



Knights of Pythias Active Retirement Center

3409 Main Street Vancouver, WA 98663

HUD Rental Application

Knights of Pythias is an equal housing opportunity provider

Applying for: (check one or more)

- ☐ Subsidized Studio
- ☐ Subsidized one bedroom unit (580 square feet only)
- ☐ Market rate small one bedroom (580 square feet)
- ☐ Market rate medium one bedroom unit (625 square feet)
- ☐ Market rate large one bedroom (772 square feet)
- ☐ 2-bedroom unit
- ☐ 3-bedroom unit

Manager's use only: ☐ Photo id ☐ Social Sec. Number verified

Date received ☐ Time received ☐ Mgr. initialed ☐

APT size eligible for ☐ Applicant type: ☐ Applicant ☐

Please fill out 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 blank.

Head of household Full name

Address

Home Phone Cell phone Email

Relationship to HOH Date of Birth Marital status

Social Security Number

Is household member a student enrolled in an institution of higher education?

Co-applicant Full name

Address

Home Phone Cell Phone Email

Relationship to HOH Date of Birth Social Security number

Marital status

Co-applicant Full name

Address

Home Phone Cell Phone Email

Relationship to HOH Date of Birth Social Security number

Marital status

Is household member a student enrolled in an institution of higher education?

Is HOH under the age of 62? ____ Yes ____ No

If yes, does HOH or spouse qualify as a person with disabilities? ____ Yes ____ No

Does anyone in the household request an accessible unit? ____ Yes ____ No

If yes, please specify unit type required _____

States all applicant household members have resided in _____

Has anyone listed above ever been evicted? ____ Yes ____ No

If yes, who? _____ when? _____ where? _____

Has anyone listed above ever been convicted, pled guilty or no-contest to any crime? ____ Yes ____ No

If yes, who? _____ when? _____ County/state _____

Felony? ____ Yes ____ No

Does any household member currently engage in the use of controlled substances? ____ Yes ____ No

If yes, who? _____

Is any household member subject to a state lifetime registration for sex offenders? ____ Yes ____ No

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, when, and where? _____

Do you have any pets? ____ Yes ____ No

If yes, specify type and number _____

(Note: common household pets are subject to a \$300 pet deposit, a payment schedule is available)

Do you own a vehicle and need parking? ____ Yes ____ No

If yes, please complete the following below:

____ Year ____ Make ____ Model ____ Color ____ License

Personal References:

Please list three persons not related or living with you whom you have known for at least one year:

Name: _____ Address: _____

Phone number: _____ Email: _____

Name: _____ Address: _____

Phone number: _____ Email: _____

Name: _____ Address: _____

Phone number: _____ Email: _____

Market Source:

____ Property website ____ Colombian ____ Messenger ____ 50 Plus ____ Choice

____ Asian Reporter ____ Retirement Connections ____ Phone Book ____ Signs/Fliers

____ Luepke Center ____ Current Resident ____ Prior Resident ____ Veteran's Administration

____ VHA ____ Other (please list) _____

Are you a friend or family (current or former) of a KOPRC resident? ____ Yes ____ No

If yes, name of resident (current or former) _____

Sources of income:

Family member (first, middle, last) _____

Employer/Agency who are sources of income (include name and address of sources) _____

Annual gross income _____

Family member (first, middle, last) _____

Employer/Agency who are sources of income (include name and address of sources) _____

Annual gross income _____

Family member (first, middle, last) _____

Employer/Agency who are sources of income (include name and address of sources) _____

Annual gross income _____

Please attach additional sheets if necessary

Asset Information (list all stocks/bonds, savings, checking, trust, IRAs, CDs, Money Markets, Life Insurances, other retirement accounts

Family Member _____ Family Member _____

Bank _____ Bank _____

Type of asset _____ Type of asset _____

Account number _____ Account number _____

Balance _____ Balance _____

Family Member _____ Family Member _____

Bank _____ Bank _____

Type of asset _____ Type of asset _____

Account number _____ Account number _____

Balance _____ Balance _____

Type of asset _____

Account number _____

Balance _____

Do you have life insurance? ____ Yes ____ No

If yes, is what type? ____ Whole Life Insurance ____ Term Insurance

Cash Value _____ Name & Policy # _____

Do you own property? ____ Yes ____ No

If yes, what type? _____ Location? _____ Market Value? _____

Have you disposed of any property/assets in the last 2 years? ____ Yes ____ No

If yes, what property? _____ Date sold/disposed of _____

Do you have any assets not listed above (excluding household goods? ____ Yes ____ No

If yes, what? _____

Do you own your own home? ____ Yes ____ No

If yes, how long have you owned it? _____ (if less than seven years, please complete the rental history on page 8)

Please complete- Anticipated medical expenses for the next twelve months (Includes doctor, dentist, optometrist, hospital, prescriptions, insurance premiums, over-the-counter medications, supplies, etc.)

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 \$ _____ Please attach additional sheets if
necessary.

Rental History (Please include all for the past seven years)

Current Landlord _____ Address _____
(Street) _____ (City) _____
(State) _____ (Zip Code) _____ Phone number _____ FAX _____ or Email _____
_____ Your unit number (list full address if different from landlord's _____
_____ How long have you lived there?

_____ Reason for leaving _____ Previous Landlord _____
_____ Address (Street) _____
_____ (City) _____
(State) _____ (Zip Code) _____ Phone number _____ FAX _____ or Email _____

*Your unit number (list full address if different from
landlord's _____*

_____ How long have you lived there?
_____ Reason for leaving _____ Previous landlord _____
_____ Address (Street) _____
_____ (City) _____
(State) _____ (Zip Code) _____ Phone number _____ FAX _____ or Email _____
_____ Your unit number (list full address if different from landlord's _____

_____ How long have you lived there?
_____ Reason for leaving _____ Previous landlord _____
_____ Address (Street) _____
_____ (City) _____ (State) _____
(Zip Code) _____ Phone number _____ FAX _____ or Email _____ Your unit number
(list full address if different from landlord's _____

_____ How long have you lived there?
_____ Reason for leaving _____ Please attach extra sheets if necessary.

Important additional instructions: Please submit a copy of your state issued photo, such as a 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 HUD-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
_____	_____
Co-Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date
_____	_____
Owner/Agent Signature	Date

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 the 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 Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member.

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 towards 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 financial assistance. The Final Rule provides equal access to housing in HUD programs regardless of sexual orientation or gender identity. The person 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.

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 seenrity 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 Birtlt

Co-Applicant (Print Full Name)

Address:(if different) _____

Co-Applicant Social Security Number

Co-Applicant Date of Bitth

My signatul'e below hereby authorizes a criminal record investigation to be performed by my prospective landlord - Knights ofPythias Retirement Center.

Applicant HOH Signature

Date Signed

Co-Applicant Signature

Date Signed

Owner/Agent Signature

Date Signed

individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants. Knights ofPythias 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, itsfederally assistedprograms and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requi'ements contained in the Department ofHousing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988): Compliance Manager, KOPRC, 3409MainStreet, Vancouvel; WA 98663, (360) 696-4375

Knights of Pythias Active Retirement Center
3409 Main Street Vancouver, WA .98663

To: All Applicants
Re: Tenant Screening (RCW 59.18.257)

Per our Tenant Selection Plan, screening of potential residents involves a criminal background check, sex offender check, and reference check. The reference check includes 2 references, either two positive landlord reference, two positive personal references, or one of each. This screening is done at no cost to the applicant. The applicant fills out two consent forms at the time of application authorizing the landlord to complete this process.

The company which provides our criminal background and sex offender checks is:

Background Data Solutions
5889 S. Greenwood Plaza Blvd. Suite 201
Greenwood Village, CO 80111

You have the right to dispute the accuracy of the information provided by the Transunion Background Data Solutions. You may do so by:

- A) Emailing them. Their email address is tursscustomerservice@transunion.com
- B) Phoning them at 1-800-568-5665
- C) Writing to them at the address listed above. (Note: their preferred form of contact is phone or email)

Transunion will contact the data provider or information source. They will notify you in writing of their decision within 30 days,

If your application is rejected based on a reference check and you dispute that rejection, you have the right to dispute this decision within 14 days. You may do so by sending a letter to the following entity:

Equal Housing Opportunity Manager
Knights of Pythias Active Retirement Center
3409 Main Street
Vancouver, WA 98663

In the letter, explain the reason(s) you believe your application should be approved and request a review of your file. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. You will be notified in writing of the outcome of the review within 5 days.

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 lolli@kroprc.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 willfully 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

RVSD 07/2011

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)	
<input type="radio"/> Emergency	<input type="radio"/> Assist with Recertification Process
<input type="radio"/> Unable to contact you	<input type="radio"/> Change in lease terms
<input type="radio"/> Termination of rental assistance	<input type="radio"/> Change in house rules
<input type="radio"/> Eviction from Unit	<input type="radio"/> Other: _____
<input type="radio"/> Late payment of rent	
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 Project 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. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20503, OMB Paperwork Project (0228-0001). 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 HUD 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 the HUD's ability to provide services or special care to the tenant and assist in resolving any issues arising during the tenancy of such tenant. HUD's supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing this information is basic to the operations of the HUD Assisted Housing Program and is voluntary. It supports statutory requirements and programmatic HUD management controls that prevent fraud, waste and mismanagement. In accordance with the Department's Reduction Act, HUD's policy 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 action.

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, 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 B)

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 1 688, 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 1-151, 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 Rousing 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.

FAMILY SUMMARY SHEET

Member number	Last name	First name
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N/A		
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Relationship	Sex	Date of birth
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Return this form to: Knights of Pythias Retirement Center
Attn: Assisted Housing Manager
3409 Main Street
Vancouver, WA 98663

Phone: 360-696-4375
Fa : 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.

Owner's Summary of Family Sheet

Member number	Lastname	First name	Relationship
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N/A

Sex	Date of birth	Declaration	Date Verified
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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.

Declaration Legend:

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

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

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

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

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

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	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 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 form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You 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.