

APPLICATION FOR HUD SECTION 202/PRAC HOUSING

(Updated: February, 2017; June, 2017)

Thank you for your application for housing with the **Wisconsin Street Project**. Our project provides housing for persons 62 years of age and older.

PROJECT:	Wisconsin Street Project
DATE RECD:	_____
TIME:	_____
APPL. NAME:	_____
INCOME:	_____
CONTACT DATES:	
1.	_____
2.	_____
3.	_____
PRGE LTR:	_____
REJ LTR:	_____
MOVE-IN DATE:	_____

SECTION I. INTRODUCTION

Please read the application package completely and carefully. The Department of Housing and Urban Development regulations limit occupancy of this project to households where the head of household, spouse, co-head or sole member is 62 years of age or older. Certain income limits also apply.

Does your household meet the age requirement listed above? YES NO
Are any of the household members veterans of the US military? YES NO

Wisconsin Street Project provides six apartments designed for persons 62 years or older as defined above. Community occupancy standards allow one to two person households to live in a one-bedroom apartment.

SECTION II. 504 NON-DISCRIMINATION NOTICE

Non-Discrimination Statement: This property shall not discriminate because of race, color, sex, sexual orientation, gender identity, religion, age, familial status, disability, national origin, veteran status, or source of income in the leasing, rental or other disposition of housing or related facilities under its jurisdiction.

Wisconsin Street Project 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.

In accordance with SECTION 504 of the Rehabilitation Act of 1973, Wisconsin Street Project hereby notifies the general public that:

- No qualified individual with a disability shall, solely on the basis of that disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any Federally assisted program or activity administered by Wisconsin Street Project;
- It is the intention of Wisconsin Street Project to take reasonable, affirmative steps to increase access and opportunities for individuals with disabilities in all programs, services, and administrative operations. Wisconsin Street Project has designated Renate Pullen to serve as the 504 Coordinator. She can be reached by calling (307) 237-9146 ext 403 or TDD 711 (Relay Service) or writing her at NOWCAP Services, 345 North Walsh Drive, Casper, WY 82609.

SECTION III. SMOKE-FREE POLICY

Wisconsin Street Project is a smoke-free building. Smoking is prohibited anywhere in the building, including Resident's unit, common areas of the building, or outside the building within 25 feet of any building entrance.



Wisconsin Street Project/NOWCAP Services
345 N Walsh Drive, Casper Wyoming 82609

Tel: (307) 237-9146 ext 403 Fax: (307) 234-1029 TDD: 7-1-1 Wyoming Relay Service

SECTION IV.**RESIDENT SELECTION POLICY**

Please be advised that our Resident Selection Policy requires that we thoroughly screen all applicant household members to determine suitability for residency. This includes a review of the following past behaviors:

- Ability and willingness to pay the rent.
- Ability and willingness to care for the unit.
- Ability and willingness to comply with the lease.
- Ability and willingness to cooperate with management and staff.

Accordingly, we may perform the following screening tasks listed below:

- Previous Landlords Verifications
- Employment/Income Verifications
- Credit/Criminal History Verifications
- Income/Assets Verifications
- Drug or Alcohol Abuse History
- Sex Offender Registries
- Citizenship and/or Non-Citizen Verification
- Personal References (where applicable)

SECTION V.**APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

If you have a vision, hearing, physical or other type of impairment that does not permit you to complete this application, please advise us of your needs or call us to schedule assistance.

Assistance to insure equal access to this Notice will be provided in a confidential manner and setting.

WISCONSIN STREET PROJECT PHONE NUMBER IS (307) 237-9146 ext 403

CALL BETWEEN THE HOURS OF 8:30 AM – 4:30 PM Monday through Friday.

OUR TDD NUMBER IS 7-1-1 (Relay Service)

SECTION VI.**VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. **If you or a member of your household is a victim of domestic violence, dating violence, sexual assault, or stalking where such incidents may affect your application status or background screening review, please notify management for information regarding additional housing protections. You will be asked to complete a certification and provide documentation of circumstances.** The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. An applicant's status as a victim of domestic violence, dating violence, stalking or sexual assault is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission and may qualify an applicant for certain accommodations. If an applicant otherwise qualifies for assistance under Section 202/PRAC, they cannot be denied admission or denied assistance because they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if the applicant or an affiliated individual of the applicant is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of the applicant's household or any guest, they may not be denied rental assistance or occupancy rights under Section 202/PRAC solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means an applicant's spouse, parent, brother, sister, or child, or a person to whom they stand in the place of a parent or guardian (for example, the affiliated individual is in the



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applicant's care, custody, or control); or any individual, tenant, or lawful occupant living in the household.

2. Applicants will receive copies of HUD-5380 Notice of Occupancy Rights under VAWA, HUD-5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation, and HUD-5383 Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking at move-in, annual recertification and at termination of assistance or eviction.

Housing protections you may request include but are not limited to:

- * Request management not to contact certain entities listed in your application during your background screening check.
- * Discuss with management negative issues that may potentially arise in a background screening check that would be attributable to domestic violence, dating violence, sexual assault, or stalking.
- * If applicant ineligibility is determined based on negative applicant history arising from domestic violence, dating violence, sexual assault, or stalking, applicant household may request an application review based on mitigating circumstances.
- * You may provide alternative contact information to management if needed for your protection.

SECTION VII.

GENERAL INSTRUCTIONS

Answering questions on this form:

Please do not leave any sections or questions on this application blank. If questions do not apply to you, enter "none" or "N/A" for those questions. We will verify your answers. **It is important to remember that falsification of any information on the application is grounds for automatic rejection.** Be sure to sign the application, certifying the accuracy and completeness of the information provided. Incomplete applications will be returned to you. Once you have completed the package, please return to:

Wisconsin Street Project
c/o NOWCAP Services
345 N. Walsh Drive
Casper, WY 82609

You will be placed on the waiting list according to the date and time the application was received in our office. When your application nears the top of the waiting list, you will be notified of an interview time. You will also be instructed to bring certain types of information to the interview in order to determine your eligibility for the housing program.

Supplement to Application for Federally Assisted Housing:

Attached is the Supplement to Application for Federally Assisted Housing. This form is required by HUD to be provided to each applicant. It allows applicants to provide a contact person or organization that the manager can call upon to assist with any tenancy issues that may arise. It is to your benefit that you provide this information although you may check the box that you choose not to provide the contact information and sign the form.

If you have any questions concerning the application package, please contact our office between the hours



of 8:30 am and 4:30 pm, at (307) 237-9146 ext 403 and we will be glad to provide assistance. Information you provide will be treated as confidential by Management.

SECTION VIII. APPLICANT INFORMATION

PLEASE ANSWER EACH QUESTION AS COMPLETELY AS POSSIBLE. PLEASE PRINT.

A. HOUSEHOLD GENERAL INFORMATION:

NAME (Head of Household): _____ BIRTHDATE: _____
SOCIAL SECURITY #: _____ AGE: _____ GENDER (optional): _____
NAME (Household Member): _____ RELATIONSHIP TO HEAD: _____
SOCIAL SECURITY #: _____ BIRTHDATE: _____ AGE: _____ GENDER (optional): _____
CURRENT ADDRESS: _____
Street _____ Apt # _____
City _____ State _____ ZIP _____
(_____) _____
Telephone # _____

- Minority Status of Head: White Asian Black or African American
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Ethnicity: Hispanic or Latino Not Hispanic or Latino
- Do you pay out-of-pocket expenses for care or apparatus for a disabled family member where that care or apparatus allows a family member to work? YES NO
- Is any household member enrolled as a student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?
 YES NO
If yes, who? _____
- Are there any Live-In Care attendants who are part of the household? YES NO
- Do you have any household pets? YES NO
Breed: _____ Size: _____ Spay/Neutered: YES NO
- Who is your nearest living relative? Relationship: _____
Name: _____ Telephone: _____
Address: _____ City: _____ St: _____ Zip: _____
- Please list at least three (3) personal references (not including family members or previous landlords):
1. Name: _____ Telephone: _____
Address: _____ City: _____ St: _____ Zip: _____



2. Name: _____ Telephone: _____
 Address: _____ City: _____ St: _____ Zip: _____

3. Name: _____ Telephone: _____
 Address: _____ City: _____ St: _____ Zip: _____

B. HOUSING INFORMATION

- What is your present living situation? RENT OWN
- Do you live: alone with spouse with family other _____
- Do you currently live in subsidized housing? YES NO
- If you are currently subsidized, what agency provides that subsidy? _____

■ Please provide current and previous residential information for the past ten (10) years (list current residency information first). You must list your complete residential history for the last ten years, including landlord contact information where applicable. (If additional space is required, please use back side of form or attach another sheet):

1. LANDLORD/OWNER NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
 DATES OF RESIDENCY: _____ to _____

2. LANDLORD/OWNER NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
 DATES OF RESIDENCY: _____ to _____

3. LANDLORD/OWNER NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
 DATES OF RESIDENCY: _____ to _____

4. LANDLORD/OWNER NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
 DATES OF RESIDENCY: _____ to _____

■ Please list one address in every state you and each adult household member has lived in as since age 18. (Use back side of form for additional space if needed):

1. Legal name while living at this address: _____
 Address: _____ City: _____ County: _____ St: _____ Zip: _____

2. Legal name while living at this address: _____
 Address: _____ City: _____ County: _____ St: _____ Zip: _____

3. Legal name while living at this address: _____



Address: _____ City: _____ County: _____ St: _____ Zip: _____

4. Legal name while living at this address: _____

Address: _____ City: _____ County: _____ St: _____ Zip: _____

■ Please answer the following questions considering each member of your household:

1. Has any member been evicted from a federally assisted property for drug-related criminal activity within the past three years? No _____ Yes _____ Explain: _____
2. Does any household member currently use illegal drugs or abuse controlled drugs or alcohol? No _____ Yes _____ Explain: _____
3. Has any household member been convicted of a felony? No _____ Yes _____ Explain: _____
4. Is a household member on probation or parole? No _____ Yes _____ Explain: _____
5. Is any household member subject to any state or jurisdictional sex offender registration requirement? No _____ Yes _____ Explain: _____
Which states or jurisdictions? _____

C. INCOME INFORMATION:

■ List **Gross Annual Income** received from the following:

SOURCE	HEAD	SPOUSE	OTHER
*Social Security	\$ _____	\$ _____	\$ _____
*SSI	\$ _____	\$ _____	\$ _____
*Pension/Annuity	\$ _____	\$ _____	\$ _____
*Retirement	\$ _____	\$ _____	\$ _____
*Employment	\$ _____	\$ _____	\$ _____
*Insurance Policies	\$ _____	\$ _____	\$ _____
*Gifts Received on a Regular Basis	\$ _____	\$ _____	\$ _____
*Title V of the Older Americans Act	\$ _____	\$ _____	\$ _____
*Alimony	\$ _____	\$ _____	\$ _____
*Student Financial Assistance (including scholarship & grants)	\$ _____	\$ _____	\$ _____
*Other _____	\$ _____	\$ _____	\$ _____

D. ASSET INFORMATION:

■ Please list the cash value of any of the following Assets your household may own:

TYPES	Cash Value	TYPES	Cash Value
*Checking Account	\$ _____	*Certificates of Deposit	\$ _____
*Savings Account	\$ _____	*Equity Rental Property	\$ _____
*Money Market Trusts	\$ _____	*Personal Property	\$ _____
*Trusts	\$ _____	*Cash Held	\$ _____
If yes, is the trust	Yes No	*Insurance That Has Cash Value	\$ _____



irrevocable?

*Stocks/Bonds \$ _____

*Other Accounts not listed _____ \$ _____

■ Have you or do you anticipate receiving **LUMP SUM** payments from any of the following?

SOURCES	YES	NO	SOURCES	YES	NO
Inheritance	[]	[]	Capital Gains	[]	[]
Lottery Winning	[]	[]	Other: _____	[]	[]
Insurance Settlements (i.e., health, accident, Worker's compensation)	[]	[]	Other: _____	[]	[]

■ Do you hold assets jointly with another person? [] YES [] NO

■ If yes, please describe: _____

■ Have you disposed of any assets for less than Fair Market Value in the past two years?
[] YES [] NO (If yes, you will need to complete a Divestiture of Assets form with project management.)

E. MEDICAL EXPENSE INFORMATION:

■ Do you have Medicare Ins? [] Yes [] No Premium cost: \$ _____

■ Do you have Medicaid Ins? [] Yes [] No Spend-down: \$ _____

■ Do you have Supplemental Health Ins? [] Yes [] No Premium cost: \$ _____

■ Do you have Long Term Care Insurance Policy? [] Yes [] No Premium cost: \$ _____

■ What is your anticipated **out-of-pocket** medical expense for the next 12 months not covered by your insurance? \$ _____

SECTION IX. CERTIFICATION STATEMENT

I/we hereby certify that the information provided herein is accurate and complete to the best of my/our knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party.

I/we understand false information will constitute grounds for cancellation of this application or my/our lease if I/we should be housed.

I/we also authorize Wisconsin Street Project to make inquiries as described above, to verify the information in this application.

Head of Household Signature

Date

Co-Head/Spouse Signature

Date



SECTION X. CONSENT TO RELEASE OF INFORMATION/RELEASE HOLD HARMLESS

By signing below, I consent to the release of information to Wisconsin Street Project, and their agent or employees, any information requested by them to verify and complete my application process for housing, or to maintain, administer or enforce their rules and policies. I also give any party contacted by Wisconsin Street Project full authorization to release any information relating to my rental and/or credit history needed to evaluate my application. I also release and hold harmless Wisconsin Street Project and all related entities, including project, sponsor or board, and any person or entity contacted by them from any and all liability related to or arising from the release of such information.

I understand that previous or current income regarding me or my household, including other occupants, may be needed. Inquiries include, but are not limited to, the following:

Identity and Marital Status Residences and rental activity Child Care Allowances
Employment/Income/Assets Medical Allowances Criminal or Credit Records

I understand that this authorization cannot be used to obtain information that is not relevant to my eligibility and continued participation in housing managed by Wisconsin Street Project.

The groups or individuals who may be asked to release the above information include, but are not limited to:

Present Employers Schools/Colleges Support/Alimony Providers
Veterans Administration State Unemployment Medical/Child Care Providers
Courts/Post Offices Agencies Banks/Financial Inst. Utility Companies
Welfare Agencies Law Enforcement Agencies Aging Services
Retirement Systems Social Security Administration Public Housing Agencies
Credit Providers/Credit Bureaus Previous Landlords

I understand and agree that Wisconsin Street Project may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any negative information found and a chance to disprove that information. Wisconsin Street Project may, in the course of its duties, exchange information with Federal, state or local agencies, including but not limited to:

State Employment Security Office of Personnel Mgt. Social Security Agency
Department of Defense U.S. Postal Service State Welfare
Department of Health and Human Services Food Stamp Agencies
Internal Revenue Service

A photocopy of this authorization is as good as the original. If I refuse to sign this authorization I understand my application may be denied.

Head of Household Signature

Date

Co-Head of Household Signature

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="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.	

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

--	--

Signature of Applicant

Date

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

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

PROJECT: Wisconsin Street Project

NOTICE - OPTIONS FOR APPLICANTS AND RESIDENTS WITH DISABILITIES

This project is not permitted to discriminate against applicants on the basis of their race, color, religion, familial status, sex, sexual orientation, gender identity, national origin, disability, or veteran status. In addition, we have a legal obligation to provide "reasonable accommodations" to applicants if they or any family member(s) 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 program. Examples of reasonable accommodations and structural modifications include:

- ◆ making alterations to a unit so it could be used by a family member with a wheelchair;
- ◆ installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- ◆ permitting a family to have a seeing eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted;
- ◆ making large type documents or a reader available to a vision impaired applicant during the interview;
- ◆ making a sign language interpreter available to a hearing impaired applicant during the interview;
- ◆ permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of residency - they must be able to pay rent, to care for their apartment, to report required information to management, 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 family have a disability and think you might need 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 person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing & Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

**Renate Pullen
NOWCAP Services
345 N. Walsh Drive, Casper, WY 82609
(307) 237-9146 Ext 403 / FAX: (307) 234-1029 / TDD Relay Service: 7-1-1**

SPECIAL NEEDS QUESTIONNAIRE

This questionnaire is to be administered to every applicant at Wisconsin Street Project and to tenants at recertification, to assist applicants and tenants with disabilities in obtaining access to the type of housing they need to have an equal opportunity to enjoy their housing. Any information provided to NOWCAP Services and/or the projects it manages, on this form will be used solely for this purpose and will be kept completely **confidential**. Completing this form is completely voluntary. If you identify that you need any accessible features or unit, or a live-in aide as a direct result of your disability, we will need to verify this information from a reliable source.

I Choose not to complete this questionnaire: _____
Applicant Signature

I Choose to complete this questionnaire: _____
Applicant Signature

Name of Person

Completing This Form: _____ Date: _____

1. Do you, or does any member of your family, need any of the following as a direct result of a disability?

- | | |
|--|--|
| <input type="checkbox"/> An additional bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> Unit on the 1st floor |
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Live-In Aide |
| | <input type="checkbox"/> Other: _____ |

2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your disability: _____

3. Will you or any of your family members require a live-in aide to assist you?

Yes No If Yes, please explain: _____

4. What is the name of the family member who needs the features identified above?

5. Who should be contacted to verify your need for the features you have identified above?

NAME _____

ADDRESS _____

PHONE # _____

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)

Wisconsin Street Project **109-EE-006**

1107 S Wisconsin St, Casper WY 82609

Name of Property	Project No.	Address of Property
Wisconsin Street Project/NOWCAP Services		202 PRAC
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 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.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.