SEYMOUR I. HOLLANDER APARTMENTS
www.hollanderhouse.org

EQUAL HOUSING OPPORTUNITY
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+

WELCOME!

Thank you for your interest in Seymour I. Hollander Apartments, Independent Senior Living.

Our Preliminary Application is used to determine whether you meet the requirements for placement on our waiting list. (A **Full Application & Interview** is required before offering housing.)

If your Preliminary Application meets the requirements and you are placed on our waiting list, you will be contacted by U.S. Mail, within 30 Business days after submission notifying you of your status on the waiting list.

If we find you do not meet the requirements and are not eligible, after you have submitted a Preliminary Application, you will be contacted by U.S. Mail with an explanation and an opportunity to discuss.

The application **MUST be completed in full** and all documents/attachments requested must be supplied. If we are asking for it, we NEED it! Please note; **INCOMPLETE** applications will be returned. If we have questions, we will call you. Please make sure your phone is able to receive voicemail messages!

We kindly ask that **no one arrives at our office without an appointment**. All applications submitted in-person must be done by appointment. Please call or email Jolene Stefura with questions or to make an appointment. Contact info is listed above and at the bottom of the provided Checklist.

FIRST STEP — DO YOU MEET BASIC ELIGIBILITY:

To be considered for our waiting list, you MUST FIRST meet ALL THREE (3) criteria listed below:

There are other requirements and application review, but these (3) basic criteria must first be met.

1. ☐ The Head of Household must be **62 years of age or older at the time of application**.
2. ☐ The household must meet **HUD income requirements**. **Total gross annual income must NOT** exceed **$49,200/year** for **single** occupancy, or **$56,250/year** combined **for double** occupancy, pursuant to current Department of Housing and Urban Development guidelines for Fiscal Year 2026.

Current HUD income limits are subject to change. Final eligibility will be determined using the applicable HUD requirements and income limits in effect when/if your Full Application is processed.

3. ☐ Household Size **does not exceed TWO (2) Household Members**.

Live-in Health Aides are not considered Household members and do not count toward total members.

Do you meet all THREE (3) criteria list above? YES ☐ NO ☐
If you answered Yes, proceed by completing the Preliminary Application and Checklist.
If you answered No, please do not apply. This means you are not yet eligible to apply.

CHECKLIST:

- ☐ Meet Basic Eligibility as outlined on Page 1.
- ☐ Answer all questions of the Preliminary Application, if it does not apply to you, enter N/A.
- ☐ Sign & Date Page 5 of the Preliminary Application.
- ☐ Copy of **one** valid Government issued photo ID: Driver's License or DMV issued ID card; or Passport.
- ☐ Copy of **one** HUD approved documents for proof of age: Birth Certificate; Passport (**if not used in #4 above**); baptismal certificate; military discharge papers; census document showing age; naturalization certificate; or benefit verification letter from Social Security
- ☐ 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 an 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.*

- ☐ Authorization for the Confidential Release of Information. (Attached)
- ☐ Declaration of Section 214 Status(es). (Attached)
- ☐ Race & Ethnic Data Reporting Form HUD-27061-H. (Attached)
- ☐ Supplement to Application for Federally Assisted Housing Form HUD-92006. (Attached)
- ☐ If Applicable, Accessible Unit Requirement Questionnaire. (Attached)
- ☐ If Applicable, Legal Copy of Power of Attorney or Conservatorship Documents.
- ☐ If Applicable, Proof of Real Estate Ownership: Quit Claim or Deed, Tax Bill and Mortgage Statement.
- ☐ Submit **Completed Preliminary Application** and required Attachments, via U.S. mail, E-Mail, Secure Portal Link, Fax or **in-person by appointment**.

Mailing Address/Telephone:	Fax Number/Email	In-Person Drop-Off by Appointment Only:
Seymour I. Hollander Apartments Attention: Jolene – Main Office 4190 Park Avenue Bridgeport, CT 06604 Telephone: 203.374.7868 option 2	FAX # 203.374.8643 Attention: Jolene E-Mail: Info@HollanderHouse.Org	**CALL or E-MAIL** to make an appointment. Appointments will be during regular business hours; Monday - Friday, 10AM-2PM: call 203.374.7868, option 2 or E-Mail, info@HollanderHOuse.org

To send/ upload via our Secure Portal go to our website, www.HollanderHouse.org , under *the Applications Tab*, select *Upload Docs*, or on *Applications page*, click the button "*Click here to upload a Completed Application"*. Please only upload a fully completed application. This is a secure web portal managed by Progress ShareFile.

SEYMOUR I. HOLLANDER APARTMENTS
EQUAL HOUSING OPPORTUNITY

FOR OFFICE USE ONLY:
Accepted date: _____ **Time:** _____
Accepted & Approved by: _____

Seymour I. Hollander Apartments 2026 Preliminary Housing Application

Are you or anyone in your family a person with disabilities that require a specific accommodation in order to fully utilize our programs and services? YES ☐ *NO* ☐

What is your preferred language? _____ *Do you need an interpreter? YES* ☐ *NO* ☐

Please print or type:

APPLICANT / HEAD OF HOUSEHOLD:

Legal Name: _____

Date of Birth: _____ Age: _____ Social Security # _____

CO APPLICANT/SPOUSE/OTHER HOUSEHOLD MEMBER:

Legal Name: _____

Date of Birth: _____ Age: _____ Social Security # _____

CONTACT INFORMATION:

Current **Legal** Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip Code: _____

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

Mailing Address: _____

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

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

Primary E-Mail: _____ Alternate E-Mail: _____

Preferred method of Contact: ☐ U.S. Mail ☐ Telephone ☐ E-Mail ☐ Other_____

IMPORTANT: Applicants are responsible for notifying Seymour I. Hollander Apartments of changes to their mailing address, telephone number, email address, household composition, or other information required by the property's waiting-list procedures.

RESIDENTIAL HISTORY:

Where do you currently live? ☐ Rental apartment/home ☐ Own my home ☐ Living with family/friends

☐ Assisted living ☐ Other: _____ Current monthly housing payment: $_____

Are you currently receiving rental assistance? ☐ Yes ☐ No ☐ Unsure

If yes, please identify the type: ☐ Section 8 HCV ☐ Project-Based Section 8 ☐ Other: _____

How long have you lived at your current address? _____ Years _____ Months

Why are you interested in moving? _____

Present Landlord/Property Name: _____

Landlord/Property contact: Telephone Number (____) _____-_____ E-Mail: _____

Previous Landlord/Property (if current is less than 2 Years): _____

Previous Landlord/Property contact: Telephone Number (_____) _____-_____ E-Mail: _____

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

_____,_____,_____,_____,_____,_____

Have you or any of members of your household ever been evicted from a rental property? ☐Yes* ☐No
*If **Yes**, when and please explain below:

_____

GENERAL QUESTIONNAIRE:

1. Have you or any of members of your household ever been convicted of a Criminal Offense? ☐Yes* ☐No

*If **Yes**, Offense/When: _____in what City/State _____

2. Are you or any members of your household subject to the State Lifetime Sex Offenders Registration Program?

   ☐Yes* ☐No *If **Yes**, in which State(s): _____

3. Do you agree to abide by Seymour I. Hollander Apartments' **SMOKE-FREE** Building Policy? ☐Yes ☐No
4. Do you understand that Seymour I. Hollander Apartments does **NOT** supply meals, housekeeping services, homecare services, medical services, or transportation services? ☐Yes ☐No
5. 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: _____
6. Do you wish to bring a pet to Seymour I Hollander Apartments? ☐Yes* ☐No ☐Unsure

Pets are subject to Seymour I Hollander Apartments' Pet Policy and approval process; answering this will not affect your eligibility.

WAITLIST PREFERENCE:

Seymour I. Hollander Apartments may apply waiting-list preferences in accordance with current Tenant Selection Plan.

Please identify any preference for which you believe you may qualify:

☐ Accessible Unit Preference - Please fill out; *Accessible Unit Requirement Questionnaire*
☐ Split Household Preference – Applies to Current Tenants Only
☐ I do not believe I qualify for a waiting-list preference.
☐ I am unsure whether I qualify for a preference.

Management will determine and verify eligibility for any applicable preference in accordance with the Tenant Selection Plan.

OTHER RESPONSIBLE PARTY IINFORMATION:

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

For which Applicant(s)? _____

Conservators / POA Name: _____Telephone Number: (_____) _____ - _____

Conservators/ POA Email Address: _____

Conservators/ POA Mailing Address: _____

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

INCOME:

Detailed income information and supporting documentation will be requested during the full application process.

APPLICANT'S CURRENT GROSS INCOME		CO-APPLICANT'S CURRENT GROSS INCOME	
INCOME SOURCE:	**MONTHLY AMOUNT:**	**INCOME SOURCE:**	**MONTHLY AMOUNT:**
Social Security	$_____	Social Security	$_____
SSI* / Public Assistance	$_____	SSI* / Cash Assistance	$_____
Disability (Soc. Sec. and/or VA)	$_____	Disability (Soc. Sec. and/or VA)	$_____
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: _____	$_____

*Supplemental Security Income

Estimated Total Gross Annual Household Income $_____ **per year**
Please include gross income from all household members. Do not subtract taxes, Medicare, insurance, or other deductions.

ASSETS:

Detailed income information and supporting documentation will be requested during the full application process.

ASSET TYPE:	CURRENT BALANCE:	ASSET TYPE:	CURRENT BALANCE:
Checking Acct.	$_____	Retirement Accounts	$_____
Checking Acct.	$_____	Money Market	$_____
Savings Acct.	$_____	Real Estate-Value	$_____
Savings Acct.	$_____	Investments	$_____
CD / Cert. of Dep.	$_____	Mutual Funds	$_____
CD / Cert. of Dep.	$_____	Other	$_____
Stocks or Bonds	$_____	Other	$_____

Estimated Total Household Assets $_____

REAL ESTATE:

Does any Applicant currently **own or partially-own** any Real Estate (Home or Land)? ☐Yes* ☐No
*If **Yes**, list Physical Address/Owners of property:

Address: _____ Apt/Unit#: _____ City: _____

State & Country: _____ 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: ____%

Owner #2: _____ % of Ownership: ____%

Current Fair Market Value of Real Estate listed above: $_____ ***Copy of current tax bill***

Current Mortgage Debt Owed on Real Estate listed above: $_____ ***Copy of mortgage note is required***

CERTIFICATIONS AND SIGNATURES:

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: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

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: _____

Assistant's Email Address: _____

Assistant's Signature: _____ Date Signed: _____

Optional- Additional information you would like us to know:

_____

_____

_____

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

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, **Rent Prep**, 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. This authorization will remain in full effect as long as I am on the active waitlist.

"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.	☐	☐	I am a citizen by birth, a naturalized citizen or national of the United States; *or*
B.	☐	☐	I have eligible immigration status and I am 62 years of age or older. Attach evidence for proof of age,[2] *or*
C.	☐	☐	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.	☐	☐	Immigrant status under 1001 (a) (15) or 101 (a) (20) of the INA,[3] *or*
C.2.	☐	☐	Permanent residence under 249 of INA,[4] *or*
C.3.	☐	☐	Refugee, asylum or conditional entry status under 207, 208 or 203 of the INA,[5] *or*
C.4.	☐	☐	Parole status under 212 (d) (f) of the INA,[6] *or*
C.5.	☐	☐	Threat to life or freedom under 243 (h) of the INA,[7] *or*
C.6.	☐	☐	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

[1]Warning: 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:

[2]Eligible 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.

[3]Immigration 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.

[4]Permanent 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].

[5]Refugee, 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].

[6]Parole 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].

[7]Threat 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].

[8]Amnesty 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 STATUES 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. 06/30/2017)

Seymour I. Hollander Apts 017-11150 4190 Park Ave, Bridgeport, CT 06604

Name of Property **Project No.** **Address of Property**

Greater Bridgeport Jewish Housing Corp Section 8/202

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 incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and 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 provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

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

A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

   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."

   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 as revised by the Office of Management and Budget are defined below:

   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.

   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.

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

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

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

Note: The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal is a consistent manner of summarizing, across all HUD programs, the racial and ethnic data of the population(s) served or proposed to be served by your organization.

OMB Control # 2502-0581
Exp. ( )

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Signature(s) of Applicant(s)	**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.

SEYMOUR I. HOLLANDER APARTMENTS

ACCESSIBLE UNIT REQUIREMENT QUESTIONNAIRE

This questionnaire is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be factually verified in order to assure that the limited numbers of units with special features go to families that actually need the features.

This is not a verification form.

Applicant Name: _____

1) Does the applicant or any household member require an accessible apartment feature or a reasonable accommodation related to a disability?

☐ No

☐ Yes

☐ I would like to discuss my needs privately with Management.

If you answered yes, you may briefly describe the accommodation or accessible feature requested:

_____

2) What is the name of the family member needing the features identified above?

_____

3) Whom should we contact to further discuss your need for an accessible apartment?

Name: _____ Telephone: _____

Address: _____ E-Mail: _____

Applicant Signature: _____ **Date:** _____

You do not need to provide a medical diagnosis on this Preliminary Application.

****

Reviewed by Seymour I. Hollander Staff: _____Date: _____

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