



The Meadowlands

6834 Milwaukee St Madison WI 608-721-6650 TTY: 711

Congratulations on making the decision to call The Meadowlands your new home! Now you're ready to begin the application process – it's a few simple steps to follow.
Please note: all steps below must be followed, or your application will not be accepted.
☐ Step One: Submit Application for anyone 18 years or older *Each person 18 years or older must complete a separate application.
 Step Two: Provide us with two forms of government issued identification to accompany the application. Example: Driver License, Government issued photo ID, passport and a social security card. ○ Anyone under the age of 18: ■ 2 Forms of ID: Social Security card and Birth Certificate
 ☐ Step Three: Provide us with proof of income. ☐ Last 4 – 6 consecutive paystubs ☐ Original Child Support order with 12 months of payment history from child support enforcement ☐ Social Security Award letter or Supplemental Security Income Award letter (dated within the last 60 days) ☐ Additional Documents:
☐ Step Four: Provide us with proof of assets ☐ If you bank with Chime, Cash App or any other bank, you will need to
bring in the most recent bank statement. All Pages Required.

Disclaimer: All Applications are subjected to credit, criminal and compliance eligibility screening & approval.





The Meadowlands

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Eligibility Guidelines

Size Square Footage		# Persons	Rental Rates
1 BR / 1 BATH	710 SF	1 – 2 Persons	\$1,129 - \$1,373
2 BR / 2 BATH	1,070 SF	2 – 4 Persons	\$1,357 - \$1,600
3 BR / 2 BATH	1280 SF	3 – 6 Persons	\$1,850
3 BR TOWNHOME	1760 SF	3 – 6 Persons	\$1,894
2.5 BATH			

^{*}Income guidelines apply. Rents are listed as net, after current utility allowance. Section 8 Vouchers Welcome.

Maximum Income per Household Size (HUD) 2025 Low Income Housing Tax Credit Program

2025 Income Limit 4/5/2025									
Limit%	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	
50%	\$45,450	\$51,950	\$58,450	\$64,900	\$70,100	\$75,300	\$80,500	\$85,700	
60%	\$54,540	\$62,340	\$70,140	\$77,880	\$84,120	\$90,360	\$96,600	\$102,840	

The income limits in the chart do not apply to Section 8 Voucher Holders.



Rental Application Attachment for State and Federally Regulated Properties

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below For all household members and each household member aged 18 or older must sign below to consent to a background check.

Yes No	rei liveu ili aliy lederaliy di state assisted flousilig:
	er been evicted from federally assisted housing for drug-related list where and when:
Are you or any member of your household curre Yes No	ently engaging in the use of illegal drugs?
4) Have you or any member of your household every Yes No If yes, please exp	er been convicted of a felony?
5) Are you or any member of your household curre	ently abusing alcohol? Yes No
	en previously denied admission to this property for criminal activity
7) Are you or any member of your household subject registration program in any state? Yes	ect to a lifetime registration requirement under a State Sex Offender No
8) List all addresses where you and all other house list of ALL states in which any household memb	ehold members have previously resided. You must provide a complete er has resided:
	nation is true and correct. I understand that making false statements of my lease. I authorize (insert name of property) to verify the above essary information to determine my eligibility.
Applicant	Date
Co-Applicant	Date
Other Adult	Date
Other Adult	Date Date

Title18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the purposes cited above. Any person who knowingly or willing requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subjected to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 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).



W	Winn Residenti	al	Applicant/Resident Name: Unit #:			Phone #:				
	sin Interview Certi					Email:				
	ousehold member must comp ion VIII CERTIFICATI		iew certification	1.						
RESIDENC										
List ALL th	ie places you have lived		two (2) years	- use additi	onal page if	necessary				
	Street Address, City State	e & ZIP			From Date		Name of Ap	artment / Lai	ndlord	
Current										
Address	City		State	ZIP	To Date		Landlord Ph	one		
Reason for	Moving						Street Addre	ess		
Circ	ele One RENT or C	DWN	Current Ren	t Amount \$			City		State	ZIP
	Street Address, City State	2 & 7IP			From Date		Name of Apa	artment / Lai	ndlord	
	on out riddings, only state	, u 2.11			Trom Bato		Traine or Ap	artinont, Ear	iatora	
Previous Address	City		State	ZIP	To Date		Landlord Ph	one		
Reason for	Moving						Street Addre	ess		
Circ	ele One RENT or C	OWN	Current Ren	t Amount \$			City		State	ZIP
Please circ	le the number below that	best describ	es your curre	nt housing ci	rcumstances	•				
			n to be Withou		3) Standard		4) Conventi	ional / Public	: Housing	
,	ng a Fixed Nighttime Reside		Fleeing / Atten	· ·	•		.,			
	LD INFORMATION	51100 07 1	r teemg/ /titem	inpling to 1 lee	Violence					
	ame, First Name MI	Socials	Security #		onship to Household	Date o	of Birth	Age	Disabled Y or N	Student Status FT, PT or NO
									ļ	

Applicants / residents who were age 62 or older as of 01/31/2010, who do not have a Social Security Number (SSN) and were receiving HUD rental assistance at another location on 01/31/2010, qualify for an exemption of the SSN requirements.

location on 01/31/2010, qualify for an exemption	n of the SSN requirements.							
HOUSING INFORMATION								
Do you need a mobility accessible or audio / visual accessible apartment? YES NC								
Do you need to request a reasonable accommodation or modification? YES NO								
How did you hear about our communit	y?							
FOR OFFICE USE ONLY								
Date Received	Time	Date of Wa	aitlist Application (if appli	cable)				





Property Name:	The Meadowlands	
Applicant Name:		
Unit #:		

Interview Guidelines

Each adult household member must review the Interview Guidelines with their management representative.

		t household member must review the Interview Guidelines with their management representative.
Applicant /Resident Initials	Agent Initials	Please initial each section to show that management has explained and the applicant understands this information.
		A person with a disability has the right to request a reasonable accommodation to assist with the interview process. Assistance can be provided for any language or literacy barriers.
		The applicant/resident has provided an acceptable form of legal identification that has been reviewed by management.
		This application is for an apartment that falls under one or more affordable housing programs that are governed by: Department of Housing and Urban Development (HUD), the Department of Treasury/Internal Revenue Service (IRS), a state or local government agency, or the Department of Agriculture.
		Part of completing this application or recertification is participating in an interview where the applicant/resident will answer questions and provide information about their situation. These questions will apply to everyone who will be living in the household. Many of these questions are personal and confidential in nature. All applicants/residents are required to provide the same types of information and answer the same types of questions.
		Each household member who is 18 years of age or older must complete a Rental Application or Recertification Application, interview, Interview Questionnaire, and any additional documents required by the property and/or programs governing the property.
		Information must be provided for the entire household. Children who are 17 years of age or younger are only required to complete an interview if they are a spouse or an emancipated minor. During the interview the Head of Household must provide information for themselves and all minor children.
		Management is required to verify information provided by the applicant/resident and the applicant/resident agrees to sign verification forms and provide verification documents as needed.
		The information and documents the applicant/resident provides will only be used to determine eligibility for the apartment, property, and affordable housing programs and to determine the correct rent amount. These documents will be safeguarded by management and made available during audits required under the affordable housing programs.
		It is important that the information provided by the applicant/resident is complete and accurate. Misrepresentation of information will lead to the cancellation/rejection of the application or the termination of residency or subsidy. It is also possible that making false statements or providing false documents could lead to criminal and/or civil penalties.
		WinnResidential employees will not discriminate on the basis of race, color, religion, national or ethnic origin, gender, familial status, disability or handicap, or other classes protected by local, state or federal law.







Applicant/Resident Name:	
Unit #:	

Household Composition Interview Questionnaire

The Head of Household must complete a Household Composition Interview Questionnaire for the entire household.

1	The Head of Household is determined by the applicants/residents. The following person has been selected to be the Head of Household:									
Se	ction	II		Household Composit						
	Yes	No	N/A	Answer Yes or No to e	ach of the following quest	ons for the <u>entire</u> household:				
2				Do you expect any add	itions to the household wi	hin the next twelve months? I	f yes:			
				Name:	Relationship:					
3				Is any household mem	per a foster child or foster	idult? If yes, list name:				
4				Is any household mem	per temporarily or perman	ently absent? If yes, list name:				
5				Do you, or another adult in the household, have at least 50% custody of each child in the household? If no, explain:						
				Site must revi	ew the household docu	nents related to custody.				
				I.e. birth certifica	tes or guardianship doc	iments (formal or informal)				
6			Move-In Only: Required at properties with resident paid utilities: Can you establish utility accounts for this apartment in the name of the head of household, co-head of household, or spouse? If no, please explain:							
7				Required at properties	with HOME funding: Are	ou or any member of vour imr	nediate family, including			
	Required at properties with HOME funding: Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, at officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of this property? If yes, list individual and relationship:									
8	Does your household have a [] Housing Choice Voucher, [] other rental assistance from the local housing authority, or [] other rental assistance program? If yes, list the source of assistance:									
m	anage	emer	nt. I h			asked of me at my persona have reviewed my answers Date				
Ma	Management Signature				Date					







Applicant/Resident Name:	
Unit #:	

Income Interview Questionnaire

Each adult household member must complete an Income Interview Questionnaire.

Section I	III •	Incomo	мŧ	ormation
				OHIBLIOH

Report all income for adult and minor household members. Exclude income for foster children or foster adults beginning 1/1/2024. Answer YES or NO to <u>each question</u>. Complete additional questions for each row answered YES. List gross amounts currently received or anticipated to be received in the next 12 month.

Yes	No	Employment Information:		
		Employer Name:	Phone #:	Hire Date:
		Select Hourly or Salaried:	Other Employment	Income:
		[] Hourly Hourly Rate: \$	Shift Differentials: [] Yes [] No	Bonuses:
		Average Weekly Hours:	1	Annual [] Yes [] No
		[] Salaried Pay Rate: \$	Commissions: [] Yes [] No	
		Frequency	Other Pay: [] Yes [] No	
		Employer Name:	Phone #:	Hire Date:
		Select Hourly or Salaried:	Other Employment	1
		[] Hourly Hourly Rate: \$	Shift Differentials: [] Yes [] No	
		Average Weekly Hours:	Tips: [] Yes [] No	
		[] Salaried Pay Rate: \$	Commissions: [] Yes [] No	
		Frequency	Other Pay: [] Yes [] No	Merit Based [] Yes [] No
		I have additional employment income. If yes, ad		
		he employment questions above are answered w		ent should complete a
Non	-Em	ployment Affidavit before continuing through the	remaining questions.	
Yes	No	Income Type	Income Source	Amount Frequency
		Self-Employment or net income from a		\$
		business. (Including day labor work, individual		\$
		contracts, and gig economy.)		\$
		Unemployment		\$
		Social Security		\$
		SSI (Supplemental Security Income)		\$
		SSP (State Supplemental Payment)		\$
		Periodic Payments: i.e. Pensions, Retirement,		\$
		Investment, Annuities, Trusts, Long Term Care Insurance,		\$
		Life Insurance, Settlement or Legal Judgement, Lottery or Other Contest Winnings		\$
		Other Contest Willings		\$
		Veterans Benefits or VA Disability		\$
		Military Pay		\$
		Welfare: i.e. AFDC, TANF (excluding Food Stamps)		\$
		Worker's Compensation		\$
		Beginning 1/1/2024, workers' com	pensation is excluded as income.	
Yes	No	Income Type	Income Source	Amount Frequency
		Financial Aid		\$
		Utility Assistance (from sources other than HUD)		\$
		Job Training Program		\$
		Are you entitled to receive alimony through a co	urt order or separation agreemer	nt?
		Do you receive alimony?		\$







Applicant/Resident Name:	
Unit #:	

Income Interview Questionnaire

Each adult household member must complete an Income Interview Questionnaire.

Sect	tion II	: Income Information				
1/1/	2024.	ncome for adult and minor household members. Ex Answer YES or NO to <u>each question</u> . Complete add urrently received or anticipated to be received in the	tional questions	for each row answe	-	
	I I	Are you entitled to receive child support through				
All a	dult h	nousehold members with a minor in the residen	ce must compl	ete Child Support A	Affidavit[s].	
	I	Do you receive child support payments from an			\$	
		enforcement agency or attorney?			\$	
		Do you receive assistance from the other			\$	
		parent/guardian in the form of items			\$	
		ourchased, bill/service payments, cash			\$	
		payments, and/or other types?			\$	
	,	Adoption Assistance			\$	
		e income questions above are answered with a Questionnaire with the applicant/resident before		~		
	,	Assistance/contributions from someone who is			\$	
	l	not part of this household in the form of items			\$	
	l	ourchased, bill/service payments, cash			\$	
	l	payments, and/or other types?			\$	
	(Crowdfunding (i.e. Go Fund Me)			\$	
	,	Any income from sources not mentioned				
	l	above?				
		Do you anticipate any changes to income within	the next 12 m	onths? If yes, expl	ain:	
		s any income disregarded for SSI eligibility unde	er a Plan to Att	ain Self-Sufficiency	(PASS)?	
	1	Does anyone else in the household have income	?			
mar	rtify th	nat all questions on this interview checklist have nent. I have understood and answered all quest	been asked of	• •		
Арр	licant/	Resident Signature	-	Date		
Mar	agem	ent Signature	=	Date		







Applicant/Resident Name:	
Unit #:	

Asset Interview Questionnaire

Each adult household member must complete an Asset Interview Questionnaire.

Section IV Asset Information

Report all assets for adult and minor household members. Exclude assets for foster children or foster adults beginning 1/1/2024. Answer YES or NO to each question. Answer the additional questions for each row with a YES. Some asset types have multiple rows to list more than one account of that type. Additional accounts can be listed as other or on another form.

Yes	No	Asset Type	Asset Source	Current Cash Value	Is this a eligible incom- inter divide	to earn e? i.e. rest, ends
		C I	i.e. bank or financial organization name	\$	Yes	No
		Clash		\$		
		Checking Accounts		\$		
		Sovings Assounts (including a source		\$		
		Savings Accounts (including money market accounts)		\$		
		,		\$		
		CD (Certificates of Deposit)		Ţ,		
		Direct Deposit Debit or Pay Cards		\$		
		Report: Cards/Accounts issued by an Agency, Organization, or Employer	[] Tes [] No	ļ ·		
			[] Yes [] No Child Support	\$		
		Report: Cards/Accounts personally obtained and owned	[] Yes [] No Unemployment [] Yes [] No Employment	\$		
		Report: Virtual Debit Card Accounts	[] res [] NO Employment	\$		
		Do not report debit cards issued on bank		\$		
		accounts reported above		Ś		
		Virtual Accounts (i.e. Cash App,		\$		
		Venmo, PayPal)		\$		
		Stocks		\$		
		Bonds		\$		
		Mutual Funds and Investments		\$		
		Life Insurance (Include Whole Life,		\$		
		Universal, or Annuity Accounts. Do not		\$		
		include Term Life Insurance.)		·		
		Annuity Accounts		\$		
		Trust Accounts (Revocable by or under		\$		
		the control of a household member)		6		
		Personal Property Held as an		\$		
		Investment: Non-Necessary items		\$		
		(i.e. gems, jewelry, coin collections, antique cars, etc.)		\$		
				\$		
		Other current assets		\$		
				\$		
		Retirement Accounts		\$		







Applicant/Resident Name:	
Unit #:	

Asset Interview Questionnaire

Each adult household member must complete an Asset Interview Questionnaire.

Sect	Section IV Asset Information					
			Real Estate or Real Property			
Yes	No	Asset Type	Asset Source Cash Value earned?			
					Yes	No
		Real Estate - Land only	Address/Location:	\$		
		Real Estate - Commercial or	Address/Location:	\$		
		other property type	Address:	\$		
		Real Estate - Own a Home If yes, is the property:	Address.	۶		
		* Rented or occupied by someone mother expenses	aking payments for mortgage, insurance, tax	es, repairs, or		
		* For sale				
		*Suitable for occupancy by your	[] Does not meet the disability related nee	ds for all househ	old mem	bers
		household. If no, select reason:	[] A joint owner is living in the home			
			[] Geographic location is prohibitive			
			[] Physical condition poses a risk to our he	alth and safety <u>a</u>	<u>nd</u> the	
			condition of the property cannot be easily r	emedied		
			[] Other - Please explain on a separate pag	ge		
			Additional Information			
		Were any lump sum assets received in the last 12 months? If yes, explain the type of asset, source and amount:				
		Do any of the above assets conta	in a tax refund received within the last 12	! months? If ye	s, list th	e
		account and the amount:		·		
		Are any of the assets listed above	e owned jointly with someone who will no	t be part of thi	s housel	hold?
		If yes, explain which asset, who t	he other owner[s] are, and what percenta	age you own.		
		Do you own any assets that are being held in an account that belongs to someone who will not be part of this household? If yes, explain the type of asset, who it belongs to, where it is held, and the cash value in that account that belongs to you.				
		Were there any assets that were disposed of (given away or sold) in the last two years (24 months) for				
1+	f voc	less than fair market value?	ction III, Asset Disposition Information, on the	a Assat Disposal	Cortificat	ion
	yes,	nave applicant/resident complete se	ection iii, Asset Disposition iiiioi iiiatioii, on tii	e Asset Disposal	Certificat	.1011.
	agen	nent. I have understood and answe	hecklist have been asked of me at my perso red all questions. I have reviewed my answ			h
Appl	icant,	/Resident Signature	Date			
Man	agem	ent Signature	 Date			







Applicant/Resident Name:	
Unit #:	

Prior Year Income Certification

Each adult household member must complete a Prior Year Income Certification.

Section V Last 12 Months' Income Information

List gross amounts received in the **last 12 months**. Report all income for adult and minor household members (except for foster children or foster adults). Answer YES or NO to **each question**. Complete additional questions for each row answered YES.

No	Income Type	Income Source	Total Income-Last 12 Months
	Employment		\$
			\$
			\$
			\$
			\$
	Self-Employment or net income from a		\$
	business. (Including day labor work, individual contracts, and gig economy.)		\$
	marviadar comitació, ana gig cconomy.,		\$
	Unemployment		\$
	Social Security		\$
	SSI (Supplemental Security Income)		\$
	SSP (State Supplemental Payment)		\$
	Periodic Payments: i.e. Pensions, Retirement,		\$
	Investment, Annuities, Trusts, Long Term		\$
	Care Insurance, Life Insurance, Settlement or		\$
	Legal Judgement, Lottery or Other Contest Winnings		\$
	Veterans Benefits or VA Disability		ς ς
	Military Pay		\$
	Welfare: i.e. AFDC, TANF (excluding Food		7
	Stamps)		\$
	Financial Aid		\$
	Utility Assistance (from sources other than HUD)		\$
	Job Training Program		\$
	Alimony		\$
	Child support payments from an enforcement		\$
	agency or attorney		\$
	Child Support/Assistance from the other		\$
	parent/guardian in the form of items purchased, bill/service payments, cash payments, and/or		\$
	other types		\$
	Adoption Assistance		\$
	Assistance/contributions from someone who is		\$
	not part of this household in the form of items purchased, bill/service payments, cash payments,		<u>٠</u>
	and/or other types		, ,
+	· · · · · · · · · · · · · · · · · · ·		\$
-	Crowdfunding (i.e. Go Fund Me)		\$
	Any income received from sources not		\$
+	mentioned above?	undana Diamas Allais C. I	ξ Cufficion αυ (DACC)2
	Was any income disregarded for SSI eligibility	under a Plan to Attain Sel	i-sufficiency (PASS)?

I certify that all questions on this income certification have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this certification with management.				
Applicant/Resident Signature	Date			
Management Signature	Date			







Applicant/Resident Name:	
Unit #:	

Interview Questionnaire Certification

Each adult household member must complete this Interveiw Questionnaire Certification.

Section VII Certification

This Interview Questionnaire Certification applies to all pages of the Interview Questionnaire.

I certify that all questions on the interview questionnaires have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on each interview questionnaire with management. I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program[s].

I understand I must report any changes to management as soon as they occur.

I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements.

I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection, and that my misrepresentation of information will lead to cancellation/rejection of my application or termination of my residency or subsidy.

WARNING:

Title18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the purposes cited above. Any person who knowingly or willing requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subjected to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 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).

Head of Household Signature	Print Name	Date	
Adult Household Member Signature	Print Name	Date	
Adult Household Member Signature	Print Name	Date	
Adult Household Member Signature	Print Name	Date	
Management Signature	Print Name	 Date	





Race and Ethnic Data Reporting Form

Signature

U.S. Department of Housing and Urban Development Office of Housing

OMB Approval No	. 2502-0204
(Exp	. 06/30/2017)

	Project No.	Address of Property	
Name of Owner/Managing Agent		Type of Assistance or Program Title	
Name of Head of Househol	ld	Name of Household Memb	per
Date (mm/dd/yyyy):			
	Ethnic Categories*	Select One	
Hispanic or La	atino		
Not-Hispanic	or Latino		
	Racial Categories*	Select All that Apply	
American Indi	an or Alaska Native		
Asian			
Black or Afric	an American		
Nativa Havoii	an or Other Pacific Islander		
Native nawaii			
White			

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.

Date

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead 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.



PROPERTY NAME:	
APPLICANT / RESIDENT NAME:	UNIT #:
I have applied for housing under a program of the U.S. Department and/or the Internal Revenue Service and understand that income/a members.	•
I hereby certify that I am (please initial below):	
Married	
Never Married	
Widow	
Separated Name of Spouse:	Date of Separation:
Divorced Name of Spouse: (A copy of the divorce decree must be provided if divorce	
Decline to Disclose	e tras tricimi trie past s years,
Due to a marital separation or divorce, I certify that my spouse / exand <u>WILL NOT</u> be living in the apartment.	-spouse is <u>NOT</u> a member of this household
Circle (a) or (b) as applicable:	
a) I am NOT and WILL NOT be receiving any form of spousal co	ontribution to my household.
b) I <u>AM</u> or <u>DO</u> anticipate receiving spousal contributions to my per month. Should this amount change, I will notify Manag	
I understand that a condition of the regulatory progra prior notification to Management of any potential change in housel participation in the program must be certified before the approval	hold status. Eligibility for continued
Under penalty of perjury, I certify that the information presented in this knowledge. The undersigned further understands that providing false reconstitutes an act of fraud. False, misleading or incomplete information termination of a lease agreement.	epresentation or misleading information herein
Applicant / Resident Signature	



HTC Form 800 A STUDENT SELF-CERTIFICATION

This ar	inual Stud	dent Self-Certification is in connection with the undersigned's application/occupancy in the follo	wing apart	tment:	
Head of Household Name: Unit No. if assigned:					
Develo	pment N	ame and Address:			
Move-	in Date if	applicable: Effective Date:			
junior	high scho	as applicable (note that "students" include those attending public or private elementary schools ols, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but tending on-the-job training courses):			
A.		Household contains at least one occupant who is not a student and has not been/will not be a months or more out of the current and/or upcoming calendar year (months need not be consitem is checked, no further information is needed (Do not answer questions 1-5) . Sign and date	current and/or upcoming calendar year (months need not be consecutive). If this		
В.		Household contains all students but is qualified because the following occupant(s) is/are a PART-TIME student(s) who have not been/will not be a full- time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.			
C.		Household contains <u>all</u> students who were, are, or will be FULL-TIME for five months or more and/or upcoming calendar year (months need not be consecutive). If this item is checked, quebelow must be completed:			
1.	Is any r return)	nember married and entitled to file a joint tax return? (attach marriage certificate or tax	☐ YES	□NO	
2.	Is at lea	ast one student a single parent with child(ren) and this parent is not a dependent of someone and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's ecent tax return and, if applicable, divorce/custody decree or other parent's most recent tax	☐ YES	□ NO	
3.	Is at lea	ast one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of ation for verification purposes)	☐ YES	□ NO	
4.	Does at	t least one student participate in a program receiving assistance under the Workforce tion and Opportunity Act or under other similar federal, state, or local laws? (attach tion of participation)	☐ YES	□NO	
5.	Does th	ne household consist of at least one student who has ever been under the care and placement sibility of the state agency responsible for administering foster care? (provide verification of	☐ YES	□ №	
Full-tir	me student	households that satisfy any one of the above conditions are considered eligible. If C is checked and question NO or verification does not support the exception indicated, the household is considered ineligible.	ons 1-5 are	marked	
the be	est of my/ nt status.	of perjury, I/we certify that the information presented in this Annual Student Certification is true our knowledge and belief. I/we agree to notify management immediately of any changes in The undersigned further understands that providing false representations herein constitute g, or incomplete information may result in the termination of the lease agreement.	n this hous	sehold's	
All hou	ısehold m	embers aged 18 or older must sign and date.			
Printed	d Name	Signature Date			

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	 Date





I. THIS SECTION TO BE COMPLETED BY OWNER/N	THIS SECTION TO BE COMPLETED BY OWNER/MANAGEMENT	
Owner/Management Name:	Site Number:	
Contact Name:	Contact Title:	
Address:	Phone:	
Email Address:	Fax:	

Email Address:	Fax:	
II. THIS SECTION TO BE CO	OMPLETED BY APPLICANT/RE	SIDENT
categories listed below to release inf of verifying information on my/our ap	ormation regarding employment oplication for participation in an a	nuthorize all persons or companies in the state and/or assets for the purposes affordable housing program regulated by y to the owner/management agent listed
inquiries that may be requested incluincome, assets and medical or childcal obtain information about me/us that affordable housing program. GROUPS OR INDIVIDUALS THAT MAY	de e, but are not limited to personare allowances. I/We understand it is not pertinent to my eligibility BE ASKED:	ne/us may be needed. Verification and nal identity, student status, employment, that this authorization cannot be used to ty for and continued participation in an emation include, but are not limited to:
Past or Present Employers	Welfare Agencies	Veterans Administrations
Support & Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Bank & Financial Institutions	Utility Providers	Previous Landlords
Public Housing Agencies	Appraisal Districts	Insurance Carrier
Credit Bureaus	Criminal Background	Sex Offender Registry
Enterprise Income Verification (EIV) System Work Number		Work Number
III. APPLICANT CERTIFICAT		
	ne Management Office. I/we und	r the purposes stated above. The original lerstand I/we have a right to review this
Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date
Adult Member Printed Name	Signature	