|  |  |  |
| --- | --- | --- |
| - | Community Manor I158 Sackett RoadAvon, NY 14414PH: 585-226-2315 FX: 585-226-8008 TDD Relay: 711 |  |

 **APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

If you are disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance.

**Community Manor I Apartments phone number is (585) 226-2315. Call during these hours: Tuesday 8-4:30pm & Thursday 8-1pm.**

**If you have a hearing impairment, the TDD relay service number is # 711 during the same hours.**

**Appropriate assistance will be provided in a confidential manner and setting.**

 **==========================================================**

***Answering questions on your application:***

**Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition or prior resident history *is grounds for rejection.* Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.**

***Answering questions relating to a disability:***

**Answers to questions on your application concerning disability status are *optional*, but please note that families with disabled members may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with disabilities. So, without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.**

**If you answer the questions relating to disability, we will need to verify that you or a household member is disabled. We do not need to know the nature, extent, or current condition of the disability, but we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.**

**Information you provide on a disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state or local agencies.**

***Housing Requirements Questionnaire:***

**Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your household. Your answers will be verified. If, however, there are no household members with a disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.**

 **Notice to All Applicants: Options for**

 **Applicants with Disabilities**

**This property is managed by Two Plus Four Management Company, Inc., 6320 Fly Road, East Syracuse, New York 13057. We provide assisted housing to the general public under New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status or disability. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any household members have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.**

**A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:**

**• Making reasonable alterations to a unit so it could be used by a household member with a wheelchair;**

**• Installing strobe type flashing-light smoke detectors in an apartment for a household with a hearing-impaired member;**

**• Permitting a household to have a seeing-eye dog to assist a vision-impaired household member where existing pet rules would not allow the dog;**

**• Making large type documents or a reader available to a vision-impaired applicant during the application process;**

**• Making a sign language interpreter available**

 **to a hearing-impaired applicant during the**

 **application process;**

**• Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.**

**An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy--they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.**

**If you or a member of your household have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.**

**The next page of this application is a *Housing Requirements Questionnaire.* If you wish to complete the document and provide management with information regarding any household member with a disability, please do so. If no household member has a disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.**

 **Housing Requirements Questionnaire**

**Please read the following regarding this questionnaire:**

This questionnaire is administered to every applicant at Community Manor of Genesee Valley 1. It is used to determine whether your household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

**Completing this questionnaire is optional on your part. If you choose not to complete**

**this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.**

**If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form and return it to the manager.**

**Applicant election to provide special needs information:**

Name of Head of Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [] I choose to complete this form. [] I choose NOT to complete this form.

Applicant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leasing Agent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information relative to the housing requirements of applicant's household:**

1. Do you, or does any member of you household, have a condition that requires:

[] A separate bedroom

[] One-level apartment

[] Unit for hearing-impaired

[] A barrier-free apartment

[] Other

[] Unit for vision-impaired

[] Physical modifications to a typical apt.

[] Special parking space

[] Bedroom/Bath on first floor

2. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is the name of the household member who needs the features identified above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you or any of your household members need special features to go up and down stairs other than traditional railings? [] Yes [] No

If "Yes", please indicate how we may accommodate your household.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Will you or any of your household members require a live-in aide to assist you? [] Yes [] No

6. Who should be contacted to verify your need for the features you have identified above (e.g. a doctor or social service agency)?

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Disabled Veterans Preference:**

Are you claiming Disabled Veteran Status? \_\_\_\_\_\_YES \_\_\_\_\_\_NO

|  |  |  |
| --- | --- | --- |
|  | **Community Manor of Genesee Valley 1****158 Sackett Road** **Avon NY 14414** |  |

#  APPLICATION

**PROJECT NAME: Community Manor of Genesee Valley 1 OFFICE USE ONLY**

**ADDRESS: 158 Sackett Rd Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Avon NY 14414 Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: 585-226-2315 Fax: 585-226-8008 Estimated Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **TDD: 711 Income Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.**

**(If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)**

**APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRESENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### APARTMENT SIZE REQUESTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  **A. HOUSEHOLD COMPOSITION**List ALL persons who will live in the apartment. List the head of household first. |
|  | **Name** | **Relationship****to head** | **Marital Status**D-divorcedS-singleL-legal separationE-estranged | **Birth****Date** | **Age** | **SS#** | **Student****Y/N** |
| Head |  |  |  |  |  |  |  |
| Co-T |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |

|  |
| --- |
| Do you anticipate any additions to the household in the next twelve months? **ٱ** Yes **ٱ** No |
| If yes, explain |
|  |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7. |  |  |  |  |  |  |  |

Does the tenant or co-tenant request a disability adjustment to income or a special disability accessible unit or both? YES / NO

|  |
| --- |
| Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?ٱ Yes ٱ NoIf yes then please list all students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***IF YES, ANSWER THE FOLLOWING QUESTIONS:***

|  |  |  |
| --- | --- | --- |
| Are any full-time student(s) married and filing a joint tax return? |  **ٱ** Yes |  **ٱ** No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? |  **ٱ** Yes |  **ٱ** No |
| Are any full-time student(s) a TANF or a title IV recipient?  |  **ٱ** Yes |  **ٱ** No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another’s tax return? |  **ٱ** Yes |  **ٱ** No |

|  |  |
| --- | --- |
| **B. INCOME** | List ALL sources of income as requested below. If a section doesn’t apply, cross out or write NA. |
| **Household Member Name** | **Source of Income**  | **Gross Monthly Amount** |
|  | Social Security Income Benefits | $ |
|  | Social Security Income Benefits | $ |
|  |  |  |
|  | SSI Benefits | $ |
|  | SSI Benefits | $ |
|  |  |  |
|  | Pension (list source) | $ |
|  | Pension (list source) | $ |
|  |  |  |
|  | Veteran’s Benefits (list claim #) | $ |
|  | Unemployment Compensation | $ |
|  | Unemployment Compensation | $ |
|  | Disability | $ |
|  | Workman’s Compensation | $ |
|  | Full-Time Student Income (18 & Over Only) |  |
|  | Interest Income form Assets (source) | $ |
|  | Interest Income form Assets (source) | $ |
|  | Interest Income form Assets (source) | $ |
|  | **Employment amount** | $ |
| Employer: |
| Position Held |
|  |
|  |
| How long employed: |
|  |  |
| **Household Member Name** | **Source of Income**  | **Gross Monthly Amount** |
|  | **Employment amount** | $ |
| Employer: |
| Position Held |
| How long employed: |
|  |
|  | **Alimony** |  |
| Are you ***entitled*** to receive alimony?  | ٱ Yes ٱ No |
| If yes, list the amount you are ***entitled*** to receive. | $ |
| Do you receive alimony? | ٱ Yes ٱ No |
| If yes list amount you receive. | $ |
|  |
|  | **Child Support** |  |
| Are you ***entitled*** to receive child support?  | ٱ Yes ٱ No |
| If yes list the amount you are ***entitled*** to receive. | $ |
| Do you receive child support? | ٱ Yes ٱ No |
| If yes, list the amount you receive. | $ |
|  |
|  | **Income from Utility Reimbursement** | $ |
|  | **i.e. : HEAP** | $ |
|  | **Other Income** | $ |
|  |
| Do you anticipate any changes in this income in the next 12 months? |  **ٱ Yes** |  **ٱ No** |
| **If yes, explain:** |
|  |
|  |
|  |
|  |

Does anyone in the household receive any regular contributions or gifts from non-household members?

Yes \_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_

**Does anyone in the household receive any income from property?**

**Yes \_\_\_\_\_\_No\_\_\_\_\_\_ Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the amount of your cash on hand?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **C. ASSETS**If your assets are too numerous to list here, please request an additional form.If a section doesn’t apply, cross out or write NA. |
| Checking Accounts | # | Bank | Balance $ |
|  | # | Bank | Balance $ |
| # | Bank | Balance $ |
|  |  |  |
| Savings Accounts | # | Bank | Balance $ |
|  | # | Bank | Balance $ |
| # | Bank | Balance $ |
|  |  |  |
| Trust Account | # | Bank | Balance $ |
|  |  |  |  |
| Certificates | # | Bank | Balance $ |
| # | Bank | Balance $ |
| # | Bank | Balance $ |
| # | Bank | Balance $ |
|  |  |  |  |
| Credit Union | # | Bank | Balance $ |
| # | Bank | Balance $ |
|  |  |  |
| Savings Bonds | # | Maturity Date | Value $ |
| # | Maturity Date | Value $ |
| # | Maturity Date | Value $ |
|  |  |  |  |
| Life Insurance Policy | # |  | Cash Value $ |
| Life Insurance Policy | # |  | Cash Value $ |
|  |  |  |  |  |  |
| Mutual Funds  | Name: | #Shares: | Interest or Dividend $ | Value $ |
|  | Name: | #Shares: | Interest or Dividend $ | Value $ |
| Name: | #Shares: | Interest or Dividend $ | Value $ |
|  |  |  |  |  |
| Stocks | Name: | #Shares: | Dividend Paid $ | Value $ |
| Name: | #Shares: | Dividend Paid $ | Value $ |
| Name: | #Shares: | Dividend Paid $ | Value $ |
|  |  |  |
| Bonds | Name: | #Shares: | Interest or Dividend $ | Value $ |
|  | Name: | #Shares: | Interest or Dividend $ | Value $ |
| InvestmentProperty |  | AppraisedValue $ |

|  |  |
| --- | --- |
| Real Estate Property: ***Do you own any property?***  | ٱ Yes ٱ No |
| ***If yes,*** Type of property |
| Location of property |
| Appraised Market Value | $ |
| Mortgage or outstanding loans balance due | $ |
| Amount of annual insurance premium | $ |
| Amount of most recent tax bill | $ |

|  |  |
| --- | --- |
| Have you sold/disposed of any property in the last 2 years? | ٱ Yes ٱ No |
| ***If yes,*** Type of property |  |
| Market value when sold/disposed | $ |
| Amount sold/disposed for | $ |
| Date of transaction |

|  |
| --- |
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?  |
|  | ٱ Yes ٱ No |
| ***If yes,*** describe the asset |
| Date of disposition |
| Amount disposed | $ |

|  |  |
| --- | --- |
| Do you have any other assets not listed above (excluding personal property)? | ٱ Yes ٱ No |
| ***If yes, please list:*** |  |
|  |  |
|  |  |
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| --- |
| **D. ADDITIONAL INFORMATION** |
| Have you or any member of your household ever been convicted of manufacture or distribution of a controlled substance? |  ٱ Yes |  ٱ No |
| Have you or any member of your family ever been convicted of a crime? |  ٱ Yes |  ٱ No |
| ***If yes,*** ***describe*** |
|  |
| Have you or any member of your family ever been evicted from any housing? |  ٱ Yes |  ٱ No |
| ***If yes,*** ***describe*** |
|  |
| Are you or any member of this household subject to lifetime state offender registration in any state? [ ] Yes [ ] No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apartments will be verifying this information using the website **“The Dru Sjodin National Sex** **Offender Database” and or other sources.**  Do you understand ? [ ] Yes [ ] No |
| **F. REFERENCE INFORMATION** |
| Current Landlord | Name: |  |
| Address: |  |
| Home Phone: |  |
| Bus. Phone: |  |
| How Long? |  |
| Prior Landlord | Name: |  |
| Address: |  |
| Home Phone: |  |
| Bus. Phone: |  |
| How Long? |  |
| Credit Reference #1: |
| Address: |
| Account #: | Phone #: |
| Credit Reference #2: |
| Address: |
| Account #: | Phone #: |
| Credit Reference #3: |
| Address: |
| Account #: | Phone #: |
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| 1. **VEHICLE AND PET INFORMATION** (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.  |
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Do you own any pets? |  Yes |  No |
| ***If yes, describe:*** |

**Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.**

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment and sign a one year lease prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | (Signature of Tenant) |  | Date |  |
|  | (Signature of Co-Tenant) |  | Date |  |
|  | (Signature of Co-Tenant) |  | Date |  |
|  | (Signature of Co-Tenant) |  | Date |  |

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). Two Plus Four Management Co., Inc. and this apartment community do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Susan M. Kimmel, President, 6320 Fly Road, East Syracuse, New York 13057, 315-437-2178 (voice) or 711 (TDD).

AUTHORIZATION

**I/WE DO HEREBY AUTHORIZE TWO PLUS FOUR MANAGEMENT COMPANY AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY TWO PLUS FOUR MANAGEMENT COMPANY.**

**SIGNATURES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Co-Applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed Date Signed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Person Filling Out Form for Tenant**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). Two Plus Four Management Co., Inc. and this apartment community do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Susan M. Kimmel, President, 6320 Fly Road, East Syracuse, New York 13057, 315-437-2178 (voice) or 711 (TDD).

 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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).

Race and Ethnic Data U.S. Department of Housing OMB Approval No. 2502-0204

Reporting Form and Urban Development (Exp. 3/31/2009)

Office of Housing

Name of Property Project No. Address of Property

**Two Plus Four Management Co Section 8/236**

**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.

**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.

1. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.