

Date: _____ **Time:** _____ **Number:** _____ **Preference:** _____

Various Locations: **Providence - 2 and 3 Bedrooms** **Pawtucket - 2 Bedrooms**

Name: _____ **Street Address:** _____

Numero de dormitorios que usted necesita: _____ Tiene usted un vehiculo? _____

How did you hear about these units? /Como supo de esta vivienda?



Do you have a Section 8 voucher?/Tiene usted un certificado para la seccion 8?_____

Lista de todas las personas quienes viveran en esta vivienda de renta mientras que usted permanezca en este programa. (Proporcionenos con una lista completa capezando con el jefe o jefa de su familia primero).

[illegible]

Are any of the members of the household listed above enrolled in an accredited Institute of higher learning?
Hay algun miembro de su familia que esté matriculado en una institución de enseñanza superior? Yes/Si_____No/No_____?
If you answered, yes, list the names of the Full Time students and the schools they attend.
Si contesto afirmativo, denos los nombres de todos los estudiantes que van a la escuela por Tiempo Completo y el nombre de cada escuela.

Also, indicate if they are **Full Time** or **Part Time**. / Por favor indique si son **Tiempo Completo** ó **Por Parte del Día**.

Name	School Attended and Address	Full/Part Time

Present Landlord: Phone: _____

Street Address: _____ City/State/Zip Code: _____

Rent: \$ _____ Bedrooms/Numero de Recamaras: _____

Utilities Paid by you/Cuanto paga por: GAS\$ _____ OIL\$ _____ ELEC\$ _____

Reason for moving: _____

Past Landlord: Phone: _____

Street Address: _____ City/State/Zip Code: _____

Reason for moving: _____

Please list all State(s) in which you and all applicants have lived?

Present employment: (Income from other sources see below. List all full and/or part time employment for all household members other than minor dependent children. Include selfemployed earnings. Empleo: (ingresos de otro tip. Tal como aqui abajo) Denos una lista completa de empleo fijo o empleo temporario de todos los miembros de su familia no incluya sus dependientes menores de edad. Incluya tambien ingresos si trabaja por si mismo.

Household Member Name	Address, Phone of employer	Gross Wages Ganancia	Length of Employment/Termino de Empleo

OTHER SOURCES OF INCOME: (Examples: GPA, AFDC, Social Security, SSI, pensions, disability compensation, unemployment benefits, interest, babysitting, care taking, alimony, child support, dividends, forces reserves, scholarships, and/or grants. OTROS TIPOS DE INGRESO (Por Ejemplo: del estado, Seguro Social, Ayuda del Seguro Suplemental SSI, pension, compenzacion, la incapacitacion, compenzacion por el desempleo, interes de ahorros o inversiones, cuidado de nino, asistencia marital, ayuda paternal o maternal para sus hijos, ingresos de viviendas de renta, ingresos de las fuerzas armadas, ect...)

Household Members Name	Source/Tipo	Amount	Per (Hour, Month, Week)
		\$	
		\$	
		\$	

Name of Social Worker- if applicable/ Nombre de su trabajador:
Social: _____ Phone: _____

Assets/Bienes Fijos, Muebles O Raices/Bank Accounts:

Asset Type	Name of Bank(s)	Account Balance	Account #
Savings:		\$	
Checking:		\$	
Loans:		\$	
Stock or Certificates:		\$	

Do you own real estate? Posee bienes raíces? Yes _____ No _____ Value \$ _____

Credit Account Name	Address	Account No.

MEDICAL AND UNUSUAL EXPENSES/GASTOS MEDICOS FUERRA DE LO COMUN

Do you pay for child care while a family member is employed? Yes _____ No _____

Paga usted por cuidado de niños, cuanto un miembro de su familia esta empleado? Yes _____ No _____

If yes: List child care provider's name address, and phone number./ En este caso, denos el nombre de quien provee tal cuidado, su direccion y telefono: _____ phone: _____ cost:\$ _____ per _____

Are you receiving Medicare Benefits or Medical Assistance? Recibe usted medicare o ayuda medica por medio de welfare? Yes _____ No _____

Are you making payments on outstanding medical bills? Presentemente paga usted cuentas medicas que estan sobresalientes? Yes _____ No _____

Do you take prescription drugs on a regular basis? Toma usted medicinas prescritas por un medico regularmente? Yes _____ No _____

Is the applicant, or any member of the applicant's household, subject to a lifetime sex offender registration requirement in any state?

Name	Address	Dates of residency

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND IN NO WAY INSURES OCCUPANCY. ADDITIONAL INFORMATION MAY BE REQUESTED TO COMPLETE PROCESSING OF YOUR APPLICATION. YOU'RE SIGNATURE GIVES WRITTEN CONSENT TO THE MANAGEMENT TO VERIFY INFORMATION IN THIS APPLICATION. A FALSE STATEMENT OR MISREPRESENTATION ON YOUR APPLICATION WILL AFFECT THE APPROVAL OR RESIDENCY.

FAVOR DE COMPRENDER QUE ESTA ES TAN SOLO UNA APLICACION PRELIMINARIA, LA CUAL NO LE ASEGURA DE MANERA ALGUNA QUE RECIBIRA UNA VIVIENDA. POSIBLEMENTE REQUERIREMOS INFORMACION ADICIONAL PARA TERMINAR DE PROCESAR SU APLICACION. POR MEDIO DE SU FIRMA UD. ACCEDE A QUE VERIFIQUEMOS LA INFORMACION POR UD. PROVEIDA A TRAVES DE ESTA APLICACION. FALSEDADES O MALSINERIAS AQUI ESCRITAS AFECTARAN LA APROBACION DE SU INQUILINAJE EN ESTA VIVIENDA.

ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE/TODA ESTA INFORMACION ES VERDICA Y COMPLETA:

All applicants over the age of eighteen (18) must sign this application.

SIGNATURE/FIRMA: _____ DATE: _____

SIGNATURE/FIRMA: _____ DATE: _____

Financial assistance is contingent on submission and verification of citizenship or eligible immigration status. Assistance may be prorated, denied or terminated if any or all family members are determined ineligible for assistance.

**Return to: Housing Opportunities Corporation
861 A Broad Street
Providence, RI 02907**

**Received By: _____
office staff**

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/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	
Non-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

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

Signature: _____

Date: _____

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

B.

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

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

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



AUTHORIZATION

As part of my application to rent an apartment (or work) at _____, I hereby give permission that the management company and/or its attorney may obtain my BCI report and any other criminal record reports which may exist.

Full Name (print): _____

Current Address: _____

Date of Birth: _____

Social Security #: _____

Signature: _____

Before me, Notary Public personally appeared the above person who signed in my presence and indicated the above information is true and correct.

Notary Public
My Commission Expires:

NOTE: ATTACHED IS A PHOTOCOPY OF THE APPLICANT'S DRIVERS LICENSE OR OTHER PHOTO I.
NOTE: ATTACHED IS A PHOTOCOPY OF THE APPLICANT'S DRIVERS LICENSE OR OTHER PHOTO I.D.