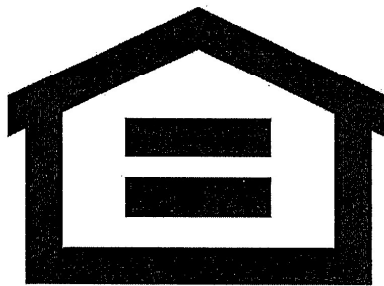


\_\_\_\_\_ # Bedrooms



**EQUAL HOUSING  
OPPORTUNITY**

**APPLICATION:**

PICKED UP: \_\_\_\_\_

TIME: \_\_\_\_\_

MAILED: \_\_\_\_\_

TIME: \_\_\_\_\_

RETURNED: \_\_\_\_\_

TIME: \_\_\_\_\_

**We Do Business in Accordance with the Federal Fair Housing Law  
(The Fair Housing Amendments Act of 1988)**

**It Is Illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex,  
Handicap, Familial Status or National Origin**

- In the sale or rental of housing or residential lots
- In advertising the sale or rental of housing
- In the financing of housing
- In the provision of real estate brokerage services
- In the appraisal of housing
- Blockbusting is also illegal

Place copy of Social Security Card Here

Place copy of Driver's License Here

Application For Admission & Rental Assistance

**ONE Property Management  
Managing Agent for  
GLENBROOK APARTMENTS**

**This application cannot be processed until application is completed in full. If any item does not apply to your situations, please put N/A (not applicable) on the line.**

**All applicants, age 18 or older are required to complete a separate application. Family members under the age of 18 will complete a different application that pertains to income and assets.**

**Any applicant, who purposely falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing or placed on the waiting list.**

Applicant's Full Name

\_\_\_\_\_

Last Middle First

Co-Head/Spouse Name

\_\_\_\_\_

Last Middle First

Current Address

\_\_\_\_\_ Apartment \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Household Composition

Member's Full Name	Relationship	Birth Date	Age	Sex	Social Security Number
	HEAD				

\_\_\_\_\_ Yes \_\_\_\_\_ No Does your household require any special housing accommodations? If so, we are legally obligated to provide a reasonable accommodation. A reasonable accommodation is a 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 program. If you have any impairment or disability that requires a special housing accommodation, please notify the apartment manager.

**Checklist for Family Composition and Eligibility**

<u>Yes</u>	<u>No</u>	<b>Answer Yes or No to <u>Each</u> Item:</b>
_____	_____	I have a child away at school that will live at my residence during school recesses.
_____	_____	I have a family member who is temporarily absent from the home due to employment.
_____	_____	I have a family member who is temporarily absent from the home due to military service.
_____	_____	I have a family member who is temporarily absent from the home due to placement in foster care.
_____	_____	I have a family member who is absent from the home due to placement in a nursing home or hospital.
_____	_____	I have a family member who is permanently confined in a nursing home.
_____	_____	I am currently expecting a baby and have a due date of: _____
_____	_____	I am in the process of adopting child(ren).
_____	_____	I am in the process of taking a foster child(ren) into my home.
_____	_____	I am in the process of obtaining custody of a child(ren).
_____	_____	I have joint custody of the following child(ren): _____
_____	_____	I claim as exemptions on my income tax the children listed in on my joint custody agreement.
_____	_____	There is a live-in aide in my household for whom I have a doctor's verification.
_____	_____	The authorized live-in aide in my household is a relative.
_____	_____	There is a foster child(ren) or adult(s) in my household.
_____	_____	There is a child of a live-in attendant or foster child/adult in my household.
_____	_____	I am currently receiving Federal housing assistance. Name the location: _____
_____	_____	I have another residence which I will continue to maintain. Name the location: _____
_____	_____	_____
_____	_____	Do you or anyone in your household qualify for housing because of a handicap or disability?
_____	_____	Is there anyone currently living with you that is not listed on this application? If so, explain. _____
_____	_____	Is any household member subject to a lifetime sex offender registration requirement in any state?
_____	_____	Are you a current illegal user of a controlled substance?
_____	_____	Have you ever been convicted of the illegal use of a controlled substance?
_____	_____	Have you ever been convicted of the illegal manufacturing or distribution of a controlled substance? If you answered "yes" to the previous 3 questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? _____ Yes      _____ No
_____	_____	Have you ever been evicted? If so, explain: _____
_____	_____	Have you ever received a written notice for non-payment of rent? If yes, explain: _____
_____	_____	_____
_____	_____	Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e. traffic ticket, etc.) If so, explain: _____
_____	_____	_____
_____	_____	Have you always received all of your security deposit refund? If no, explain: _____
_____	_____	_____
_____	_____	Do you live in a household where actual or threatened physical violence from another member of the household occurs on a continued basis?
_____	_____	Would your tenancy or any other family member proposed to live in the apartment pose a direct threat to the health and safety of others?
_____	_____	Have you or any other adult household member made application for housing with <b>ONE Property Management</b> in the past?
_____	_____	Are you currently living in a Federal subsidized housing unit? If yes, Name of Property: _____ Address: _____ Apt. # _____ City: _____ State: _____ Zip Code: _____ Manager's Name: _____ Manager's Telephone Number: (____) _____

\_\_\_\_\_ Has the family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures?  
 \_\_\_\_\_ Do you currently have in effect a Homeowner's or Apartment Owner's insurance policy?  
 \_\_\_\_\_ Do you currently have or plan to purchase a waterbed? \*  
 \*Waterbeds are unauthorized without written approval & proof of continued liability coverage.  
 \_\_\_\_\_ Does your household have a pet? (dog, cat, goldfish, bird, rabbit, etc.) \_\_\_\_\_  
 \_\_\_\_\_ Are there any judgments pending against you or any family member?  
 \_\_\_\_\_ Have you or any other household member declared bankruptcy in the last seven (7) years?  
 \_\_\_\_\_ How did you select our community? \_\_\_\_\_ Drive by \_\_\_\_\_ Referral  
 \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_

**CURRENT HOUSING STATUS**

Address	City	State	Zip

Name of Landlord \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_ Rent \$ \_\_\_\_\_

**PREVIOUS HOUSING STATUS**

Address	City	State	Zip

Name of Landlord \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_ Rent \$ \_\_\_\_\_

**PREVIOUS HOUSING STATUS**

Address	City	State	Zip

Name of Landlord \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

How long have you resided at your this? \_\_\_\_\_ Rent \$ \_\_\_\_\_

\*\*\*Have you lived in any state other than Iowa? No \_\_\_\_\_ If yes, list the states \_\_\_\_\_

**HOUSEHOLD INCOME, ASSETS, AND ALLOWANCES**

For each household member age 18 or older, Answer "Yes" or "No" to **Each** item listed under the income, assets, and allowances section. List current and anticipated income for the 12-month period starting with the date of occupancy.

**Yes**      **No**

\_\_\_\_\_ I have a child under the age of 18 **with non-employment income**. Name(s): \_\_\_\_\_  
 \_\_\_\_\_ I am employed. Number of companies from which I receive income? \_\_\_\_\_  
 \_\_\_\_\_ I receive tips, bonuses, or commissions.  
 \_\_\_\_\_ I am self-employed. Type of business: \_\_\_\_\_  
 \_\_\_\_\_ I own my own small business. Name of business: \_\_\_\_\_



- \_\_\_\_\_ I am currently a part time student but expect to be employed during the summer months.
- \_\_\_\_\_ I am currently a fulltime student but expect to be employed during the summer months.
- \_\_\_\_\_ I am enrolled in a school or institution of higher education. The school or institution I attend is \_\_\_\_\_. I am enrolled full time \_\_\_\_\_ or part time \_\_\_\_\_
- \_\_\_\_\_ I receive income from military employment.
- \_\_\_\_\_ I receive unemployment or Worker's Compensation benefits.
- \_\_\_\_\_ I receive Social Security.
- \_\_\_\_\_ I receive Supplemental Security Income.
- \_\_\_\_\_ I receive regular payments from the Family Independence Agency for the State-paid portion of SSI.
- \_\_\_\_\_ I receive Veteran's Administration benefits or benefits from the GI Bill.
- \_\_\_\_\_ I receive disability or death benefits other than Social Security.
- \_\_\_\_\_ I receive Public Assistance (welfare).
- \_\_\_\_\_ I receive alimony.
- \_\_\_\_\_ I receive child support. How many providers? \_\_\_\_\_ Is it paid directly to Social Services? \_\_\_\_\_
- \_\_\_\_\_ I receive regular cash contributions or gifts (including utility, phone, cable, or rent paid on your behalf).
- \_\_\_\_\_ I receive income from annuities, an inheritance, or a non-revocable trust fund.
- \_\_\_\_\_ I receive regular payments from insurance policies. List all policies: \_\_\_\_\_
- \_\_\_\_\_ I receive income from retirement funds. List all companies: \_\_\_\_\_
- \_\_\_\_\_ I receive income from one or more pensions. List all pensions: \_\_\_\_\_
- \_\_\_\_\_ I receive periodic payments from lottery winnings.
- \_\_\_\_\_ I am currently having a benefit reduced to adjust for a prior overpayment.
- \_\_\_\_\_ I receive a cash settlement or a lump sum receipt in the last 12 months or expect to in the next 12 months.
- \_\_\_\_\_ I have a delayed periodic receipt. List agency: \_\_\_\_\_
- \_\_\_\_\_ I receive baby-sitting income.
- \_\_\_\_\_ I receive income from other sources not listed above. Explain: \_\_\_\_\_

ASSET INCOME

**Yes**      **No**

- \_\_\_\_\_ I have cash held in my home or in a safety deposit box.
- \_\_\_\_\_ I have assets held in another state. List: \_\_\_\_\_
- \_\_\_\_\_ I have assets held in a foreign country. List: \_\_\_\_\_
- \_\_\_\_\_ I own real estate. How many properties? \_\_\_\_ List: \_\_\_\_\_
- \_\_\_\_\_ I own a vacation home. List: \_\_\_\_\_
- \_\_\_\_\_ I have equity in rental property or other capital investments. List: \_\_\_\_\_
- \_\_\_\_\_ I receive rental income from real estate. List: \_\_\_\_\_
- \_\_\_\_\_ I receive income from rental/lease of land. List: \_\_\_\_\_
- \_\_\_\_\_ I own a land contract, mortgage or deed of trust. List: \_\_\_\_\_
- \_\_\_\_\_ I receive income from oil or gas rights. List: \_\_\_\_\_
- \_\_\_\_\_ I have vacant house or land that currently receives no income. Name location(s) \_\_\_\_\_
- \_\_\_\_\_ I own a mobile home. I receive \$ \_\_\_\_\_ monthly rental income from it. It is vacant? \_\_\_\_\_
- \_\_\_\_\_ I own a funeral account. It is revocable. \_\_\_\_ It is non-revocable. \_\_\_\_\_
- \_\_\_\_\_ I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collection).
- \_\_\_\_\_ I have a revocable trust.
- \_\_\_\_\_ I have savings accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_
- \_\_\_\_\_ I have checking accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_
- \_\_\_\_\_ I have time certificates. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_

\_\_\_\_\_ I have certificates of deposits. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have money market accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have IRA's or Keogh's. How many? \_\_\_\_\_ List: \_\_\_\_\_  
 \_\_\_\_\_ I have stocks. List all companies: \_\_\_\_\_  
 \_\_\_\_\_ I have bonds. List all types: \_\_\_\_\_  
 \_\_\_\_\_ I have treasury bills.  
 \_\_\_\_\_ I have a retirement or pension account.  
 \_\_\_\_\_ I have a life insurance policy(ies). It is a "whole life" policy. \_\_\_\_\_ It is a "universal  
 life" policy \_\_\_ (Term/Accident coverage is not counted, only coverage that has "cash value")  
 \_\_\_\_\_ I have assets other than what are listed above. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have another name(s) listed on one or more of the above assets for beneficiary or other  
 purposes, such as, power of attorney, in case I become incompetent. These other persons  
 do not own the assets and receives no income from the assets.  
 \_\_\_\_\_ I receive a cash settlement or a lump sum receipt in the last 12 months or expect to in the  
 next 12 months.  
 \_\_\_\_\_ I have joint ownership on one or more of the above assets.

**The anticipated amount of income from ALL sources during the next 12 months:** \$ \_\_\_\_\_

**DIVESTITURE**

\_\_\_\_\_ I have sold, given away, or otherwise transferred an asset(s) for less than it was worth  
 within the last two (2) years. Explain: \_\_\_\_\_  
 \_\_\_\_\_

(Elderly and disabled households only) ALLOWANCES

\_\_\_\_\_ I am elderly (62 or older), or a person with disabilities.  
 \_\_\_\_\_ I pay for medical insurance.  
 \_\_\_\_\_ I pay for Medicare Part D. Amount \$ \_\_\_\_\_ per month with \_\_\_\_\_  
 \_\_\_\_\_ I pay expenses relating to a disability.  
 \_\_\_\_\_ I pay medical expenses out of my own pocket.  
 \_\_\_\_\_ I pay childcare expenses out of my own pocket.  
 \_\_\_\_\_ I pay attendant care expenses out of my own pocket.  
 \_\_\_\_\_ I pay medical, childcare or attendant care expenses, for which I am reimbursed by an  
 outside source or governmental agency.

Employer \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Occupation/Position \_\_\_\_\_

EMERGENCY NOTIFICATION

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_  
 \_\_\_\_\_

Relationship \_\_\_\_\_

DHS SOCIAL WORKER (if applicable)

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_  
 \_\_\_\_\_





**APPLICATION:**

Household Members  
Under the age of 18

PICKED UP: \_\_\_\_\_  
TIME: \_\_\_\_\_  
MAILED: \_\_\_\_\_  
TIME: \_\_\_\_\_  
RETURNED: \_\_\_\_\_  
TIME: \_\_\_\_\_



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance with the Federal Fair Housing Law  
(The Fair Housing Amendments Act of 1988)**

**It Is Illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex,  
Handicap, Familial Status or National Origin**

- In the sale or rental of housing or residential lots
- In advertising the sale or rental of housing
- In the financing of housing
- In the provision of real estate brokerage services
- In the appraisal of housing
- Blockbusting is also illegal

Place copy of Social Security Card Here

Place copy of Social Security Card Here



HOUSEHOLD INCOME, ASSETS, AND ALLOWANCES

Answer "Yes" or "No" to **Each** item listed under the income, assets, and allowances section. List current and anticipated income for the 12-month period starting with the date of occupancy.

<u>Yes</u>	<u>No</u>	
_____	_____	I have a child under the age of 18 <u>with non-employment income</u> . Name(s): _____
_____	_____	I am employed. Number of companies from which I receive income? _____
_____	_____	I receive tips, bonuses or commissions.
_____	_____	I am self-employed. Type of business: _____
_____	_____	I own my own small business. Name of business: _____
_____	_____	I am enrolled in a school or institution of higher education. The school or institution I attend is _____. I am enrolled full time ____ or part time _____.
_____	_____	I am currently a student, but expect to be employed during the summer months.
_____	_____	I receive income from military employment.
_____	_____	I receive unemployment or Worker's Compensation benefits.
_____	_____	I receive Social Security.
_____	_____	I receive Supplemental Security Income.
_____	_____	I receive regular payments from the Family Independence Agency for the State-paid portion of SSI.
_____	_____	I receive Veteran's Administration benefits or benefits from the GI Bill.
_____	_____	I receive disability or death benefits other than Social Security.
_____	_____	I receive Public Assistance (welfare).
_____	_____	I receive alimony.
_____	_____	I receive child support. How many providers? ____ Is it paid directly to Social Services? ____
_____	_____	I receive regular cash contributions or gifts (including utility, phone, cable, or rent paid on your behalf).
_____	_____	I receive income from annuities, an inheritance, or a non-revocable trust fund.
_____	_____	I receive regular payments from insurance policies. List all policies: _____
_____	_____	I receive income from retirement funds. List all companies: _____
_____	_____	I receive income from one or more pensions. List all pensions: _____
_____	_____	I receive periodic payments from lottery winnings.
_____	_____	I am currently having a benefit reduced to adjust for a prior overpayment.
_____	_____	I receive a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.
_____	_____	I have a delayed periodic receipt. List agency: _____
_____	_____	I receive baby-sitting income.
_____	_____	I receive income from other sources not listed above. Explain: _____

ASSET INCOME

<u>Yes</u>	<u>No</u>	
_____	_____	I have cash held in my home or in a safety deposit box.
_____	_____	I have assets held in another state. List: _____
_____	_____	I have assets held in a foreign country. List: _____
_____	_____	I own real estate. How many properties? ____ List: _____
_____	_____	I own a vacation home. List: _____
_____	_____	I have equity in rental property or other capital investments. List: _____
_____	_____	I receive rental income from real estate. List: _____
_____	_____	I receive income from rental/lease of land. List: _____
_____	_____	I own a land contract, mortgage or deed of trust. List: _____
_____	_____	I receive income from oil or gas rights. List: _____
_____	_____	I have vacant house or land that currently receives no income. Name location(s) _____
_____	_____	I own a mobile home. I receive \$_____ monthly rental income from it. It is vacant _____

\_\_\_\_\_ I own a funeral account. It is revocable. \_\_\_\_ It is non-revocable \_\_\_\_\_  
 \_\_\_\_\_ I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collection).  
 \_\_\_\_\_ I have a revocable trust.  
 \_\_\_\_\_ I have savings accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have checking accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have time certificates. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have certificates of deposits. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have money market accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have IRA's or Keogh's. How many? \_\_\_\_\_ List: \_\_\_\_\_  
 \_\_\_\_\_ I have stocks. List all companies: \_\_\_\_\_  
 \_\_\_\_\_ I have bonds. List all types: \_\_\_\_\_  
 \_\_\_\_\_ I have treasury bills.  
 \_\_\_\_\_ I have a retirement or pension account.  
 \_\_\_\_\_ I have a life insurance policy(ies). It is a "whole life" policy. \_\_\_\_ It is a "universal life" policy \_\_\_\_ (Term/Accident coverage is not counted, only coverage that has "cash value")  
 \_\_\_\_\_ I have assets other than what are listed above. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receives no income from the assets.  
 \_\_\_\_\_ I receive a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.  
 \_\_\_\_\_ I have joint ownership on one or more of the above assets.

The anticipated amount of income from ALL sources during the next 12 months: \$ \_\_\_\_\_

**DIVESTITURE**

\_\_\_\_\_ I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two (2) years. Explain: \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ ASDF \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Occupation/Position \_\_\_\_\_

EMERGENCY NOTIFICATION

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship \_\_\_\_\_

DHS SOCIAL WORKER (if applicable)

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_  
 \_\_\_\_\_ ASDF \_\_\_\_\_



Gender: \_\_\_\_\_Male \_\_\_\_\_Female

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OR OBTAINING OF FEDERAL FUNDS.**

PRIVACY ACT STATEMENT AND APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the apartment I/we occupy will be my/our only residence. Portions of the information on this application is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility; the recommended size, and the amount the tenant(s) must pay toward rent. It will be used to manage the programs covered by this form; to protect the Government's financial interest; and to verify the accuracy of the information furnished. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and certification information. It may be released to appropriate Federal, State and local agencies when relevant to civil, criminal, or regulatory investigators and prosecutors. It is mandatory to provide Social Security Numbers. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et seq.); the Housing and Community Development Amendments of 1981 (P.L. 97-35); the Housing and Urban-rural Recovery Act of 1983 (P.L. 98-181); and the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479). I/we understand that the information contained herein is true and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under Federal Law.

**Consent**

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to and verify my application. I understand and agree that this authorization or the information obtained with its use may be given to and used by the management in administering and enforcing program rules and policies. I also consent for the management to release information from my file about my rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history, and any violations of my lease.

**Information Covered**

I understand that, depending on program policies and requirement, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

**Group or Individual that may be asked**

Previous Landlords (Including Public Housing Agencies)	Past & Present Employers	Welfare Agencies
State Unemployment Agencies	Courts and Post Offices	Schools and Colleges
Law Enforcement Agencies	Social Security Administration	Utility Companies
Medical & Child Providers	Support & Alimony Providers	Utility Companies
Credit Providers & Credit Bureaus	Bank & Other Financial Institutions	Veteran's Administration



Exhibit 3-5: Citizenship Declaration

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Head of Household \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Alien Registration Number \_\_\_\_\_

Admission Number \_\_\_\_\_ if applicable (This is an 11-digit number found on DHS 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 the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3.

Declaration:

I \_\_\_\_\_ hereby declare, under penalty that I am \_\_\_\_\_  
(Print first name, middle initial, last name)

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside 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 as evidenced by one of the documents listed below:

NOTE: If you checked this box and you are 62 years of age or older, you need only to submit a proof of age document together with this form and sign below.

If you checked this box and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form in Exhibit 36

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:

(a) Admitted as Refugee Pursuant to section 207

(b) Section 208 or Asylum

(c) Section 243(h) or Deportation stayed by Attorney General

(d) Paroled Pursuant to Section 212(d)(5) of the INA

- (3) If Form I-94 is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken)
  - (b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1,1990) or from an DHS-district director granting asylum ( if application was filed before October 1,1990)
  - (c) A court decision granting withholding or deportation
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1,1990)
- (4) Form I-688 Temporary Resident Card, Which must be annotated "Section 245A or Section 210"
- (5) Form I-6888 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 DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside 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

REQUEST FOR EXTENSION	
<p>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.</p>	
<p>_____ Signature</p>	<p>_____ Date</p>
<p>Check here if adult signed for a child <input type="checkbox"/></p>	

\_\_\_\_\_ 3. I am 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 form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child

Exhibit 3-6: Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

Consent

I, \_\_\_\_\_ hereby  
(print or type first name, middle initial, last name)

consent to the following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - (i) HUD, as required by HUD; and
  - (ii) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**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)

Glenbrook Apartments

IA 50031001

4821 1st Ave. SW Apt A Cedar Rapids, IA 52405

Name of Property

Project No.

Address of Property

**ONE Property Management**

**Section 8**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be 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.



**ONE Property Management**  
**Glenbrook Apartments Application Packet**

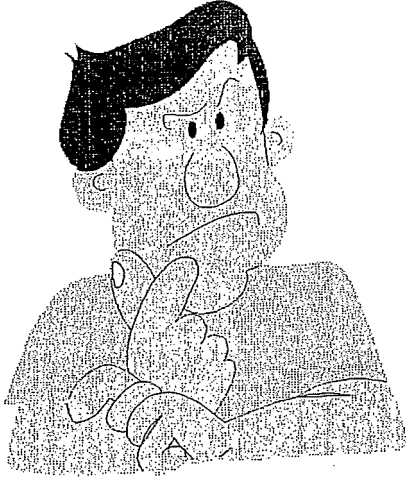
The information requested below is included in the application packet and is required at the time application is placed.

- A. **Is Fraud Worth it?**  
Applicant retains this copy for his/her file
- B. **Fact Sheet for HUD Assisted Residents**  
Applicant retains this copy for his/her file
- C. **Exhibit 3-3 Owners Notice No. 1**  
1. Completing the Family Summary sheet and Citizenship Declaration  
2. Exhibit 3-3 must remain with the application
- D. **Exhibit 3-4 Family Summary Sheet**  
Exhibit 3-4 must remain with the application
- E. **Exhibit 3-5 Citizenship Declaration**  
Complete one (1) declaration for each member listed on Exhibit 3-4; the family summary sheet
- F. **Exhibit 3-6 Verification Consent Form**
- G. **Application**  
This application cannot be processed until the application is completed in full, signed and dated
- H. **A copy of each household member's social security card, driver's license or photo ID (for everyone 18 and older), birth certificates for all children, marriage license (if applicable) and I-94 and/or permanent resident cards (if applicable) must be attached to the application at the time of placement at Glenbrook Apartments.**
- I. **Race and Ethnic Data Reporting form**  
Complete one (1) form for each family member listed on Exhibit 3-4; the family summary sheet
- J. **Supplement to Application for Federally Assisted Housing**
- K. **Verification of Age: Provide one of the following for each person listed on Exhibit 3-4**
- Birth Certificate
  - Military Discharge papers
  - Naturalization certificate
  - Valid Current Driver's License
  - Valid Passport
  - Social Security Administration Benefits printout
- L. **The application and attachments can be returned to the office of Glenbrook Apartments.**

ONE Property Management does 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. Management will comply with all current HUD requirements and regulations as they relate to the verification of student status and income.

4821 1<sup>st</sup> Avenue SW, Apt. A, Cedar Rapids, IA 52405  
Phone: 319-396-3899 Fax: 319-396-3900  
glenbrookapartments@outlook.com





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

#### OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

#### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

#### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

#### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

#### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

### Exhibit 3-3: Owners Notice No. 1

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 U.S. citizens or nationals, or certain categories of eligible noncitizens, in the Section 8 Housing Assistance Payment HUD programs.

You have applied, or are applying for, assistance under this program; 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.

You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary sheet must complete a Citizenship Declaration. If there are 8 people listed on the Family Summary sheet, you should have 8 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and /or evidence to the Glenbrook Apartments office.

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 items or determining the type of documentation required, please contact Terri Smart at 515-224-0511. She will be happy to assist you. Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration form. 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, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

EXHIBIT 3-4: THE FAMILY SUMMARY SHEET

	Last Name of Family Member	Fist Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					

**Exhibit 3-5: Citizenship Declaration**

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Head of Household \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Alien Registration Number \_\_\_\_\_

Admission Number \_\_\_\_\_ if applicable (This is an 11-digit number found on DHS 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 the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3.

**Declaration:**

I \_\_\_\_\_ hereby declare, under penalty that I am \_\_\_\_\_  
(Print first name, middle initial, last name)

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside 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 as evidenced by one of the documents listed below:

NOTE: If you checked this box and you are 62 years of age or older, you need only to submit a proof of age document together with this form and sign below.

If you checked this box and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form in Exhibit 36

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:
  - (a) Admitted as Refugee Pursuant to section 207
  - (b) Section 208 or Asylum
  - (c) Section 243(h) or Deportation stayed by Attorney General
  - (d) Paroled Pursuant to Section 212(d)(5) of the INA

Exhibit 3-6: Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

Consent

I, \_\_\_\_\_ hereby  
(print or type first name, middle initial, last name)

consent to the following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - (i) HUD, as required by HUD; and
  - (ii) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**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)

Glenbrook Apartments

**IA 50031001**

4821 1st Ave. SW Apt A Cedar Rapids, IA 52405

Name of Property

Project No.

Address of Property

**ONE Property Management**

**Section 8**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be 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 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 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.

Optional and Supplemental 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.

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

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="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	
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.	

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.



ONE Property Management

Singing this release allows us to contact your current or previous landlords listed on your application.

I hereby authorize the release of information requested on this form to Glenbrook Apartments SW.

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Signature of Applicant

Date

**PENALTIES FOR MISUSING THIS CONSENT**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 willfully requests, obtains or discloses any information under false pretenses concerning an application 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, the PHA or owner responsible for unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

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**One Property Management does 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.**

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN  
COMPLIANCE WITH THE FCRA  
(FAIR CREDIT REPORTING ACT)**

This authorization and consent for release of personal information acknowledges that \_\_\_\_\_ (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Applicant (Print Name)**

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**Applicant Signature**

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