



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

Dear Applicant,

Thank you for your interest in the apartments under Meadows Real Estate Management and Development Corporation. Please circle the property and number of bedrooms you are applying for below:

Property Location	Bedroom Size	Bedroom Size	Bedroom Size	Subsidy Status
<b>Jackie Schaeffer Townhomes</b> 711 Garden Street Hartford, CT 06112	2 bedrooms	3 bedrooms		Subsidy Available for 2-bedroom units only. Will accept Section 8
<b>Wethersfield Commons</b> 32-34 & 36-38 Wethersfield Avenue Hartford, CT 06114	2 bedrooms	3 bedrooms	4 bedrooms	No Subsidy Available Will accept Section 8
<b>Generations Senior Housing</b> 35 Clark Street Hartford, CT 06120	1 bedroom			Subsidy Available
<b>Generations Grandparents Raising Grandchildren</b> Capen St & Barbour St. Hartford, CT 06120	2 bedrooms	3 bedrooms	4 bedrooms	Subsidy Available

Please note apartments are not filled on an emergency basis. Once we have processed your information, we will send you a letter indicating that the application has been received and the status of the application, i.e., on waitlist or Incomplete application.

How did you hear about our affordable housing apartments?

☐ Newspaper (Specify which one: \_\_\_\_\_)

☐ Friend/relative: \_\_\_\_\_

☐ Media (Specify: \_\_\_\_\_)

☐ Internet ☐ Other: \_\_\_\_\_

**Program requirements are listed below:**

1. Income limits for Jackie Schaeffer, Wethersfield Commons and Generations are based on the household composition (family size).
2. If applying for Generations - Grandparent Raising Grandchildren, you must have full custody of your grandchildren, not temporary.

3. If applying for Generations - Elderly Housing, you must be 62 years of age or older.
4. All household members 18 years and older must complete their information on the application, sign all forms, provide all income and asset documents and be present for the interview.
5. *All household members have not been convicted of a felony and/or sex crimes.*
6. All household members have not been evicted from housing in the past 3 years.

Please note that there may or may not *be* an apartment available at this time. Please contact the Property Manager in writing if any changes occur after submitting your application such as: change of *address*, change of *phone number*, change in household composition, change in income, assets, evictions, arrests and/or convictions, or any other changes so we can update your applicant file.

Please read and sign/date the next page. Your signature acknowledges that all of the information on your application is true to the best of your knowledge; any false statements are punishable by law and will lead to the cancellation of your application *and/or* termination of tenancy after occupancy.

Please complete the enclosed application for housing in its entirety and return to CRT, Property Management, 555 Windsor Street, Hartford, CT 06120, including:

1. The Application for Housing (8 pages)
2. HUD Form 2706141 Race and Ethnic Data Reporting Form (2 pages) —Optional
3. HUD Form 92006 Supplement for Application *for Federal Assisted Housing* (1 page)
4. Citizenship Declaration Form (3 pages)
5. Verification Consent Form (1 page)
6. Additional Background Information Form (1 page)
7. General Release for the property applying for housing

When completing the application, please do not leave any blanks. If an item does not apply, mark with an "N/A". Otherwise, your application will be incomplete and will be returned to you.

Please include copies of the items listed below when submitting your application:

1. Photo ID or driver's license (all household members 18 years and *older*)
2. Social Security card (all household members)
3. Birth Certificate (all household members)
4. Proof of *Income* (Social Security Benefit letter, Public Assistance letter, (6) weeks of *consecutive* paystubs, child support/alimony court documents, pension letter).
5. W-2 forms showing annual income for previous year (if employed)
6. Bank Statements (6) months current consecutive bank statements for checking account, current bank statement for savings account, Certificate of Deposit account statement, 401K statement, IRA/Keogh statement).
7. If you receive cash assistance, include an EBT balance inquiry slip from an ATM. If you receive Social Security benefits through a Direct Express *card*, include a balance inquiry slip from an *ATM*.

**If you have additional questions, you may call (860) 560-5427**

I, the Property Manager for *Meadows Real Estate Management and Development Corporation*,  
*provided* this cover letter (3 pages total) to the applicant(s) applying for an apartment.

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*Property Manager (Printed Name)*

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*Property Manager (Signature)*

---

*Date*

I, \_\_\_\_\_, the applicant, received the cover letter attached to the application I am submitting. I understand all of the requirements in submitting a complete application. I certify that all *of the information in this application* is true to the best of my knowledge. I understand that false statements and/or information are punishable by law and will lead to the cancellation of this application and/or termination of tenancy after occupancy.

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*Applicant (Printed Name)*

---

*Applicant (Signature)*

---

*Date*

I, \_\_\_\_\_, the applicant, received the cover letter attached to the application I am submitting. I understand all of the requirements in submitting a complete application. I *also understand* that housing is based on a waiting list and emergency. I certify that all of the information in this application is true to the best of my knowledge. I understand that false statements and/or information are punishable by law and will lead to the cancellation of this application and/or termination of tenancy after occupancy.

---

*Applicant (Printed Name)*

---

*Applicant (Signature)*

---

*Date*

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>
	<b>Address:</b>
Please complete this application and return to:	<b>Name:</b>
	<b>Address:</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when applicable.

## A. GENERAL INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

## B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at 100% of the time?

☐ Yes ☐ No

If not, explain custody agreement (proof of custody may be required): \_\_\_\_\_

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

☐ Yes ☐ No

### **IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):**

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	Social Security	\$
14.	SSI Benefits	\$
15.	SSI Benefits	\$
16.	SSI Benefits	\$
17.	Pension (list source)	\$
18.	Pension (list source)	\$
19.	Veteran's Benefits (list claim #)	\$
20.	Veteran's Benefits (list claim #)	\$
21.	Unemployment Compensation	\$
22.	Unemployment Compensation	\$
23.	Public Assistance (Title IV/TANF etc.)	\$
24.	Contributions to the Household (monetary or not)	\$
25.	Full-Time Student Income (18 & Over Only)	\$
26.	Financial Aid (excluding loans)	\$
27.	Annuities (list sources)	\$
28.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
29.	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
30.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
31.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Monthly Amount
32.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
33.	<b>Previous Employment amount (last 60 days)</b>	\$
	Employer:	
	Position Held	
	How long employed:	
34.	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive formal/informal (money, items, etc.) child support? <i>If court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	<b>Other Income</b>	\$
37.	<b>Other Income</b>	\$
38.	<b>Other Income</b>	\$
39. <b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
40. <b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b> (Do <b>NOT</b> leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>D. ASSETS</b>			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

47. Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
48. Trust Account	#	Bank	Balance \$	
49. Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#	Cash Value \$		
54. Life Insurance Policy	#	Cash Value \$		
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
58. Investment Property				Appraised Value \$

59. Real Estate Property:	<b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, Type of property</i></b>		
60. Location of property		
61. Appraised Market Value		\$
62. Mortgage or outstanding loans balance due		\$



63. Amount of annual insurance premium	\$
64. Amount of most recent tax bill	\$
65. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

66. Does any member of the household have an asset(s) owned jointly with a person who NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
67. Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

68. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
69. Market value when sold/disposed	\$
70. Amount sold/disposed for	\$
71. Date of transaction:	

72. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, describe the asset:</i>	
73. Date of disposition:	
74. Amount disposed	\$

75. Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
76. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
78. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
79. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<i>If yes, describe</i>		
80. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

## F. REFERENCE INFORMATION

81. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
82. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
83. Credit Reference #1:		
Address:		
Account #:		Phone #:
84. Credit Reference #2:		
Address:		
Account #:		Phone #:
85. Credit Reference #3:		
Address:		
Account #:		Phone #:
86. Personal Reference #1:		
Address:		
Relationship:		Phone #:
87. Personal Reference #2:		
Address:		
Relationship:		Phone #:
88. Personal Reference #3:		
Address:		
Relationship:		Phone #:

89. In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION</b> (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
90. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
91. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
92. Do you own any pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>			

<b>H. APPLICATION ASSISTANCE</b>			
93. Did anyone help/assist you in filling out this application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>			

### CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date



## Citizenship Declaration Form

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

LAST NAME

FIRST NAME

RELATIONSHIP TO HEAD OF HOUSEHOLD

SEX

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ALIEN REGISTRATION NUMBER

ADMISSION NUMBER

*If applicable this is an 11-digit number found on DHS form I-94, Departure Record*

NATIONALITY

*Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth*

SAVE VERIFICATION NUMBER

*To be entered by owner if and when received*

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I  
am \_\_\_\_\_ (print or type first name, middle initial, last  
name):

- ☐ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

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

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

- ☐ Check here is adult signed for a child.

## Citizenship Declaration Form

- ☐ 2. A noncitizen with eligible *immigration status as* evidenced by one of the documents listed below:

NOTE:

If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this *format* and *sign* below:

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

- a. Verification Consent Format (see Sample Verification Consent Form

AND

- b. One of the following documents:

(1) Form 1-551, \*Permanent Resident Card\*

(2) Form 1-94, Arrival-Departure Record, with one of the following annotations:

- (a) "Admitted as Refugee Pursuant to section 207";
- (b) "Section 208" or "Asylum";
- (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
- (d) "Paroled Pursuant to Sec. 212(4)(5) of the INA."

(3) If Form 1-904, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken);
- (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- (c) A court decision granting withholding or deportation; or
- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS Indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) \*Other acceptable evidence. If other documents are determined by the DI-1S to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*. \*

## Citizenship Declaration Form

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

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

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

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

☐ Check here is adult signed for a child.

### REQUEST FOR EXTENSION

**I hereby certify that I am a noncitizen with eligible immigration status, as *noted in block 2 above*, but the *evidence needed* to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.**

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

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

☐ Check here is adult signed for a child.

☐ **3.** I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

if you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification, if this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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

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

☐ Check here is adult signed for a child.

## Verification Consent Form

**INSTRUCTIONS:** Complete this format for each noncitizen family member who declared

Eligible immigration status on the **\*\*Citizenship\*\*** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, initial, last name)

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

### **NOTIFICATION TO FAMILY:**

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

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

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

☐ Check here if adult signed for a child.

# The Meadows Real Estate Management & Development Corporation

## Additional Background Information

1. Please list all the states that you or the members of your household have resided in:

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2. For applicants who were 62 years **old** or older as of January 31, 2010 **and** who **do** not have a SSN:

Were you receiving any HUD rental assistance at another location as of January 31, 2010?

☐ Yes ☐ No

What city/state: 

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3. Are you or any member of your household a lifetime sex offender in CT or any other state?

☐ Yes ☐ No

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**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**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): \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

---

**Signature**

---

**Date**

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

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

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

### A. General Instructions:

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

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

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

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

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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. 3501-3520). 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.



## 35 Clark St. Limited Partnership GENERATIONS-GRANDFAMILY HOUSING

### GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:

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ADDRESS:

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I, the above-named individual, have authorized the Meadows Real Estate Management & Development Corporation to verify the accuracy of the information which I have provided to them from the following sources that cannot go beyond the needs for required Low-Income Housing Tax Credit (LIHTC), CHFA, and HUD required verifications i.e., Assets, All Income, Landlord Verification, Year to Date Taxes, and Criminal/Credit Records.

I hereby give you my permission to release this information to the Meadows Real Estate Management & Development Corporation subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page(s) to the Meadows Real Estate Management & Development Corporation within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

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*Signature*

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*Date*

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE.**





## 35 Clark St. Limited Partnership GENERATIONS-SENIOR HOUSING

### GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:

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ADDRESS:

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I, the above-named individual, have authorized the Meadows Real Estate Management & Development Corporation to verify the accuracy of the information which I have provided to them from the following sources that cannot go beyond the needs for required Low-Income Housing Tax Credit (LIHTC), CHFA, and HUD required verifications i.e., Assets, All Income, Landlord Verification, Year to Date Taxes, and Criminal/Credit Records.

I hereby give you my permission to release this information to the Meadows Real Estate Management & Development Corporation subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page(s) to the Meadows Real Estate Management & Development Corporation within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

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*Signature*

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*Date*

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE.**





## 3236 South Limited Partnership WETHERSFIELD COMMONS

### GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:

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ADDRESS:

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I, the above-named individual, have authorized the Meadows Real Estate Management & Development Corporation to verify the accuracy of the information which I have provided to them from the following sources that cannot go beyond the needs for required Low-Income Housing Tax Credit (LIHTC), CHFA, and HUD required verifications i.e., Assets, All Income, Landlord Verification, Year to Date Taxes, and Criminal/Credit Records.

I hereby give you my permission to release this information to the Meadows Real Estate Management & Development Corporation subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page(s) to the Meadows Real Estate Management & Development Corporation within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

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*Signature*

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*Date*

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE.**





## Community Renewal Team, Inc. JACKIE SCHAFFER APARTMENTS

### GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:

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ADDRESS:

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I, the above-named individual, have authorized the Meadows Real Estate Management & Development Corporation to verify the accuracy of the information which I have provided to them from the following sources that cannot go beyond the needs for required Department of Housing (DOH), State Sponsored Housing Portfolio Programs (SSHP), Low-Income Housing Tax Credit (LIHTC), CHFA, and HUD required verifications i.e., Assets, All Income, Landlord Verification, Year to Date Taxes, and Criminal/Credit Records.

I hereby give you my permission to release this information to the Meadows Real Estate Management & Development Corporation subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page(s) to the Meadows Real Estate Management & Development Corporation within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

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*Signature*

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*Date*

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE.**

