



www.hollanderhouse.org



Privately Owned and Self-Managed by:
Greater Bridgeport Jewish Housing Corp.
4190 Park Avenue, Bridgeport, CT 06604
Tel: (203)374-7868 | Fax: (203)374-8643
E-mail: info@hollanderhouse.org

Affordable, Independent Senior Living for Age 62+

PRELIMINARY APPLICATION FOR INDEPENDENT LIVING 2023

INSTRUCTIONS – PLEASE READ CAREFULLY

STEP ONE:

IN ORDER TO QUALIFY:

Head of Household **MUST be 62 years old** or older

AND

Total gross income may not exceed \$41,100/year as a single person, or **\$47,000/year** combined as a couple, pursuant to current Department of Housing and Urban Development guidelines effective May 15, 2023 for Fiscal Year 2023.

**Income includes but is not limited to total gross income from: Social Security; Disability (including Veterans' Disability Benefits); SSI; Pension; Employment; Unemployment; Worker's Comp.; Annuity; IRA, 401(K), or Other Retirement Account Distributions or Interest; Interest & Dividends on Individual & Joint Savings, Checking, Stocks, Mutual Funds, or Other Accounts; The Greater of Rental Income from Real Estate or 0.06% of Equity Value of Real Estate; Royalty & Hobby Income; Under-the-Table/Cash Income from Employment, Selling Items or Services (Babysitting, Housekeeping, Clerical, Construction, etc.).*

STEP TWO:

Complete, sign, and date **ALL PAGES** of application packet. **Complete all fields. Do not leave any fields blank.**

You **MUST*** include **ALL THREE** of the following items with your application:

1. A copy of your photo ID, such as a driver's license; DMV issued ID card; or passport.
2. A copy of **one** item from the following list of HUD approved documents for proof of your age:
A birth certificate; passport; baptismal certificate; military discharge papers; census document showing age; naturalization certificate; or benefit verification letter from Social Security.
3. A copy of your original Social Security card*. If you do **not** have a Social Security card, you must submit **one** of the items listed below, which **must show your full Social Security number (SSN)**: Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual (not a copy); or, a copy of a driver's license with SSN; identification card issued by a medical insurance provider or by an employer or trade union; earnings statement on payroll stub; bank statement; form 1099; Social Security benefit award/verification letter; other benefit or retirement benefit award letter; life insurance policy; or court records.

**Applicants who were age 62 or older as of January 31, 2010, and who were receiving HUD rental assistance at another location on January 31, 2010, are not required to submit verification of a SSN.*

Your application MUST INCLUDE all three (3) required identification documents listed above.

STEP THREE:

Submit completed application via mail, fax or in-person drop-off by appointment:

Mailing Address:

Seymour I. Hollander Apartments
Attention: Erin – Main Office
4190 Park Avenue
Bridgeport, CT 06604

Fax Number:

203.374.8643
Attention: Erin

In-Person Drop-Off By Appointment Only:

You **MUST CALL AHEAD** to make an appointment during weekday business hours: 203.374.7868, option 1

We will inform you via U.S. Mail of your application and/or waiting list status.

PRELIMINARY APPLICATION FOR INDEPENDENT LIVING*

***You must complete ALL fields. Incomplete applications will be returned to Applicant's mailing address.**

Date: ___ / ___ / ___
mm dd yyyy

How did you hear about our site? _____

SECTION 1 - PERSONAL INFORMATION:

APPLICANT, HEAD OF HOUSEHOLD (must be 62 or older):

Check one: Mr. Mrs. Ms. Other _____

Full Legal Name (as on Social Security Card): _____
Last Name First Name Middle Name

Date of Birth: ___ / ___ / ___ Current Age*: ___ ****copy of proof of age document required - see pg. 1***
mm dd yyyy

Social Security Number*: _____ - _____ - _____ ****copy of Social Security Card required - see pg. 1***

CO-APPLICANT / CO-HEAD / SPOUSE OF HEAD:

Check one: Mr. Mrs. Ms. Other _____

Full Legal Name (as on Social Security Card): _____
Last Name First Name Middle Name

Date of Birth: ___ / ___ / ___ Current Age*: ___ ****copy of proof of age document required - see pg. 1***
mm dd yyyy

Social Security Number*: _____ - _____ - _____ ****copy of Social Security Card required - see pg. 1***

SECTION 2 - CONTACT INFORMATION:

Current Legal Address: _____
Number & Street Unit Number City, State Zip Code

Is your Mailing Address **the same** as your Legal Address above? Yes No* *If **No**, list Mailing Address below:

Current Mailing Address: _____
Number & Street Unit Number City, State Zip Code

Primary Telephone Number: (_____) _____ - _____ Type: Home Work Mobile

Alternate Telephone Number: (_____) _____ - _____ Type: Home Work Mobile

Primary Email Address: _____

Alternate Email Address: _____

SECTION 3 - CURRENT HOUSING INFORMATION:

How long have you lived at your Current Physical Address? Years: _____ Months: _____

Reason why you wish to move: _____

Current monthly housing payment: \$ _____

Does anyone help you pay for your housing? Yes* No *If **Yes**, whom? _____

What is your housing arrangement at your Current Physical Address? Rent/Lease* Own Other: _____

*Are you **Subsidized** at your Current Legal Address listed on Page 2? Yes* No *If **Yes**, choose one below:

Section 8 Housing Choice Voucher (HCV) Project-Based Section 8 Other: _____

*If you **Rent/Lease** your Current Legal Address, please list your Current Landlord's information below:

Current Landlord Name: _____ Telephone Number: (_____) _____ - _____

Landlord Mailing Address: _____
Number & Street Unit Number City, State Zip Code

SECTION 4 - BACKGROUND INFORMATION:

Please list **ALL** states where all household members (applicants) have ever resided, including your current state:

Please list your two **former** Landlords (if applicable) within the past five (5) years:

Former Landlord Name: _____ Telephone Number: (_____) _____ - _____

Landlord Mailing Address: _____
Number & Street Unit Number City, State Zip Code

How long did you live at this landlord's property? Month: _____ Year: _____ **through** Month: _____ Year: _____

Reason why you moved: _____

2nd Former Landlord Name: _____ Telephone Number: (_____) _____ - _____

Landlord Mailing Address: _____
Number & Street Unit Number City, State Zip Code

How long did you live at this landlord's property? Month: _____ Year: _____ **through** Month: _____ Year: _____

Reason why you moved: _____

Have you been evicted within the past ten (10) years? Yes* No *If **Yes**, please explain below:

Have you had a problem complying with a lease and/or house rules? Yes* No *If **Yes**, explain below:

Have you ever been convicted of a Felony? Yes* No *If **Yes**, explain below:

Have you had a problem complying with Federal, State, or Local Laws? Yes* No *If **Yes**, explain below:

Have you ever had and/or do you currently have a problem with illegal/controlled substance abuse and/or selling or distributing illegal/controlled substances? Yes* No *If **Yes**, explain below:

Is any household member (applicant) subject to lifetime sex offender registration in any state? Yes* No

*If **Yes**, explain: _____

SECTION 5 - ADDITIONAL INFORMATION:

Do you agree to abide by Seymour I. Hollander Apartments' **SMOKE-FREE** Building Policy? Yes No

Do wish to bring a **pet** to Seymour I. Hollander Apartments? Yes* No *If **Yes**, you must check agree below:

I agree to complete a Hollander Pet Application Form, which must then be **approved or denied** by Management.

Has your pet ever caused damage and/or threats to property and/or people? Yes* No *If **Yes**, explain below:

Do you understand that Seymour I. Hollander Apartments does **NOT** supply meals, housekeeping services, homecare services, medical services, or transportation services? Yes No

If you require assistance to care for yourself or your home, do you have a person or agency in place to provide those assistive services to you? Yes* No *If **Yes**, explain below:

SECTION 6 - OTHER RESPONSIBLE PARTY INFORMATION*:

Is legal **Power of Attorney (POA)** or **Conservatorship** in place for either Applicant? Yes* No *If **Yes**, list below:

For which Applicant(s)? _____

POA's Name: _____ Telephone Number: (_____) _____ - _____

POA's Mailing Address: _____
Number & Street Unit Number City, State Zip Code

Conservator's Name: _____ Telephone Number: (_____) _____ - _____

Conservator's Mailing Address: _____
Number & Street Unit Number City, State Zip Code

***Copies of legal Power of Attorney and Conservatorship documents are required if in place.**

SECTION 7 - EMERGENCY CONTACT INFORMATION:

In case we cannot reach you regarding your application status, please list two emergency contacts below:

Contact #1 Name: _____ Relationship: _____

Contact #1 Mailing Address: _____
 Number & Street Apartment Number City, State Zip Code

Contact #1 Telephone: (_____) _____ - _____ Contact #1 Alternate Telephone: (_____) _____ - _____

Contact #1 Email Address: _____

Contact #2 Name: _____ Relationship: _____

Contact #2 Mailing Address: _____
 Number & Street Apartment Number City, State Zip Code

Contact #2 Telephone: (_____) _____ - _____ Contact #2 Alternate Telephone: (_____) _____ - _____

Contact #2 Email Address: _____

SECTION 8 - FINANANCIAL INFORMATION (INCOME, ASSETS AND REAL ESTATE):

INCOME*:

COMPLETE ALL FIELDS BELOW. If you do not receive a specified income type, enter “X” under “MONTHLY AMOUNT”. You must disclose **ALL** current gross income from all sources (before deductions). All information will be third-party verified.

**Income includes but is not limited to total gross income from: Social Security; Disability (including Veterans’ Disability Benefits); SSI; Pension; Employment; Unemployment; Worker’s Comp.; Annuity; IRA, 401(K), or Other Retirement Account Distributions or Interest; Interest & Dividends on Individual & Joint Savings, Checking, Stocks, Mutual Funds, or Other Accounts; The Greater of Rental Income from Real Estate or 0.06% of Equity Value of Real Estate; Royalty & Hobby Income; Under-the-Table/Cash Income from Employment, Selling Items or Services (Babysitting, Housekeeping, Clerical, Construction, etc.).*

APPLICANT’S CURRENT GROSS INCOME		CO-APPLICANT’S CURRENT GROSS INCOME	
<u>INCOME SOURCE:</u>	<u>MONTHLY AMOUNT:</u>	<u>INCOME SOURCE:</u>	<u>MONTHLY AMOUNT:</u>
Social Security	\$ _____	Social Security	\$ _____
SSI / Cash Assistance	\$ _____	SSI / Cash Assistance	\$ _____
Disability (Soc. Sec. and/or VA)	\$ _____	Disability (Soc. Sec. and/or VA)	\$ _____
Pension	\$ _____	Pension	\$ _____
Pension	\$ _____	Pension	\$ _____
Employment	\$ _____	Employment	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Workers’ Compensation	\$ _____	Workers’ Compensation	\$ _____
Alimony	\$ _____	Alimony	\$ _____
IRA or 401(K) Distributions	\$ _____	IRA or 401(K) Distributions	\$ _____
Annuity Distributions	\$ _____	Annuity Distributions	\$ _____
Other Retirement Distributions	\$ _____	Other Retirement Distributions	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____

ASSETS:

COMPLETE ALL FIELDS. If you do not have a specified asset type, enter "X" under "CURRENT BALANCE". You **MUST** disclose all current asset information for all household members, plus income on assets (interest/dividends/gains). Be sure to list the account owner(s) for each asset type. All information will be third-party verified.

ASSET TYPE:	CURRENT BALANCE:	MONTHLY INTEREST, DIVIDENDS, OR GAINS:	BANK / FINANCIAL INSTITUTION NAME:	ASSET OWNER(S):
Checking Acct.	\$ _____	\$ _____	_____	_____
Checking Acct.	\$ _____	\$ _____	_____	_____
Savings Acct.	\$ _____	\$ _____	_____	_____
Savings Acct.	\$ _____	\$ _____	_____	_____
CD / Cert. of Dep.	\$ _____	\$ _____	_____	_____
CD / Cert. of Dep.	\$ _____	\$ _____	_____	_____
Stocks or Bonds	\$ _____	\$ _____	_____	_____
Mutual Fund	\$ _____	\$ _____	_____	_____
Money Market	\$ _____	\$ _____	_____	_____
Other: _____	\$ _____	\$ _____	_____	_____
Other: _____	\$ _____	\$ _____	_____	_____

Have you **sold** any assets within the last two (2) years? Yes* No *If **Yes**, please explain below:

Have you **disposed of** any assets for less than their Fair Market Value within the last two (2) years? Yes* No

*If **Yes**, please explain: _____

REAL ESTATE:

Does any Applicant currently **own or partially-own** any Real Estate? Yes* No *If **Yes**, list Physical Address of property:

Number & Street Unit Number City, State Zip Code

Please list all current owners* of the Real Estate listed above: ***Copy of proof of ownership document is required**

Owner #1: _____ % of Ownership: ____%
 Last Name First Name Middle Name

Owner #2: _____ % of Ownership: ____%
 Last Name First Name Middle Name

Current Fair Market Value of Real Estate listed above: \$ _____

Current Mortgage Debt Owed (if any) on Real Estate listed above: \$ _____

Name of current Mortgagee/Mortgage Lender*: _____ ***Copy of mortgage note is required**

Please list all Mortgagors/Borrowers on the Real Estate listed above (even if they are not owners):

Mortgagor/Borrower #1: _____
 Last Name First Name Middle Name

Mortgagor/Borrower #2: _____
 Last Name First Name Middle Name

SECTION 9 - ADDITIONAL REQUIRED FORMS & DOCUMENTS:

ADDITIONAL APPLICATION FORMS (ATTACHED)

The required forms listed below (1-4) are attached after page 8 of the Preliminary Application, and must be completed, signed and dated by all applicants, and submitted as part of your complete Preliminary Application:

1. Authorization for the Confidential Release of Information
2. Declaration of Section 214 Status(es)
3. Race & Ethnic Data Reporting Form HUD-27061-H
4. Supplement to Application for Federally Assisted Housing Form HUD-92006

OTHER RESPONSIBLE PARTY DOCUMENTATION

If applicable, documents related to other legally responsible parties must be submitted with your complete Preliminary Application:

1. Copy of legal Power of Attorney (POA) document
2. Copy of legal Conservatorship document

REAL ESTATE DOCUMENTATION

If any applicant owns or part-owns any Real Estate, the following documents must be submitted with your complete Preliminary Application:

1. Proof of real estate ownership: A copy of a Warranty Deed or Quitclaim Deed
2. Proof of mortgage or mortgage payoff: Mortgage Note or Satisfaction of Mortgage letter

IDENTIFICATION DOCUMENTATION

Each of the following identification documents (1-3) must be submitted with your complete Preliminary Application:

1. A copy of your photo ID, such as a driver's license; DMV issued ID card; or passport
2. A copy of one item from the following list of HUD approved documents for proof of your age: A birth certificate; passport; baptismal certificate; military discharge papers; census document showing age; naturalization certificate; or benefit verification letter from Social Security
3. A copy of your original Social Security card*. If you do not have a Social Security card, you must submit one of the items listed below, which must show your full Social Security number (SSN): Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual (not a copy); or, a copy of a driver's license with SSN; identification card issued by a medical insurance provider or by an employer or trade union; earnings statement on payroll stub; bank statement; form 1099; Social Security benefit award/verification letter; other benefit or retirement benefit award letter; life insurance policy; or court records

**Applicants who were age 62 or older as of January 31, 2010, and who were already receiving HUD rental assistance at another location on January 31, 2010, are not required to submit verification of a SSN.*

SECTION 10- CERTIFICATION AND SIGNATURES:

Did someone assist the Applicant(s) with completing this application? Yes* No

*If **Yes**, may we contact the Assistant with questions if we cannot reach the Applicant(s)? Yes* No *If **Yes**, please provide contact information below:

Assistant's Name: _____ Telephone Number: (_____) _____ - _____

Assistant's Mailing Address: _____
Number & Street Unit Number City, State Zip Code

Assistant's Email Address: _____

Assistant's Signature: _____ Date Signed: ____ / ____ / _____

CERTIFICATION BY APPLICANTS:

I/we certify that all information I/we have provided is **true and complete** to the best of my/our knowledge. I/we further understand that all information provided in this application is subject to third party verification, and that submission of false information is punishable under Federal Law and may result in the rejection of my/our application for housing.

I/we understand that it is my/our responsibility to **report changes** in income, assets, and family composition to the management office of Seymour I. Hollander Apartments within 30 days of such changes.

I/we understand and agree that this is a **Preliminary Application** for housing, and that if my/our application is approved, such approval does not guarantee housing in the future when/if an apartment becomes available. An offer of housing to a pre-qualified applicant will be made conditionally and pending approval of a credit and criminal background screening and verification that all household members meet current qualification guidelines.

Applicant Printed Name: _____

Applicant Signature: _____ Date: ____ / ____ / ____
mm dd yyyy

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: ____ / ____ / ____
mm dd yyyy

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Complaints of discrimination may be forwarded to the Fair Housing Administrator, US Department of Housing and Urban Development, Washington, D.C. 20410, phone 1-800-669-9777. Connecticut law also prohibits discrimination in all of the above categorized plus these additional categories: lawful source of income, marital status, sexual orientation, use of a guide dog, and age (except when program regulations restrict the housing to an age specific category). Complaints of discrimination may be forwarded to the Commission on Human Rights & Opportunities at 1-860-541-3400.



Seymour I. Hollander Apartments

4190 Park Avenue
Bridgeport, CT 06604
T. (203) 374-7868 F. (203) 374-8643
www.hollanderhouse.org

Marjorie Worman Rosten, Esq., Executive Director
Erin Heneghan, Director of Marketing & Finance
Gwen Wayne, Director of Tenant Relations
Adrian Gonzalez, Superintendent

Subsidized Housing for Senior Citizens under the Section 8 Program of
the United States Department of Housing and Urban Development

AUTHORIZATION FOR THE CONFIDENTIAL RELEASE OF INFORMATION

I, _____, hereby authorize management of Seymour I. Hollander Apartments to contact third party persons, organizations, and/or entities in order to obtain and verify information contained in my housing application packet, and herewith authorize any such person, organization, and/or entity to release the requested information to Seymour I. Hollander Apartments.

I further authorize the management of Seymour I. Hollander Apartments permission to perform a background screening on me through its service provider, **RentPrep**, as required by the United States Department of Housing and Urban Development. I understand that the background screening includes but is not limited to a credit check, income verification, criminal and civil background check, sex offender check, address verification, name verification, Social Security verification, eviction check, and prior landlord(s) reference check.

I further understand that all information obtained will be used for the sole purpose of determining my program eligibility and will be kept strictly confidential in my applicant file.

“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 and any owner (or any employee of HUD 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 who knowingly or willingly 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 \$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 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).”

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

“The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Complaints of discrimination may be forwarded to the Fair Housing Administrator, U.S. Department of Housing and Urban Development, Washington, D.C. 20410, phone 1-800-669-9777.” Connecticut law also prohibits discrimination in all of the above categories plus these additional categories: lawful source of income, marital status, sexual orientation, use of a guide dog, and age (except when program regulations restrict the housing to an age specific category). Complaints of discrimination may be forwarded to the Commission on Human Rights & Opportunities at 1-860-541-3400.

DECLARATION OF SECTION 214 STATUS(ES)

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully. Sign and return it to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

↓ Applicant / Head of Household Name ↓

↓ Co-Applicant / Other Household Member Name ↓

I/We, _____ / _____ certify under penalty of perjury,¹ that to the best of my knowledge, I am lawfully within the United States because (check appropriate box A, B, or C):

- | | App. | Co-App. | |
|------|--------------------------|--------------------------|---|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen by birth, a naturalized citizen or national of the United States; *or* |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | I have eligible immigration status and I am 62 years of age or older. Attach evidence for proof of age, ² *or* |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | I have eligible immigration status as checked below (see explanation on reverse side of form). Attach INS document(s) evidencing eligible immigration status, and signed verification consent form. |
| | App. | Co-App. | |
| C.1. | <input type="checkbox"/> | <input type="checkbox"/> | Immigrant status under 1001 (a) (15) or 101 (a) (20) of the INA, ³ *or* |
| C.2. | <input type="checkbox"/> | <input type="checkbox"/> | Permanent residence under 249 of INA, ⁴ *or* |
| C.3. | <input type="checkbox"/> | <input type="checkbox"/> | Refugee, asylum or conditional entry status under 207, 208 or 203 of the INA, ⁵ *or* |
| C.4. | <input type="checkbox"/> | <input type="checkbox"/> | Parole status under 212 (d) (f) of the INA, ⁶ *or* |
| C.5. | <input type="checkbox"/> | <input type="checkbox"/> | Threat to life or freedom under 243 (h) of the INA, ⁷ *or* |
| C.6. | <input type="checkbox"/> | <input type="checkbox"/> | Amnesty under 245 of the INA ⁸ |

Applicant/Head of Household Signature

Date

Co-Applicant/Other Household Member Signature

Date

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

(See reverse side for footnotes and instructions)

PHA: Enter INS/SAVE Primary Verification # _____ Date: _____

FOOTNOTES

¹Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Footnotes pertaining to non-citizens who declare eligible immigration status in one of the following categories:

²Eligible immigration status and 62 years of age or older. For non citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

³Immigration status under 101(a) 15 or 101(a)(20) of INA. A non citizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively (immigrant status). This category includes a non-citizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker status), who has been granted lawful temporary resident status.

⁴Permanent residence under 249 of INA. A non citizen who entered the U.S. before January 1, 1972 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

⁵Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A non citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) (refugee status), pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status] or as a result of being granted conditional entry under 203 (a)(7) of the INA (U.S.C. 1153 (a) 7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

⁶Parole status under 212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].

⁷Threat to life or freedom under 243(h) of INA. A non citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

⁸Amnesty under 245A of INA. A non citizen lawfully admitted for temporary or permanent residence under 245A of the INA (5 U.S.C. 1255a) [amnesty granted under INA 245A].

INSTRUCTIONS

Select a category which applies for each family member (A, B, or C) and follow those instructions for that member. **If all family members were born in the United States, go directly to Section "A":**

A. *YOU ARE A U.S. CITIZEN BY BIRTH OR NATURALIZATION:*

1. Check Box A and then sign and date the form. Disregard all remaining forms applying to immigration. Provide proof of age documents for all family members born in the U.S.

B. *YOU ARE NOT A CITIZEN OF THE U.S. BUT ARE REGISTERED WITH THE IMMIGRATION AND NATURALIZATION SERVICE (INS):*

1. Check the appropriate box (B) and then sign and date the form. Do this for each family member who has immigration status.
2. Provide the Alien Registration Number on the form for each family member who has a registration number.
3. Provide a copy of your INS/DHS document (permanent resident card, etc.) verifying eligible immigration status

C. *YOU ARE IN THE UNITED STATES WITHOUT U.S. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS (NOT REGISTERED WITH INS):*

1. The Head of Household must complete a Listing of Ineligible Family Members form for members of the family who do not have eligible immigration status. **DO NOT** complete any other forms for these family members.

Please note: Declaration form is provided for up to two family members.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

SEYMOUR I. HOLLANDER APTS 017EH010

4190 PARK AVENUE, BRIDGEPORT, CT

Name of Property

Project No.

Address of Property

GREATER BRIDGEPORT JEWISH HOUSING CORP.

SECTION 8

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household /Applicant

Name of Household Member /Co-Applicant

Date (mm/dd/yyyy): _____

	Applicant	Co-Applicant
Ethnic Categories*	Select One	Select One
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Racial Categories*	Select All that Apply	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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

There is no penalty for persons who do not complete this form, but it must be signed and dated below.

SIGNATURES:

Applicant _____ Date _____

Co-Applicant _____ 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.

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

→ Check this box if you choose not to provide the contact information, BUT APPLICANT(S) MUST SIGN & DATE THIS FORM.

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Signature*uof Applicant*u

Date(s)

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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410