

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development  
Office of Housing**OMB Approval No. 2502-0204  
(Exp. 06/30/2017)**Washington Courts LLLP****ND-0944004****322 West Arbor Ave**

Name of Property

Contract/Project Number

Address of Property

**Community Homes of Bismarck, Inc.****Section 8 Project Based**

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)**

- ☐ Not of Hispanic, Latino/a, or Spanish Origin
- ☐ Hispanic, Latino/a, or Spanish Origin (select sub-category as well)
- ☐ Puerto Rican      ☐ Mexican, Mexican American, Chicano/a
- ☐ Cuban      ☐ Another Hispanic, Latino/a or Spanish Origin

**Racial Categories (select one or more)**

- ☐ American Indian or Alaska Native
- ☐ Asian (select sub-category as well)
- ☐ Asian India      ☐ Chinese      ☐ Filipino
- ☐ Japanese      ☐ Korean      ☐ Vietnamese
- ☐ Other Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander (select sub-category as well)
- ☐ Native Hawaiian      ☐ Guamanian or Chamorro
- ☐ Samoan      ☐ Other Pacific Islander
- ☐ White
- ☐ Other

**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 may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## STUDENT CERTIFICATION (OTHER PROGRAMS)

(03/22)

Applicant/Resident Name	Date
<input type="checkbox"/> Initial Certification	Date of Expected Move-In
<input type="checkbox"/> Recertification	Effective Date

You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on full-time students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

**The Housing Credit Program and HIF define a full-time student as an individual who attends school for 5 months – consecutive or not – out of the 12 month current January to December taxpayer year; meets the definition of full-time as described by the school in which s/he is attending; AND is in elementary school or higher.**

### STEP 1

List each household member (INCLUDING MINORS) and their CURRENT student status.

Head of Household	<input type="checkbox"/> Non-Student	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full-Time
Household Member #2	<input type="checkbox"/> Non-Student	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full-Time
Household Member #3	<input type="checkbox"/> Non-Student	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full-Time

**IF YOUR HOUSEHOLD CONTAINS NO STUDENTS, complete the attestation below**

I, \_\_\_\_\_ hereby attest that my household contains NO students at this time nor do I expect anyone to become a student in the next 12 months. **BUT WILL NOTIFY MANAGEMENT IF THAT FACT CHANGES.**

**IF YOUR HOUSEHOLD CONTAINS PART-TIME STUDENT(S), list all such students below and the school attending.**

Part-Time Student #1	School Attending
Part-Time Student #2	School Attending

The student(s) part-time status will be verified with the school indicated above. If it can be verified that the household contains at least ONE part-time student, the household will not be subject to the Housing Credit or HIF full-time student rule.

**IF YOUR HOUSEHOLD IS ENTIRELY COMPRISED OF FULL-TIME STUDENT(S), PLEASE GO TO THE NEXT STEP.**

### STEP 2

Is anyone living in the household ELIGIBLE to file a joint tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**If YES, indicate the name of individual below and attach proof of joint filing status entitlement.**

**ATTACH:** Proof of eligibility such as a copy of the marriage license or certificate or most recent tax return indicating joint filing status. If such proof can be provided the household will not be subject to the Housing Credit full-time student rule.

Name of Individual	<input type="checkbox"/> Eligible to File Tax Return Jointly	<input type="checkbox"/> Currently Filing Tax Return Jointly
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**If No, go to Step 3**

### STEP 3

Answer the following questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Our household is currently receiving AFDC (Aid to Families with Dependent Children) or TANF (Temporary Assistance for Needy Families). <b>ATTACH:</b> A third-party verification of AFDC or TANF award. If such proof can be provided your household will be Housing Credit student eligible.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The household contains a full-time student that is was PREVIOUSLY under the care and placement responsibility of Child Welfare Services or a state foster care or state transitional independent living program. <b>ATTACH:</b> A verification of such past placement in either Child Welfare Services or a state foster care or state transitional independent living program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The household contains a full-time student that is enrolled in a job training program with a mission to help individuals with serious barriers to entry into the workforce obtain job skills in order to gain gainful employment. Name: <b>ATTACH:</b> A verification of enrollment & mission statement or other indication that the program meets the above stated mission to help individuals with of the program if not JTPA. If such proof can be provided your household will be Housing Credit student eligible.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a full-time student that is a single parent with child(ren) and I am not claimed as a dependent on anyone else's tax return and my child(ren) are either claimed on my tax return or their other parent's tax return.

Tax Return Claimed	Name of Child	Name of Absent Parent (if claiming)
<input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's		
<input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's		
<input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's		

**ATTACH:** Provide a copy of your most recent tax return and each return reflecting a parent claimed each child in your household. If such proof can be provided your household will be Housing Credit student eligible.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Head of Household	Date
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### OFFICE USE ONLY

Date Received	Calculations
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Effective Date	Move-in Date
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Each applicant for or household member in a HOME-assisted unit who is age 18-23 (or under 18 and treated as Head, Co-head, or Spouse) must complete, sign and date an Annual Student Certification at move-in and then annually during the HOME Affordability Period.

### APPLICANT/TENANT INFORMATION

Applicant/Tenant Name	Property Name	Unit Number
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You have applied for or currently reside in a rental housing unit located in a development that received financing under the U.S. Department of Housing and Urban Development (HUD) HOME Investment Partnership Program (HOME Program). The HOME Program requires that we verify all your income and assets, as well as other claims of eligibility, including student eligibility. Even if your household is income-eligible, you are not eligible to reside in a HOME-assisted unit if you are enrolled either part-time or full-time in an institution of higher education and do not meet at least one eligibility exception in Part B, C or D. Supporting documentation may be required. Institutions of higher education include accredited post-secondary vocational or community colleges, colleges or universities, or any other accredited for-profit or nonprofit institution of higher education that prepares students for gainful employment in a recognized occupation.

### PART A: STUDENT STATUS

I am enrolled or planning to enroll in an institution of higher education. <i>If you checked "No". Skip Parts B, C and D but complete Part E. If you checked "Yes," complete Part B.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### PART B: ELIGIBLE STUDENT

I live or will live with my parent(s) or legal guardian in this unit <i>If you checked "Yes". Skip Parts C and D but complete Part E. If you checked "No," complete Part C.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### PART C: ELIGIBLE INDEPENDENT STUDENT (supporting documentation is required)

#### SECTION 1

I live or will live with my parent(s) or legal guardian in this unit <i>If you checked "Yes". Skip Parts C and D but complete Part E. If you checked "No," complete Part C.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have established a separate household from my parent(s)/legal guardian for at least one full year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My parent(s)/legal guardian claimed me as a dependent on their most recent tax return. <i>If you checked "Yes" to #1 and "No" to #2. Skip Section 2 and Part D but complete Part E. Otherwise, complete Section 2.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### SECTION 2

I will be age 24 by December 31 of this year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am legally married.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a graduate or professional student (working on a master's or doctorate degree such as M.A., M.B.A., Ph.D.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a veteran of the U.S. Armed Forces or am on active duty for other than training purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am disabled and receiving Section 8 assistance since 11/30/2005	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have a legal dependent (child or parent).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was an orphan, in foster care, or a dependent/ward of the court after age 12	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am homeless or self-supporting but at risk of being homeless. This can be verified by: <input type="checkbox"/> My high school or district homeless liaison <input type="checkbox"/> The director or an emergency shelter or transitional housing program funded by HUD <input type="checkbox"/> The director of a runaway or homeless youth basic center or transitional living program		

*If you checked "Yes" to any statement in Section 2, Skip Part D but Complete Part E. Otherwise, complete Part D.*

#### **PART D: ELIGIBLE DEPENDENT STUDENT**

I am income eligible for Section 8 assistance, and my parents are income eligible for Section 8 assistance. <i>If you checked "Yes," your parent's income must also be verified. Complete Part E.</i> <i>If you checked "No,". Do not complete Part E; you are not eligible to live in a HOME-assisted unit.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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#### **PART E: CERTIFICATION AND SIGNATURE**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate. I agree to notify management immediately of any change in my student status or if I no longer meet at least one exception. I understand that providing false or misleading information constitutes an act of fraud and may result in the termination of my lease agreement.

Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date
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## 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.

<b>Applicant Name:</b>											
<b>Mailing Address:</b> WASHINGTON COURT Building #: _____ Apartment #: _____											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason for Contact:</b> (Check all that apply) <table border="0"><tr><td><input type="checkbox"/> Emergency</td><td><input type="checkbox"/> Assist with Recertification Process</td></tr><tr><td><input type="checkbox"/> Unable to contact you</td><td><input type="checkbox"/> Change in lease terms</td></tr><tr><td><input type="checkbox"/> Termination of rental assistance</td><td><input type="checkbox"/> Change in house rules</td></tr><tr><td><input type="checkbox"/> Eviction from unit</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Late payment of rent</td><td></td></tr></table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

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

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**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.



**BURLEIGH COUNTY HOUSING AUTHORITY**  
410 SOUTH 2nd STREET  
BISMARCK, ND 58504  
Phone (701) 255-2540 Fax (701) 255-3459

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Housing Tax Credit Program, Rural Development, and HOME

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Property Name: \_\_\_\_\_

Unit: \_\_\_\_\_

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income, asset, medical, and childcare expense information to be provided on one or more of the following forms:

Employment	Military Pay
Unemployment	Veteran's Benefit
Self-Employment	Worker's Compensation
Social Security/SSI	Bank
Public Assistance	Pension/Annuity
Regular Contributions	Stocks/Bonds
Alimony/Child Support	Real Estate
Student Status & Financial Aid	Disability Status
Landlord Verification	Medical Providers
Life Insurance	Trust Accounts

This authorization is limited to the forms listed above and expires 365 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income, asset, and medical information as requested on the forms above. No other information may be released without my express written authorization.

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

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by property administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

\_\_\_\_\_  
Signature of Authorized Management Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Date



Equal Housing Opportunity

This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of 1973 coordinator available. ND TDD 800.366.6888







BURLEIGH COUNTY HOUSING AUTHORITY

and/or

WASHINGTON COURT

410 SOUTH 2ND STREET, BISMARCK, ND 58504

Phone (701)255-2540, Fax (701) 255-3459 TDD: 1-800-545-1833 EXT. 439



**Each adult listed on the application must complete and sign a current and prior landlord reference.**

**Current Landlord Information:**

**Where do you live now? What is your CURRENT ADDRESS?**

**Are you on the lease with someone else as Head of Household?**

**If yes, list both names.**

**PLEASE PRINT:**

Your Name(s) \_\_\_\_\_

Your **Current** Address:

\_\_\_\_\_  
Street Address of Applicant

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Phone

Date at this address:

From \_\_\_\_\_ / \_\_\_\_\_ to Present.  
MONTH YEAR

**Who is your Landlord? Or name of Housing Authority?**

**Or who are you living with? Parents/Relative?**

**Check If:**

- ☐ Landlord
- ☐ Housing Authority
- ☐ Parent/Relative/Friend
- ☐ Own Home
- ☐ Shelter

\_\_\_\_\_  
Name of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

\_\_\_\_\_  
Street Address of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Phone

*I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**BURLEIGH COUNTY HOUSING AUTHORITY**  
**and/or**  
**WASHINGTON COURT**  
410 SOUTH 2ND STREET, BISMARCK, ND 58504  
Phone (701)255-2540, Fax (701) 255-3459 TDD: 1-800-545-1833 EXT. 439



**Each adult listed on the application must complete and sign a current and prior landlord reference.**

**Prior Landlord Information:**

Where did you live before? What was your **PRIOR ADDRESS?**  
Were you on the lease with someone else as Head of Household?  
If yes, list both names.

**PLEASE PRINT:**

Your Name(s) \_\_\_\_\_

Your **Prior** Address: \_\_\_\_\_

Street Address of Applicant

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates at this address: From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR MONTH YEAR

Who was your Landlord? Or name of Housing Authority?  
Or who were you living with? Parents/Relative?

**Check If:**

- ☐ Landlord
- ☐ Housing Authority
- ☐ Parent/Relative/Friend
- ☐ Owned Home
- ☐ Shelter

\_\_\_\_\_  
Name of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

\_\_\_\_\_  
Street Address of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_  
Phone

*I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

OVER → → →