

MOVE IN-TENANT FILE CHECKLIST

PRINT ON COLORED PAPER

Tenant Name: _____

Unit #: _____

Move-In Date: _____

Original Security Deposit: _____

	In File	All Signed
LEFT SIDE (TOP TO BOTTOM)		
A. Utility Verification if Applicable		
B. Initial Notice of Annual recertification		
C. Move In Inspection		
D. Security Deposit Receipt		
RIGHT SIDE (TOP TO BOTTOM)		
A. Checklist Form 001		
B. 50059 Print Out Package		
1. Household Income Verification		
2. Verification of Disability-If Applicable		
3. Certification of Assets on Deposit-If Applicable		
4. Adjustments to Income (medical, other)		
5. Consent for Release of Information		
C. Model Lease		
1. House Rules and Regulations		
2. Lead Based Paint Acknowledgement		
3. Maintenance Fee Schedule		
4. Certification of Handouts		
5. Emergency Contact Form		
6. Asset Disposal Acknowledgement		
D. PERMANENT INFORMATION		
1. Birth Certificates		
2. Social Security Cards		
3. Photo Identification		
4. Verification of Criminal Screening		
5. Citizenship Declaration		
6. Ethnicity Data Sheet		
7. Resident Application-acceptance letter		
8. Owner's Summary Sheet		
9. Family Summary Sheet		
10. Additional Screening Documents		

Completed By _____

Date _____

Property _____ Date _____ Unit Inspection _____ Type _____ Unit _____

	Housekeeping		Damaged	Comments
	Pass	Fail		
Living /Dining/Hall				
Ceiling/Walls/Floors/Baseboards				
Doors/Locks/Knobs				
Blinds/Windows/Screens				
Fixtures/Outlets/Globes				
Threshold/Weatherstrip				
Kitchen				
Walls/Ceilings/Baseboards				
Cabinets/Tops/Drawers/Pulls				
Range/Refr./ V. Hood				
Sink/Faucet/Drains/Gar. Disp				
Windows/Blinds/Screens				
Fixtures/Outlets/Globes				
Hallway/Utility Area				
Utility Closet /Hot Water Area				
Breaker Box/ HVAC Unit				
Fixtures/Outlets/Globes				
Smoke Alarm				
Walls /Ceilings/Baseboards				
Bathroom 1				
Walls/Ceilings/Baseboards				
Windows/Blinds/Screens				
Fixtures/Outlets/Globes				
Sink/Faucet/Drains/Plugs				
Tub/Surround/Showerhead				
Bathroom 2				
Walls/Ceilings/Baseboards				
Windows/Blinds/Screens				
Fixtures/Outlets/Globes				
Sink/Faucet/Drains/Plugs				
Tub/Surround/Showerhead				
Bedroom 1				
Ceiling/Walls/Floors/Baseboards				
Fixtures/Outlets/Globes				
Closets/Doors/Rods/Blinds/etc				
Bedroom 2				
Ceiling/Walls/Floors/Baseboards				
Fixtures/Outlets/Globes				
Closets/Doors/Rods/Blinds/etc				
Bedroom 3				
Ceiling/Walls/Floors/Baseboards				
Fixtures/Outlets/Globes				
Closets/Doors/Rods/Blinds/etc				
Bedroom 4				
Ceiling/Walls/Floors/Baseboards				
Fixtures/Outlets/Globes				
Closets/Doors/Rods/Blinds/etc				

Shampooing Required _____ Painting Required _____ Ceiling Painted _____

By Signing, You agree that the unit is provided in Decent, Safe and Sanitary Condition as Set forth by HUD Requirements

Tenant Name _____

Inspector Signature _____

Signature _____

HOUSE RULES AND REGULATIONS

PLEASE READ EACH PARAGRAPH AND INITIAL BESIDE IT TO CONFIRM YOUR ACKNOWLEDGEMENT OF SUCH.

RESIDENT NAME: _____

UNIT #; _____

____ 1. RENT- RENT IS DUE ON THE 1ST CALENDAR DAY OF EACH MONTH AND LATE FEES ARE CHARGED BEGINNING THE 6TH CALENDAR DAY OF EACH MONTH. THIS EXCLUDES SECTION 202, 811, AND PRAC PROPERTIES.

____ 2. GUESTS AND/ OR VISITORS- PRIOR OFFICE NOTIFICATION IS REQUIRED FOR ALL NON HOUSEHOLD MEMBERS STAYING IN THE UNIT FOR MORE THAN 2 NIGHTS PER 30 DAY PERIOD. IT IS THE RESIDENT'S RESPONSIBILITY TO ENSURE THAT THEIR GUESTS/ VISITORS ARE AWARE OF THE RULES AND REGULATIONS OF THIS PROPERTY. THE ACTION OF YOUR GUEST/ VISITOR IS A DIRECT REFLECTION ON YOUR HOUSEHOLD AND RESIDENCY AT THIS PROPERTY. ALL DAMAGES AND/ OR DISTURBANCES WILL BE HANDLED IN THE SAME MANNER AS IF THE RESIDENT HAD COMMITTED THE ACT THEMSELVES. ALLOWING EXCESSIVE TRAFFIC (VISITORS) TO AND FROM YOUR APARTMENT THAT PROVES DISRUPTING TO THE PROPERTY WILL NOT BE TOLERATED.

____ 3. DISTURBANCES- A DISTURBANCE IS CONSIDERED ANYTHING THAT DISRUPTS ANY RESIDENT'S RIGHT TO THE PEACE AND QUIET ENJOYMENT OF THE PREMISES. THERE SHOULD NOT BE ANY NOISE, MUSIC, T.V., VOICES, ETC. THAT CAN BE HEARD OUTSIDE OF ANY UNIT AT ANYTIME. ALL POLICE DISPATCHES TO A RESIDENT'S UNIT MUST BE REPORTED TO THE OFFICE WITHIN 48 HOURS BY THE RESIDENT.

____ 4. CHILD SUPERVISION- THE HEAD OF HOUSEHOLD IS HELD RESPONSIBLE AND/ OR LIABLE FOR THE ACTIONS OF ADOLESCENT HOUSEHOLD MEMBERS AND ANY OTHER CHILD VISITING THEIR UNIT. CHILDREN ARE NOT ALLOWED TO PLAY IN LAUNDRY ROOM AREAS, HALLWAYS, STAIRWAYS, NOR ON ANY OTHER STRUCTURE NOT DESIGNED FOR THAT PURPOSE. FOR THE SAFETY OF CHILDREN UNDER THE AGE OF 12 YEARS OLD IT IS REQUESTED THAT THE CHILD STAY WITHIN VISIBLE EYE SIGHT OF THE PERSON OF WHOM THEY ARE IN THE CARE OF.

____ 5. CURFEW HOURS- FOR YOUR SAFETY, PROPERTY CURFEW HOURS ARE 10:00P.M. FOR PERSONS 16 YEARS OF AGE AND OLDER AND 9:00P.M. FOR PERSONS 15 YEARS OF AGE AND UNDER. AFTER THE APPLICABLE CURFEW HOUR ALL PERSONS ON THE PROPERTY SHOULD BE WITHER ENTERING OR EXITING AN APARTMENT AND ENTERING OR EXITING THE PROPERTY.

____ 6. LOITERING- AT NO TIME IS LOITERING ALLOWED ON THE PROPERTY. SITTING IN, HANGING OUT, OR LOITERING IN AND AROUND VEHICLES, BUILDINGS, AND COMMON AREAS IS NOT ALLOWED ON THIS PROPERTY BY RESIDENTS OR THEIR VISITORS AT ANYTIME.

____ 7. RESPONSIBLE PARTIES- THE OWNER NOR ANY REPRESENTING PARTY IS RESPONSIBLE/ LIABLE FOR ANY VEHICLE OR PERSONAL BELONGINGS OF ANY RESIDENT OR GUEST IN A VEHICLE OR IN AN APARTMENT. FURTHERMORE, THE PROPERTY IS NOT LIABLE FOR LOSS OF ITEMS DUE TO SITUATIONS NOT OF THEIR CONTROL AND/ OR NOT KNOWLEDGEABLE OF.

____ 8. MAINTENANCE REQUEST- THE RESIDENT IS RESPONSIBLE FOR NOTIFYING MANAGEMENT IN A TIMELY MANNER OF MAINTENANCE NEEDS WITHIN THEIR APARTMENT. THE FAILURE TO DO SO THAT CONTRIBUTES TO ADDITIONAL DAMAGE IS A CHARGEABLE EXPENSE TO THE RESIDENT. IF AN EMERGENCY MAINTENANCE NEED SHOULD ARISE AFTER NORMAL OFFICE HOURS NOTIFY MANAGEMENT BY CALLING: _____. USING THIS PHONE NUMBER FOR SITUATIONS THAT ARE NOT OF THE EMERGENCY NEED WILL BE CONSIDERED INTERFERING WITH MANAGEMENT WHICH IS A VIOLATION OF YOUR LEASE.

____ 9. UNIT INSPECTIONS-UNIT INSPECTIONS ARE CONDUCTED QUARTERLY. THREE FAILED UNIT INSPECTIONS WITHIN A 12 MONTH PERIOD CONSTITUTES THE INITIATION OF EVICTION PROCEEDINGS WITHOUT FURTHER NOTICE. YOUR APARTMENT SHOULD BE KEPT IN A CLEAN, SAFE, AND SANITARY CONDITION AT ALL TIMES AS REFERRED TO IN YOUR HUD MODEL LEASE.

- BLOCKED EGRESS- ALL ROOMS IN YOUR APARTMENT MUST HAVE AT LEAST ONE WINDOW THAT IS NEVER BLOCKED. THE ENTIRE WINDOW MUST BE ACCESSIBLE AT ALL TIMES. THIS INCLUDES BUT IS NOT LIMITED TO HAVING HEADBOARDS, CRIBS, DRESSERS, T.V.'S, A/C'S, ETC. IN FRONT OF SUCH WINDOW.
- TRIPPING HAZARDS- WIRES, TO INCLUDE TELEPHONE CORDS, CABLE CORDS, EXTENSION CORDS, ETC. ARE NOT ALLOWED TO BE RUN ACROSS THE FLOOR AS TO CREATE A TRIPPING HAZARD.

____ 10. DISPOSAL OF TRASH- ALL TRASH IS TO BE PROPERLY BAGGED AND DISPOSED OF IN THE AVAILABLE RECEPTACLES. AT NO TIME SHOULD TRASH BE LEFT IN THE COMMON AREAS OF THE PROPERTY TO INCLUDE PORCHES AND BALCONIES. IT IS NOT THE ROUTINE RESPONSIBILITY OF THE STAFF OF THIS PROPERTY TO PICK UP TRASH AFTER THE TENANT. THE TENANT IS RESPONSIBLE FOR PICKING UP TRASH AROUND THEIR UNIT.

- DISPOSAL OF UNWANTED FURNITURE, MATTRESSES, ETC. THAT WILL NOT PROPERLY FIT IN THE TRASH RECEPTACLE IS NOT ALLOWED TO BE LEFT OUTSIDE THE GARBAGE CONTAINER. REMOVAL FEES WILL APPLY FOR ANY LEFT ITEMS.
- BAGGED TRASH SHOULD BE REMOVED FROM THE APARTMENT WHEN THE BAG IS FULL AND NOT STORED FOR DAYS AT A TIME.
- IT IS REQUIRED THAT ALL TRASH CONTAINER DOORS/ LIDS BE CLOSED AFTER DISPOSING OF TRASH.

____ 11. PORCHES/ BALCONIES/ STAIRWAYS- THE STORING OF INSIDE FURNITURE, BOXES, TRASH, TRASH CANS, BROKEN DOWN BIKES, AUTO PARTS, ETC. IS NOT ALLOWED IN THESE AREAS. RUGS, LAUNDRY ITEMS, NOR BLINDS ARE TO BE HUNG IN THESE AREAS. FRONT PORCHES ARE TO BE KEPT IN AN ORGANIZED SANITARY MANNER.

____ 12. PARKING- ALL VEHICLES, TRAILERS, BOATS, ETC. PARKED ON THE PROPERTY MUST COMPLY WITH STATE LAW REQUIREMENTS OF OPERATION WHICH INCLUDES LICENSING AND INSURANCE. VEHICLE MAINTENANCE IS NOT ALLOWED ON THE PROPERTY WITHOUT PRIOR MANAGEMENT NOTIFICATION AND APPROVAL. AT NO TIME ARE VEHICLES TO BE LEFT ON JACKS, BLOCKS OR IN INOPERABLE CONDITION. ALL INOPERABLE VEHICLES MUST BE REMOVED FROM THE PROPERTY WITHIN 24 HOURS. PARKING SPACES ARE TO BE KEPT FREE OF OIL SPOTS AND FLUID SPILLS. PARKING AND/ OR DRIVING OF VEHICLES ON ANY AREA OF THE PROPERTY NOT INTENDED FOR THAT PURPOSE IS NOT ALLOWED. AS A COURTESY TO YOUR NEIGHBORS INSTRUCT VISITORS TO USE PARKING AREAS FARTEST FROM YOUR APARTMENT BUILDING.

____ 13. DRUGS/ ALCOHOL- ILLEGAL DRUG ACTIVITY IS NOT ALLOWED AT THIS PROPERTY AT ANY TIME. THIS INCLUDES ABUSE OF ALCOHOL CONSUMPTION. NO ALCOHOL CONSUMPTION IS ALLOWED IN AREAS THAT CAN BE SEEN IN PUBLIC VIEW.

____ 14. PETS/ ANIMALS- DOMESTICATED PETS OR ANIMALS ARE NOT ALLOWED AT THIS PROPERTY, THIS EXCLUDES TURTLES AND FISH WHICH REQUIRE A SIGNED PET POLICY WITH MANAGEMENT. SERVICE ANIMALS ARE ALSO EXCLUDED BUT REQUIRE FILE DOCUMENTATION OF NEED. THIS POLICY DOES NOT APPLY TO ELDERLY AND/OR HANDICAPPED FACILITIES.

____ 15. LAUNDRY AREAS- LAUNDRY ROOM HOURS ARE: _____. ANY PERSON REQUIRING THE LAUNDRY ROOM TO BE OPENED AFTER NORMAL OPERATING HOURS WILL BE CHARGED AN AFTER HOURS OPENING CHARGE.

____ 16. GRILLING- GRILLING MUST BE DONE AT A MINIMUM OF 15 FEET FROM THE BUILDING WITH A FIRE EXTINGUISHER. ONLY AFTER THE GRILL HAS COMPLETED COOLED CAN IT BE PLACED NEAR YOUR UNIT FOR STORAGE.

____ 17. EXCESSIVE USE OF UTILITIES- VEHICLE WASHING, SWIMMING POOLS, SPRINKLERS, PORTABLE DISHWASHERS, FULL SIZE WASHING MACHINES NOT PROPERLY INSTALLED, AND PORTABLE WASHERS IS PROHIBITED FROM BEING USED ON THE PROPERTY. IF A RESIDENT IS FOUND TO BE IN VIOLATION OF THIS RULE AN EXCESSIVE USE OF UTILITY CHARGE WILL BE BILLED. UNREPORTED WATER LEAKS WHICH INCLUDE TOILETS RUNNING AND SINK FAUCETS DRIPPING CAN BE CONSIDERED EXCESSIVE USE OF UTILITIES AS WELL. FOR PROPERTIES THAT UTILITY COSTS IN ADDITION TO WATER/ SEWAGE SERVICE ARE INCLUDED IN RESIDENT RENT, ADDITIONAL TYPES OF EXCESSIVE USE CHARGES WILL ALSO APPLY FOR ELECTRICITY AND GAS SERVICES.

____ 18. COMMON AREAS- PASSAGEWAYS, PUBLIC HALLS, STAIRWAYS, LANDINGS, NOR SIDEWALKS SHALL BE PERMITTED TO BE OBSTRUCTED AT ANYTIME BY PERSONS OR THINGS.

____ 19. THE HOUSE RULES AND REGULATIONS SHALL BE MADE PART OF THE LEASE AGREEMENT. THE RESIDENT AGREES TO OBSERVE THESE RULES, AND ANY RULES AS MAY BE LATER ADDED OR AMENDED BY MANAGEMENT WITH PROPER NOTIFICATION.

I HAVE READ AND INITIALED ALL OF THE ABOVE AND FULLY UNDERSTAND THE SAME. I FURTHER UNDERSTAND THAT THE REPEATED VIOLATION OF THESE RULES SHALL BE CONSIDERED MATERIAL NON-COMPLIANCE OF MY LEASE.

HOH AND DATE

OTHER HOUSEHOLD MEMBER & DATE

OTHER HOUSEHOLD MEMBER & DATE

OTHER HOUSEHOLD MEMBER & DATE

Maintenance Charges

ABUSE and/or Neglect Charges, as outlined below, will be accessed to your account in accordance with the terms as set forth in your lease and your House Rules and Regulations.

Maintenance Need	Charge	Type
DOORS AND WINDOWS		
Re-Screen Window	\$50.00	Ea
Replace Interior Door	100.00	Ea
Replace Exterior Door	225.00	Ea
Replace Window Panes	50.00	Ea
Re-hang Window Screen (Screen has been removed)	15.00	Ea
Replace exterior Door Knob	40.00	Ea
Replace Deadbolt	40.00	Ea
Replace interior Doorknob or Lock	20.00	Ea
Install or Replace Peephole	20.00	Ea
Replace Copy of Key to Unit	5.00	Ea
Allow Entry to Unit (Lockout) Normal Business Hours	10.00	Ea
After Hours Lockout	40.00	Ea
Replace interior door facing	25.00	Ea
Install or remove A/C in Window	25.00	Ea
Repair Interior Door Damage	15.00	3"x5" Area
Replace Door Stop	10.00	Ea
Replace Screen Door	185.00	Ea
Repair Screen on Screen Door	50.00	Ea
Repair Handle on Screen Door	25.00	Ea
Re-Hinge Door- Interior	15.00	Ea
Replace door Jam- Exterior	125.00	Ea
Replace Large Blind	50.00	Ea
Replace Small Blind	25.00	Ea
APARTMENT SYSTEMS, PLUMBING, ELECTRICAL		
Replace Floor Tile	10.00	Per Tile
Install new Light Cover	15.00	Ea
Re-install Light cover Tenant has in Apt but has removed	5.00	Ea
Clean Light Cover	10.00	Ea
Unstop Commode, Sink, Bath, or refrigerator Line	35.00	Ea
Replace Smoke alarm	25.00	Ea
Replace or Reconnecting Smoke Alarm Battery (Multi-Family Only)	10.00	Ea
Replace Light Bulb (Multi-Family Only)	5.00	Ea
Replace Tissue Holder and Shower Curtain Rod	10.00	Ea
Repair Towel Rod	15.00	Ea
Replace Shower Hose	35.00	Ea
Carpet Cleaning (Per Room)	75.00	Ea
Replace Kitchen or Bathroom Faucet	75.00	Ea
Replace Sink Stopper or Bath Stopper	5.00	Ea
Replace Toilet	125.00	Ea
Replace Counter Top	200.00	Ea
Replace Light Fixture	25.00	Ea
Replace switch plate or outlet cover	5.00	Ea
Replace Outlet or Switch	10.00	Ea
Replace Vanity or Bathroom Sink	150.00	Ea
Medicine Cabinet	50.00	Ea

Maintenance Charges FORM012

Replace Toilet Seat	20.00	Ea
Replace Closet Rod or Shelf	15.00	Ea
Repair Garbage Disposal	A Market Demands	Ea
Appliance , Utilities, Etc.		
Cleaning of Stove, Refrigerator, Vent Hood, (additional charges may apply for gross negligence or filth due to lack of utilities)	25.00	Each Item
Replace Stove Drip Pans	10.00	Ea
Replace drawer guide(s)	25.00	Ea
Repair Cabinet Doors or Drawers	50.00	Ea
Replace Stove Knobs	15.00	Ea
Replace Refrigerator or Freezer Handle	50.00	Ea
Replace refrigerator Gasket	75.00	Ea
Repair Interior Wall Damage	20.00	3"x5" Area
Replace Vent hood	75.00	Ea
Stoves and Refrigerators which must be replaced due to neglect or willful damage will be charged replacement cost less depreciation	As Quoted	Ea
Paint 1 Bedroom Apartment	225.00	Ea
Paint 2 Bedroom Apartment	250.00	Ea
Paint 3 Bedroom Apartment	300.00	Ea
Paint 4 Bedroom Apartment	350.00	Ea
Touch-up Paint	35.00	Per Room
Cleaning of Apartment due to excessive filth	25.00	Per Man Hour
Removing Trash and/or Personal Abandoned Items from Apartment	25.00	Per Man Hour
Removing Furniture From Apartment	25.00	Per Man Hour
Excessive Use of Utilities- Running A/C or Heat with Doors and/or Windows Open, Using Stove for Heat, using Refrigerator to cool, leaving lights and personal appliances on while not home.	15.00	Per Incident
SPECIAL MANAGEMENT SERVICES		
Replace Mailbox key (3 Times)	5.00	Ea
Re-Key Mail Box	25.00	Ea
Damage to Landscaping as a result of resident neglect or abuse	As Charged	Ea
Removing Items which cause Blocked Egress	15.00	Ea
Removing unattended bags of Trash from Common Area	10.00	Ea

All Charges that are not addressed in this list, but which may be accrued due to negligence or abuse will be charged to the tenant at the current market rate. The costs as set forth herein include materials, labor, administrative costs and overhead which accrue due to tenant mis-use of the property and are reasonable charges based on current pricing structures.

Head of Household

Date

Certification of Receipt of Handouts

I, _____ hereby certify that I have received the HUD Fact Sheet, The Tenant Fraud Information Handout, and the Tenant Rights and Responsibilities Handbook.

Tenant Signature

Date

Spouse or Co-Head

Date

Manager

Date

Unit#_____

This form is to be completed at each move-in, and annual recertification

EMERGENCY CONTACT INFORMATION

NAME: _____

UNIT # _____

ALL HOUSEHOLD MEMBERS THAT ARE NOT RELATED TO THE HOH MUST FILL THIS SHEET OUT.

IN CASE OF AN EMERGENCY YOU CAN CONTACT THE FOLLOWING PERSON(S):

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

IN THE EVENT I AM INCAPACITATED, HOSPITALIZED, OR AT THE RESULT OF DEATH, I HEREBY AUTHORIZE THE FOLLOWING PERSON TO ENTER THE UNIT AND REMOVE ALL ITEMS AS NECESSARY. I ALSO AUTHORIZE THIS PERSON TO RECEIVE ANY DEPOSIT REFUND DUE, AS DETERMINED BY MANAGEMENT.

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP: _____

RESIDENT SIGNATURE & DATE

CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I, OR ANY OF MY HOUSEHOLD MEMBER(S), DID ____/ DID NOT ____ DISPOSE OF ONE OR MORE ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE TWENTY FOUR MONTHS PRECEDING ____.
(TODAY'S DATE)

IF ASSETS WERE DISPOSED OF FOR LESS THAN FAIR MARKET VALUE, DESCRIBE BELOW:

ASSET DISPOSED OF	DATE OF DISPOSITION	FAIR MARKET VALUE	AMOUNT RECEIVED

WARNING:

TITLE 18, 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, THE PHA AND ANY OWNER, (OR EMPLOYEE OF HUD, THE PHA, OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USE OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$ 5000. 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, THE PHA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE.

HEAD OF HOUSEHOLD

DATE

HOUSEHOLD MEMBER OVER 18 YEARS OF AGE

DATE

HOUSEHOLD MEMBER OVER 18 YEARS OF AGE

DATE

Citizenship Status Declaration

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 NO. _____ ALIEN REGISTRATION NO. _____

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 NO. _____
(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 if adult signed for a child: _____

----- 2. A non-citizen 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 (* Exhibit 3-6 *).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-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(d)(5) of the INA."
- (3) If Form I-94, *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) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) 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.
- (7) Form I-151 Alien Registration Receipt Card.

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 if adult signed for a child: -----

<p style="text-align: center;">REQUEST FOR EXTENSION</p> <p>I hereby certify that I am a non-citizen 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.</p> <p>----- Signature Date</p> <p>Check if adult signed for a child: -----</p>
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----- 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 if adult signed for a child: -----

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2011)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

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

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

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

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

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.