annual Interest % Rate (B)	Annual Income From Asset =A(\$) X B(%)
Checking Account	\$ _____	%	\$ _____	Stocks	\$ _____	%	\$ _____
Savings Account	\$ _____	%	\$ _____	Bonds	\$ _____	%	\$ _____
Cash On Hand	\$ _____	%	\$ _____	Equity In Real Estate	\$ _____	%	\$ _____
401K Accounts	\$ _____	%	\$ _____	Keogh Accounts	\$ _____	%	\$ _____
IRA Accounts	\$ _____	%	\$ _____	Trust Funds	\$ _____	%	\$ _____
Certificates of Deposit	\$ _____	%	\$ _____	Land Contracts	\$ _____	%	\$ _____
Money Market Funds	\$ _____	%	\$ _____	Capital Investments	\$ _____	%	\$ _____
Safety Deposit Box	\$ _____	%	\$ _____	Lump Sum Receipts	\$ _____	%	\$ _____
Life Insurance Policies (excluding Term)	\$ _____	%	\$ _____				

Other Retirement/Pension Funds not named above: _____

Personal Property Held as an Investment**: _____

Other (list): _____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust,) may or may not be fully accessible to you. Include only the amounts which you **ARE** able to access.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Choose One:

- Within the past two (2) years, I/We have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of \$ _____ (*The difference between FMV and the amount received for each asset on which this occurred).
- I/We **HAVE NOT** sold or given away any assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

3. Please Complete:

The total annual income from the net family assets (as defined in 24 CFR 813.102) is \$ _____. **This amount is included in the household's total gross annual income.*****

***Do not put annual income from any source other than assets (e.g. employment, social security, public assistance, dividends, etc.)

Under Penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information, may result in the termination of a lease agreement.

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date



Updated 01/04/16

CHARTERED MEMBER

STUDENT CERTIFICATION
(This form must be completed by each adult household member)

NAME: _____

UNIT # _____

Complete the following if occupying a LIHTC unit

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Will all of the persons in your household be or have they been full-time students (Kindergarten and higher. Examples: Elementary, High School, College/University, trade school, etc.) during five (5) calendar months of the current and/or upcoming calendar year? <i>(Please note that the five calendar months do not have to be consecutive)</i>
--------------------------	--------------------------	---

If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to this question please specify which of the following exceptions your household meets.

<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
<input type="checkbox"/>	<input type="checkbox"/>	Are you married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	Are you a single parent with a dependent child or children and neither you nor your child(ren) are dependent(s) of another individual other than a parent of such children
<input type="checkbox"/>	<input type="checkbox"/>	Are you a student who was previously under the care and placement responsibility of the state agency responsible for administering a plan under part B or part E of title IV of the Social Security Act

If none of the above five (5) exceptions have been identified, the household does not qualify to reside in a LIHTC unit.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

 PRINTED NAME OF APPLICANT/TENANT

 SIGNATURE OF APPLICANT/TENANT

 DATE



RESIDENTIAL HOUSING APPLICATION

(A separate application is required for each adult occupant age 18 and over)

Please circle property/properties:

Spruce View

Loussac Sogn

Hampstead Heath

PERSONAL INFORMATION

Last Name

First Name

M.I.

Current Address

City

State

Zip Code

Date of Birth: _____

Social Security #: _____

Driver's License/State ID #: _____

State: _____

E-mail Address: _____

Best Contact Number(s): _____

Date You Became Alaska Resident: _____

Size of Apartment Applying For: _____

Do You Need An Accessible Unit? YES No

If "Yes", Type Of Accommodation Needed: _____

How Did You Hear About Us? _____

For statistical purposes only, please indicate race: AM. Indian/AK Native AM. Indian/AK Native/White/Caucasian
 AM. Indian/AK Native/Black/African Am. Asian Asian/White Native Hawaiian/Pacific Islander Caucasian/White
 Multi-Racial Black/African AM./White Black/African AM. Ethnicity: Hispanic Non-Hispanic/Latino

Do You Receive Rental Assistance? Yes No If Yes, From Where? _____

Are you a U.S. Veteran? Yes No

Are All Household Members Full Time Students? Yes No

Will All Household Members Be Full Time Students In The Next 12 Months? Yes No

RESIDENCE HISTORY

Do You: Rent or Own

Current Monthly Rental Payment: \$ _____

Mortgage Payment: \$ _____

If Owned, Do You Receive Rental Income From Property? Yes No

Current Landlord Name: _____

Address: _____ City _____ State _____ Zip _____

Building or Management Company Name: _____

Manager's Name: _____ Phone #: _____

Fax #: _____ E-Mail: _____

Dates: From: _____ To: _____ Rent Amount: _____

Why Are You Moving?: _____

Previous Landlord Name: _____



Address: _____ Unit #: _____
City: _____ State _____ Zip _____ Name On Lease: _____
Building or Management Company Name: _____
Manager's Name: _____ Phone #: _____
Fax #: _____ E-Mail: _____
Dates: From: _____ To: _____ Rent Amount: _____
Why Did you Move?: _____

EMPLOYMENT INFORMATION

Current Employer: _____ Your Title: _____
Address: _____ City: _____ State _____ Zip _____
Supervisor's Name: _____ Phone #: _____
Fax #: _____ E-Mail: _____
Monthly Gross Income: \$ _____ Dates Employed: _____ To _____

Previous Employer: _____ Your Title: _____
Address: _____ City: _____ State _____ Zip _____
Supervisor's Name: _____ Phone #: _____
Fax #: _____ E-Mail: _____
Monthly Gross Income: \$ _____ Dates Employed: _____ To _____

GENERAL INFORMATION

Have you or any member of your family ever been evicted from any housing? Yes No
If yes, describe: _____
Do you owe money to a previous landlord? Yes No
If yes, explain: _____
Have you or a member of your family ever been convicted of a crime? Yes No
If yes, explain: _____
Are you required to register under a state sex offender law? Yes No
Have you or a member of your family been in jail or prison within the last three years? Yes No
If yes, explain: _____



REFERENCES

Father/Mother: _____
Name/Address/City/State/Zip Phone

Personal Reference (Local / Not Related): _____

In case of emergency, who may we contact? _____

Address: _____ Phone #: _____

The applicant certifies that the foregoing information is true and complete. NEIGHBORWORKS® ALASKA charges a nonrefundable application processing fee whether the application is approved or denied. There are income restrictions and regulations that apply if applying for Low Income Housing Tax Credit and/or Tax Exempt Bond Units. It is also required to verify that you're household make 2 ½ times the rental amount of the unit applying for. ***It is the policy of NEIGHBORWORKS® ALASKA not to discriminate in rental practices on the basis of race, religion, sex, age, sexual orientation, national origin, or disability status.***

Print Legal Name Signature Date

I AUTHORIZE RELEASE OF INFORMATION REGARDING MY CREDIT, REFERENCES, AND CRIMINAL HISTORY TO A REPRESENTATIVE OF NEIGHBORWORKS® ALASKA FOR A PERIOD OF ONE YEAR FROM THE DATE HERE BY SIGNED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP NEIGHBORWORKS® ALASKA INFORMED OF MY CURRENT ADDRESS/TELEPHONE NUMBER, AND THAT MY APPLICATION MAY BE CANCELLED IF I FAIL TO DO SO.

Signature of Applicant Date

*As part of the application process, applicant's Social Security Number and Date of Birth must be verified.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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 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).**

FOR OFFICE USE ONLY:

Property to be Rented: _____ Rental Rate: _____ Security Deposit: _____

Accepted / Denied By: _____ Date: _____

COMMENTS: _____

Credit: _____

Criminal: _____ Sex Offender Registration: _____





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NOTICE TO APPLICANT WITH DISABILITIES REGARDING REASONABLE ACCOMODATION

NeighborWorks® Alaska is an agency that provides low rent housing to eligible families, elderly/handicapped/disabled households and single people. NeighborWorks® Alaska does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familiar status, disability, age, receipt of public assistance or sexual preference. Under applicable law, NeighborWorks® Alaska provides “reasonable accommodation” to residents if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification or change NeighborWorks® Alaska can make to its apartments or procedures that will assist an otherwise eligible resident with a disability/handicap to take advantage of NeighborWorks® Alaska programs, provided that the change does not pose an undue financial and administrative burden to NeighborWorks® Alaska or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aide to a resident with a disability/handicap where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation may include NeighborWorks® Alaska:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Installing raised numbers on the mailbox and in the elevator for a vision-impaired resident;
- Providing a mobility-impaired resident with a handicapped parking space near his/her unit although the NeighborWorks® Alaska parking policy is “first come, first serve”;
- Mailing a lease recertification to a disabled resident or bringing it to his or her apartment although NeighborWorks® Alaska normally requires pick-up in person;
- Permitting a third party representative to assist a disable resident at NeighborWorks® Alaska conferences or meetings.

A resident household that has a member with a disability/handicap must still be able to satisfy essential obligations of tenancy; they must be able to pay rent, to care for their apartment, to report required information to the housing authority, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the resident to satisfy essential tenancy obligations.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it in writing at any time during your tenancy. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right. You can get a Request for Reasonable Accommodation form at or from the NeighborWorks® Alaska main office at 480 W Tudor Road, Anchorage, AK 99503, (907)677-8490. If you require help in filling out that form or need to submit your request in some other way, you should contact the Housing Department at the same address and phone number. If you have any questions or problems on reasonable accommodation, you should contact the Housing Director at the same address and phone number.

Resident Acknowledgement: _____

Date: _____



Race and Ethnic Data Reporting Form

Name of Property: _____

Name of Head of Household: _____

Household Member Names

Ethnic Categories	Select One:					
Hispanic or Latino						
Not Hispanic or Latino						
Racial Categories	Select All That Apply:					
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or other Pacific Islander						
White						
Other						

* Definitions of these categories are available upon request.
 There are no penalties for persons who do not complete this form.

 Signature

 Date

