

# BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY

170 Dogwood Terrace • P.O. Box 536 • Big Stone Gap, VA 24219  
 Telephone: (276) 523-4788 • FAX: (276) 523-5141 • Email: [bsgha@bsgha.org](mailto:bsgha@bsgha.org)

Date: \_\_\_\_\_

Check only one:

- Dogwood Terrace Apartments (2, 3 & 4 bedrooms)
- Woodstone Village I (1 and 2 bedrooms)
- Woodstone Village II (1 bedroom for elderly, handicap & disabled)
- Housing Choice Voucher –HCV

Preferred number of bedrooms requested \_\_\_\_\_

\*\*\*\*\*

Applicant \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Mailing address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Physical address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Message Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Email address \_\_\_\_\_

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all members who will be living in the unit. Give the relationship of each family member to the Head of Household

	<u>MEMBER'S NAME</u>			<u>Relation To Head</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Male or Female or Decline to Report</u>	<u>Race *</u>	<u>Social Security #</u>
	First	M.I.	Last						
<u>1</u>				Head					
<u>2</u>									
<u>3</u>									
<u>4</u>									
<u>5</u>									
<u>6</u>									
<u>7</u>									

\*(W)-White, (B)-Black/African American, (AI/AN)-American Indian/Alaskan Native, (A)-Asian, (NH)-Native Hawaiian, (Other) \_\_\_\_\_

\*Racial and ethnic information is for statistical purposes only.

- \*All members must provide social security numbers and cards unless they meet one of the following:
1. Ineligible non-citizen member not contending eligible immigration status.
  2. 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.
  3. Under the age of 6 who are added to be applicant household within 6 months prior to move-in (must provide social security number and card within 90 days)



BSGHA Personnel use only: \_\_\_\_\_

**Ethnicity of Head of Household:** (check one)  Hispanic or Latino  Not-Hispanic or Latino

**A. Housing History**

1. Have you ever received HUD or lived in Low Income Apartments ANYWHERE in the U.S. in the past?
  - a. YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, when & where? \_\_\_\_\_
2. Are you NOW living in a federally funded subsidized housing unit? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you ever been evicted or required to move? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Are you currently paying rent? YES \_\_\_\_\_ NO \_\_\_\_\_
5. List ALL states you have lived in. \_\_\_\_\_
6. List where you lived (Physical address only) for the last 3 years EVEN if you did not rent!!
  - a. Address: \_\_\_\_\_ Date: \_\_\_\_\_ - present Rent Amount \_\_\_\_\_  
Landlord/Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_
  - b. Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Landlord/Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_
  - c. Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Landlord/Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Are you eligible for VAWA protection? YES \_\_\_\_\_ NO \_\_\_\_\_ (The Violence Against Women Act (VAWA) provides protection for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available to all individuals regardless of sex, gender identity, or sexual orientation.

**B. Student Status-Please list all family members who are attending school part-time or full-time for elementary, middle, high school, or vocational school. \*Official transcripts will be required for all college students.**

Student Name(s)	Part or Full Time Student	School Name & Address	Financial Aid Amount

**HOUSEHOLD INCOME**

**C. SSI/Pension/Other Benefits**

YES / NO

Do you or any household member(s) receive <b>SOCIAL SECURITY/SSI BENEFITS?</b>		
Do you or any household member(s) receive <b>PENSION, RETIREMENT OR AN ANNUITY?</b>		
Do you or any household member(s) receive <b>UNEMPLOYMENT BENEFITS OR DISABILITY?</b>		
Do you or any household member(s) receive <b>DUAL ENTITLEMENT INCOME?</b>		
NAME OF HOUSEHOLD MEMBER	MONTHLY/WEEKLY AMOUNT	NAME AND ADDRESS OF AGENCY/OFFICE
	\$	
	\$	
	\$	

**D. Employment**

YES/NO

Do you or any household member(s) receive <b>FULL/PART TIME JOB EARNINGS?</b>			
Do you or any household member(s) receive <b>CASH, TIPS OR BONUSES?</b>			
Do you or any household member(s) receive <b>MILITARY OR RESERVE PAY?</b>			
Are you or any household member(s) <b>SELF EMPLOYED?</b>			
Are you or any household member(s) receiving <b>GIG EMPLOYMENT INCOME?</b> (Examples Door Dash, Uber, etc.)			
Are you participating in a qualifying <b>STATE, FEDERAL OR LOCAL EMPLOYMENT TRAINING PROGRAM?</b>			
NAME OF HOUSEHOLD MEMBER	MONTHLY GROSS PAY	NAME & ADDRESS OF AGENCY/OFFICE	
	\$		
	\$		
	\$		

**E. Public Assistance Benefits**

YES/NO

Do you or any household member(s) receive <b>TANF, GENERAL RELIEF, OR OTHER?</b>			
Do you or any household member(s) receive <b>ADOPTION OR FOSTER CARE PAYMENTS?</b>			
Do you or any household member(s) receive <b>IN-HOME CARE SUPPORTIVE SERVICE TO CARE FOR ANOTHER PERSON?</b>			
Do you or any household member(s) receive <b>TRANSPORTATION REIMBURSEMENT?</b>			
Are you participating in the <b>VIEW PROGRAM?</b>			
NAME OF HOUSEHOLD MEMBER	MONTHLY AMOUNT	TYPE OF BENEFIT	
	\$		
	\$		
	\$		

**F. Child Support or Alimony Benefit(s)**

YES/NO

Do you or any household member(s) have an open <b>CHILD SUPPORT CASE WITH A COURT?</b>				
Do you or any household member(s) receive <b>CHILD SUPPORT PAYMENTS FROM DCSE?</b>				
Do you or any household member(s) receive <b>CHILD SUPPORT/ALIMONY DIRECTLY FROM AN ABSENT PARENT/SPOUSE?</b>				
Does the <b>ABSENT Parent</b> purchase items for the child(ren) such as <b>CLOTHING, FOOD, FORMULA, DIAPERS, ETC.?</b>				
NAME OF CHILD	ABSENT PARENT/SPOUSE NAME & ADDRESS	MONTHLY AMOUNT	CASH VALUE OF PURCHASE, CLOTHING, FOOD, FORMULA, ETC.	
		\$		
		\$		
		\$		

**G. Contributions**

YES/NO

Does anyone outside your household <b>GIVE YOU MONEY OR PAY BILLS FOR YOU?</b>		
Does anyone outside your household <b>BUY YOU SUPPLIES SUCH AS GROCERIES, ETC?</b>		
Did any organization help you <b>PAY A BILL OR EXPENSE?</b>		
If you answered <b>YES</b> , please explain.		

H. Assets YES/NO

Do you or any household member(s) have a <b>SAVINGS OR CHECKING ACCOUNT?</b>			
Do you or any household member(s) have <b>STOCKS, BONDS OR CERTIFICATE OF DEPOSIT?</b>			
Do you or any household member(s) have a <b>MONEY MARKET FUND/TRUST FUND?</b>			
Do you or any household member(s) have a <b>RETIREMENT, 401K, IRA OR LIFE INSURANCE POLICIES?</b>			
Do you or any household member(s) have <b>PEER-PEER PAYMENT SYSTEMS?</b> (Examples: Google Pay, Zelle, Venmo, Cash App, Square, Facebook Messenger Pay, etc.)			
NAME OF HOUSEHOLD MEMBER	COMPANY/BANK NAME	TYPE OF ACCOUNT	

I. Property YES/NO

Does anyone in your household own or have an interest in commercial or residential estate or mobile home?			
Has anyone in your household sold any real estate in the last 2 years?			
NAME OF HOUSEHOLD MEMBER	TYPE OF ASSET	VALUE	
		\$	
		\$	

**EXPENSES**

J. Child Care Expenses YES/NO

Do you pay childcare for a child 12 or under so you can go to work or school?				
IF YES, is the childcare expenses paid for by an agency or by another person outside of your household?				
NAME OF CHILD	MONTHLY AMOUNT	CHILD CARE PROVIDERS NAME	NAME OF AGENCY	
	\$			
	\$			

K. Medical Expenses YES/NO

If you are an elderly, disabled or handicap household, do you expect any out of pocket medical expenses in the next 12 months?		
IF YES, HOW MUCH \$		

**SUPPLEMENTAL INFORMATION**

L. Household Information YES/NO

Is there a family member(s) with a disability that started a new job or got a raise in the last 12 months?	
Is any household member temporarily absent from the home? School, military service, etc.?	
Does any household member have any minor children that do not live in the home? IF YES, PLEASE EXPLAIN:	
Have you or anyone in your household ever been cited, arrested, charged or convicted of ANY crime (misdemeanor or felony) other than traffic violations? IF YES, PLEASE EXPLAIN:	

Are you or anyone in your household subject to registration as a sex offender in any state? IF YES, LIST NAME OF REGISTRANT AND COMPLETE ADDRESS WHERE CURRENTLY REGISTERED:	
Have you or anyone in your household ever used any names or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? IF YES, PLEASE GIVE NAME(S) AND/OR SOCIAL SECURITY NUMBERS:	
Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? IF YES, PLEASE EXPLAIN:	
Does <b>anyone</b> residing outside of your household receive mail at your residence or claim it as their legal residence on <b>any</b> legal document (driver's license, vehicle registration, tax forms, school, etc.)? IF YES, PLEASE EXPLAIN:	
Do you expect any changes in your household composition in the next 12 months?	

M. Contacts

Please list information below for two relatives or friends who generally know how to contact you.			
Name:		Name:	
Relationship:		Relationship:	
Phone Number:		Phone Number:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	

N. Application Preference

YES/NO

Some waiting lists give selection preferences to households that meet the following condition.	
Are you elderly, handicapped or disabled?	
Are you currently employed?	
Do you reside in the corporation limits of Big Stone Gap?	
Are you a Veteran?	
Are you homeless?	

O. Accessibility/Reasonable Accommodation

YES/NO

We have units that are accessible for residents who have impaired mobility, vision, or hearing. As a result of a household member's disability, are you requesting any reasonable accommodation be made?	
Do you require a <b>Service Animal</b> due to your disability?	

P. Utility History

YES/NO

Did you previously or do you currently have water and electric in your name?	
Do you owe a balance?	

When applying, you must read the following document from the U.S. Department of Housing and Urban Development: **Is Fraud Worth It?** It informs you that you are committing fraud if you knowingly provide false or misleading information to obtain assisted housing. There are penalties that apply if you knowingly omit information or give false information.

All Adult Initial:

\_\_\_\_\_ Yes, I have read and understand this document.

AS PROVIDED BY THE VIRGINIA PRIVACY PROTECTION ACT OF 1976, I UNDERSTAND THAT THE INFORMATION GIVEN ON THIS APPLICATION WILL BE HELD IN CONFIDENCE AND WILL BE USED FOR THE SOLE PURPOSE OF DETERMINING MY ELIGIBILITY FOR RURAL DEVELOPMENT OR SECTION 8 HOUSING. I FURTHER UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MY APPROVAL FOR HOUSING WILL BE CONTINGENT UPON THE HOUSING AUTHORITY BEING ABLE TO FORMALLY VERIFY THIS INFORMATION. I HAVE NO OBLIGATION TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

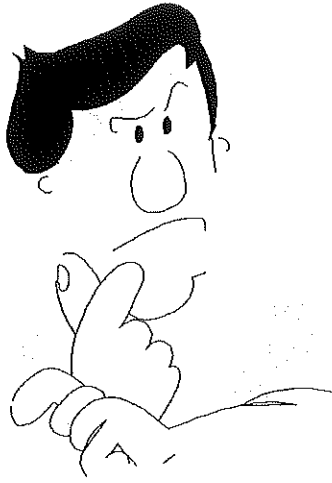
WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL ADULT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL ADULT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL ADULT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# 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.

ALL  
ADULT INITIAL: \_\_\_\_\_

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



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.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3526). 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.

Form HUD- 92006 (05/09)

**EACH ADULT TO COMPLETE**

# BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY

P.O. Box 536 – Big Stone Gap, VA 24219 – (276)-523-4788

## AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE ANY PERSONS, OR OFFICER OF ANY FEDERAL, STATE OR LOCAL LAW ENFORCEMENT AGENCY TO DISCLOSE, WHEN REQUESTED TO DO SO BY A REPRESENTATIVE OF THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY, ANY AND ALL INFORMATION REGARDING MY PAST AND CRIMINAL OR PUBLIC LAW VIOLATION RECORDS, IF ANY.

I FURTHER AUTHORIZE ANY PERSONS, BUSINESS, AGENCY, CORPORATION, LENDING INSTITUTION OR OTHER ENTITY WITH WHOM I HAVE CONDUCTED ANY BUSINESS OR ARE CURRENTLY CONDUCTING BUSINESS WITH, TO DISCLOSE, WHEN REQUESTED BY A REPRESENTATIVE OF THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY, ANY AND ALL INFORMATION REGARDING MY INCOME, CREDIT, DEBTS, LIABILITIES, ASSETS, AND RENTAL INFORMATION AND TO FURNISH COPIES OF ALL RELATIVE INCOME, CREDIT OR OTHERWISE ANY INFORMATION THAT SAID REPRESENTATIVE OF THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY MIGHT REQUEST.

THIS RELEASE FORM IS EFFECTIVE DURING THE DURATION OF MY APPLICATION FOR RENTAL ASSISTANCE AND/OR THE DURATION OF A LEASE AGREEMENT WITH THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY AND/OR IN THE EVENT OF ANY LEGAL PROCEEDINGS INVOLVING MYSELF AND THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY.

A PHOTOSTATIC COPY OF THIS FORM IS TO BE TREATED AS AN ORIGINAL.

PLEASE PRINT CLEARLY

FULL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED FIRST/MIDDLE/LAST NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER (PRINTED CLEARLY) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHYSICAL ADDRESS (NOT P.O. BOX) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

***EACH ADULT NEEDS TO COMPLETE***

**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)

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

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

Name of Head of Household \_\_\_\_\_ Name of Household Member \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the 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.

**ONE FOR EACH HOUSEHOLD MEMBER**

## 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.