Knights of Pythias Active Retirement Center

3409 Main Street Vancouver, WA 98663

HUD Rental Application

Knights of Pythias Active Retirement Center is an equal housing opportunity provider

MANAGER USE ONLY: **APPLYING FOR _____Studio _____HUD One Bedroom (can be on both lists)**

_____

_____ ___Check Photo ID __Social Security Number Verified

Date Received _____ Time Received _____Manager Initialed _____APT Size Eligible for _____ Applicant Type: ____Applicant

_____Transfer _____Co-applicant

_____

Please fill out this application completely. All blanks must be filled in before the application will be considered complete and can be processed for eligibility. If the blank does not apply to your situation put N/A in the blank.

Full Name and Address Include mailing address if different	Phone Number Home and mobile	Relationship to HOH	Date of Birth	Social Security Number	Marital Status	Is Household member a student enrolled in an institution of higher education?
		Head of household				

Is HOH under the age of 62? ____ NO _____YES

If yes, does HOH or spouse qualify as a person with disabilities? _____ NO _____YES

Does anyone in household request an accessible unit? _____ NO _____YES

If Yes, please specify unit type required _____

States all applicant household members have resided in

_____

Has anyone listed above ever been evicted?
____NO_____YES_____WHEN?_____WHERE?

Has anyone listed above **ever** been convicted, pled guilty or no-contest to any crime?
_____YES____NO

WHO? _____WHEN?_____COUNTY/STATE_____ FELONY? ___NO ___YES

Does any household member currently engage in the use of controlled substances? ___NO ___YES

If YES, then who? _____

Is any household member subject to a state lifetime registration for sex offenders? ___NO ___YES

If yes, who? _____

Do you have a Section 8 voucher or are you currently occupying a HUD Assisted Unit? ____YES ____NO

Have you ever lived in a HUD Project? ___YES ____NO If yes, where?
_____

Do You have any pets? ___YES ___NO If yes, specify type and number
_____

(Common household pets are subject to a $300 pet deposit, payment arrangements are available upon request)

Do you own a vehicle and need parking? ____NO ___YES If YES, ____ Make/Model _____Year _____License

PERSONAL REFERENCES (3 Persons not related or living with you, whom you have known for at least one year

D

ASSET INFORMATION List all stocks/bonds, savings, checking, trust, IRAs, CDs, Money Markets, Life Insurances, other

Retirement accounts

Do you have life insurance? ____ NO _____YES If YES, answer the following:

_____ Whole Life Insurance _____Term Insurance _____Cash Value
_____Name/Policy #

Do you own property? _____NO _____YES If YES, answer the following:

_____Type of property _____Location _____ Approximate Market Value

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

MARKET SOURCE:

___Property Website ___Columbian __Sr. Messenger ___Senior & Boomer News ___Choice

___Retirement Connections ___Phone Book ___Current Resident Referral ___Drive By

___Signs/Flyers ___Luepke Center ___Previous Resident ___Reflector ____VA ____Other _____
(Please List)

Are you a friend or family (current or former) of a current resident? Yes____ No_____ Name of Resident_____

SOURCES OF INCOME

List all income sources. This includes, but is not limited to , full and/or part-time employment, all income from welfare agencies (including SSP), Social Security, Pensions, SSI, Disability, Armed Forces Reserves, Unemployment

Compensation, Child Care, Alimony, Child Support, Student Grants, Income from sale of property, Interest on Assets, Dividends, Annuities, and regular contributions from people not residing with you

FAMILY MEMBER NAME (LAST, FIRST, MIDDLE INITIAL)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (LIST NAME AND ADDRESS OF SOURCES)	ANNUAL GROSS INCOME $
FAMILY MEMBER NAME (LAST, FIRST, MIDDLE INITIAL)	EMPLOYER , AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (LIST NAME AND ADDRESS OF SOURCES)	ANNUAL GROSS INCOME $
FAMILY MEMBER NAME (LAST, FIRST, MIDDLE INITIAL)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (LIST NAME AND ADDRESS OF SOURCES)	ANNUAL GROSS INCOME $

BANK	ACCOUNT NUMBER	TYPE OF ASSET	BALANCE $
BANK	ACCOUNT NUMBER	TYPE OF ASSET	BALANCE $

Have you sold/disposed of any property/assets in the last 2 Years? ____NO ___YES

If yes, what? _____

Date Sold/Disposed of _____

Do you have any assets not listed above (excluding household goods? ____NO ____YES

If Yes, what? _____

Do you own your own home? ____YES _____NO (If no, please complete the rental history below)

If Yes, how long have you owned it? _____ (If less than 2 years, please complete the rental history below)

PLEASE COMPLETE—ANTICIPATED MEDICAL EXPENSE(S) FOR THE NEXT 12 MONTHS

Includes Doctor, Dentist, Optometrist, Hospital, Prescriptions, Insurance Premiums, OTC Medications or Supplies, etc.

Rental History (Please Include all for the past seven years. Attach additional information if necessary)

Current Landlord _____

Address_____

City_____ST_____Zip_____

Phone_____

FAX_____

How long have you lived there? _____Reason for leaving_____

Previous Landlord

_____

Address_____

City_____ST_____Zip_____

Phone_____FAX_____

How long have you lived there?_____ Reason for leaving_____

TYPE OF EXPENSE AMOUNT $	TYPE OF EXPENSE AMOUNT $
TYPE OF EXPENSE AMOUNT $	TYPE OF EXPENSE AMOUNT $
TYPE OF EXPENSE AMOUNT $	TYPE OF EXPENSE AMOUNT $
TYPE OF EXPENSE AMOUNT $	TYPE OF EXPENSE AMOUNT $

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to the appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants. Knights of Pythias Retirement Center does not discriminate against applicants, residents, or employees on the basis of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, familial status, disability or socio-economic class, nor on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal assistance. The Final Rule provides equal access to housing in HUD programs regardless of sexual orientation or gender identity. 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): Compliance Manager, KOPRC, 3409 Main Street, Vancouver, WA 98663, (360) 696-4375.

(Application Revised 08/2019)

Previous Landlord

_____

Address_____

City_____ST_____Zip_____

Phone_____

FAX_____

How long have you lived there?

_____Reason for leaving _____

_____

Previous Landlord

_____

City

_____ST_____Zip_____

Phone_____ FAX

_____

How long have you lived there?

_____Reason for leaving _____

_____

Previous Landlord

_____

City_____ST_____Zip_____

Phone_____

FAX_____

How long have you lived

there?_____Reason for leaving_____

IMPORTANT ADDITIONAL INSTRUCTIONS

Please submit a copy of your state issued photo, such as Driver's License or state issued photo ID. Please provide proof of social security for each household member. All household members must submit evidence of citizenship or eligible immigration status at the time of application. The head of Household will be asked to complete a Race & Ethnicity Form at the time of application. The form is attached. Applications will not be accepted unless the attached HD-92006 form is completed in full.

_____

I/we certify that the statements made in this application are accurate and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under federal law.

_____ _____

Applicant Head of Household Signature
Date Signed

_____ _____

Co-Applicant Signature
Date Signed

_____ _____

Owner/Agent Signature
Date Signed

Privacy Act Notice

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S. C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member.

Knights of Pythias Retirement Center

3409 Main Street ~ Vancouver, WA 98663 Phone: 360 696-4375 Fax: 360-694-6263

Reference Check Inquiry and Consent

*The applicant named below has applied for subsidized housing with our community. Household members must provide references from current and past landlords as well as personal references in order for the application to be processed. We appreciate your attention and cooperation in completing and returning this form at your earliest convenience. Please fax the completed form to **360-694-6263**; email to **lori@koprc.com**, call or mail to the address listed above.*

Applicant Name: _____ Date:_____

Reference Name: _____ Phone:_____
Address: _____ Fax:_____
_____ Email:_____

Your relation to applicant: ___ Landlord ___ Relative ___ Friend ___ Other:_____

How long have you known? _____ (If Landlord, list occupancy dates)

Your comments on the individual's behavior, character and responsibility: _____
_____

Home Maintenance: ____ Excellent ____ Good ____ Fair ____Poor
If poor, please describe: _____

Cleanliness: ____ Excellent ____ Good ____ Fair ____Poor
If poor, please describe: _____

Rent was/is paid: ____ On Time ____ Late ____ Varied
If late, how many times in past 12 months? ___ Stated reason?_____

Did tenant ever: _____ permit others to reside in unit without authorization?
_____ interfere with the peaceful enjoyment of others?
_____ damage the unit, common areas or property grounds?
_____ cause any other types of problems?
_____ willfully be or remain in non-compliance with house rules/regulations?

Please describe all checked responses: _____
_____

Did tenant leave: _____ with proper notice _____ abandonment _____eviction _____(N/A)

Would you rent to him/her again? _____ YES _____ No, Why?_____
****

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Head of Household Signature **Date Signed**

Co-Applicant/Signature **Date Signed**

Owner/Agent Signature **Date Signed**

PRINT NAME AND TITLE OF PERSON SUPPLYING INFORMATION FIRM/ORGANIZATION

SIGNATURE DATE

PENALTIES FOR MISUSING THIS CONSENT:
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 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 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).**

Individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants. Knights of Pythias Retirement Center does not discriminate against applicants, residents or employees on the basis of race, color, creed, religion, sex, national origin, familial status, disability or socio-economic class, nor 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): Compliance Manager, KOPRC, 3409 Main Street, Vancouver, WA 98663, (360) 696-4375

ATTACHMENT 4

OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY

Date: _____

Dear _____:

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

a. Public and Indian Housing Programs
b. Section 8 Housing Assistance Payments programs
c. Section 235 of the National Housing Act
d. Section 236 of the National Housing Act
e. 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 family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.

2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.

3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by _____/_____/_____.

Knights of Pythias Retirement Center,
Attn: Assisted Housing Manager
3409 Main Street, Vancouver, WA 98663

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact the Assisted Housing Manager at 360-696-4375.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. 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, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments

Knights of Pythias Retirement Center does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

ATTACHMENT 7

APPLICANT DECLARATION FORMAT

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

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION # _____

ADMISSION NUMBER _____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

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

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

DECLARATION

I, _____ hereby declare, under
(print or type first name, middle initial, last name)

penalty of perjury, that I am:

_____ 1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

_____ 2. **a noncitizen with eligible immigration status in the category checked below:**

___ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

___ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

___ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section

203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution

or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

___ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];

___ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or

___ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:

_____ _____
Signature Date

OR

If you checked this block and you are under 62 years of age, you must submit the following documents:

a. Verification Consent Format (Attachment 8)

AND

b. one of the following documents:

(1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

(i) "Admitted as Refugee Pursuant to section 207";

(ii) "Section 208" or "Asylum"

(iii) "Section 243(h)" or "Deportation stayed by Attorney General";

(iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";

(3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

(i) A final court decision granting asylum (but only if no appeal is taken);

(ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);

(iii) A court decision granting withholding or deportation; or

(iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

(4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";

(5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";

(6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

(7) Form I-151, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

_____ _____

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION
I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further

certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____
Signature Date

Check if adult signed for a child: _____

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

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

_____ _____
Signature Date

Check here if adult signed for a child: _____

Return this form to: Assisted Housing Manager
Knights of Pythias Retirement Center
3409 Main Street
Vancouver, WA 98663

360-696-4375

Knights of Pythias Retirement Center does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

ATTACHMENT 5

FAMILY SUMMARY SHEET

Member number	Last name	First name
N/A		

Relationship	Sex	Date of birth

Return this form to: Knights of Pythias Retirement Center
Attn: Assisted Housing Manager
3409 Main Street
Vancouver, WA 98663

Phone: 360-696-4375
Fax: 360-694-6263

Knights of Pythias Retirement Center does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

ATTACHMENT
10

Owner's Summary of Family Sheet

Member number	Last name	First name	Relationship
N/A			

Sex	Date of birth	Declaration	Date Verified

Return this form to:

Knights of Pythias Retirement Center
Attn: Assisted Housing Manager
3409 Main Street
Vancouver, WA 98663

Phone: 360-696-4375
Fax: 360-694-6263

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Declaration Legend:

1-Citizen/National
2-Noncitizen tenant 62 or older
3-All other noncitizens
4-Not contending eligibility

Knights of Pythias Retirement Center

3409 Main Street ~ Vancouver, WA 98663 ~ Phone: 360 696-4375

Authorization & Consent for Criminal Record Investigation

Pursuant to HUD Notice H 2002-22, Final Rule, Paragraph 6, we are required to conduct Criminal Background Checks on every applicant to ensure compliance with Federal requirements.

Please complete, sign, date and return with your application.

Proof of valid social security number and a photo ID for each applicant is required.

____

Head of Household (HOH) Print Full Name

Address:____

____

______________________ ______________________

HOH Social Security Number **HOH Date of Birth**

****

____

Co-Applicant (Print Full Name)

Address:(if different) ____

____

______________________ ______________________

Co-Applicant Social Security Number Co-Applicant Date of Birth

****

My signature below hereby authorizes a criminal record investigation to be performed by my prospective landlord – Knights of Pythias Retirement Center.

______________________________ ______________________

Applicant HOH Signature **Date Signed**

______________________________ ______________________

Co-Applicant Signature **Date Signed**

______________________________ ______________________

Owner/Agent Signature **Date Signed**

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OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Forms

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

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

Knights of Pythias Retirement Center 12738064 3409 Main St. Vancouver, WA 98663

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

Knights of Pythias Retirement Center 231/8

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

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

Date (mm/dd/yyyy): _____

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

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

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

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance 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 provide 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 no require any special protection.

form HUD-27061-H (9/2003)

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.