

RENTAL APPLICATION

Green National

Community Name		For office use only	Date received	
Contract Number			Time received	
Community Address			Received by	
Community City, State, Zip			Apartment size	

Household Summary information *Please print legibly.* List each household member who will be residing in the unit.

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household Options: Spouse, Co-Head, Dependent, Other Family Member, Foster Child / Adult, Live-in Aide	Sex Options: M, F, or N/A (Choose not to disclose)	Social Security Number OR Applicable Exemption code from list below
				Head of Household		

Social Security Number Exemption Codes:

- 1 – Ineligible, non-citizen (not contending eligible immigration status) 2 – Under 6 years of age and added to household within past 6 months
- 3 – Was 62 or older as of 1/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent? No Yes If Yes, please explain below:

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months? No Yes If Yes, please explain below:

Are there any household members enrolled in an institute of higher education? No Yes If Yes, list members below:

Head of Household current address and contact information:

Street address, city, state, zip _____

Cell _____ N/A Home _____ N/A

Head of Household email address _____ N/A



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Is any member of the applicant household subject to a State lifetime sex offender registration in any state? Yes No

If yes, list member and state(s): _____

List all states where all members of applicant household have resided: _____

Please list contact information for landlords for past three years:

Landlord #1: _____ Phone Number: _____

Address: _____

Occupied unit from _____ to _____ (list current if still occupying unit)

Landlord #2: N/A _____ Phone Number: _____

Address: _____

Occupied unit from _____ to _____

Landlord #3: _____ Phone Number: _____

Address: _____

Occupied unit from _____ to _____

Is any household member a U.S. Military Veteran? Yes No If yes list, member(s) _____

Do you have any pets? Yes No If yes, what kind? _____ Weight _____ Height _____

Is the household requesting an elderly / disabled deduction? Yes No

If yes, please select type of deduction: Elderly Disabled

If disabled, please list the eligible member, for verification purposes: _____

Is there a need for an accessible unit: Yes No

Does someone in your household require a reasonable accommodation? Yes No If yes, a separate form will be completed.

Income for household

Employment Income	_____	<input type="checkbox"/> N/A		
Social Security Benefits	_____	<input type="checkbox"/> N/A		
SSI - Federal	_____	<input type="checkbox"/> N/A		
SSI - State	_____	<input type="checkbox"/> N/A		
General Assistance / TANF	_____	<input type="checkbox"/> N/A		
Long / Short Term Disability	_____	<input type="checkbox"/> N/A		
Pension	_____	<input type="checkbox"/> N/A		
Periodic Payments from Retirement Accounts	_____	<input type="checkbox"/> N/A		
			Child Support	_____ <input type="checkbox"/> N/A
			Rental Income	_____ <input type="checkbox"/> N/A
			Business Income	_____ <input type="checkbox"/> N/A
			Alimony	_____ <input type="checkbox"/> N/A
			Someone outside the household	_____ <input type="checkbox"/> N/A
			Other _____	_____ <input type="checkbox"/> N/A



RENTAL APPLICATION

Green National

Asset(s) for household

Checking Yes No Single Joint
Savings Yes No Single Joint
Direct Express Debit Card Yes No Single Joint
Money Market Yes No Single Joint
CD Yes No Single Joint
Stocks/Bonds/Mutual Funds Yes No Single Joint
Retirement Accounts Yes No Single Joint
Whole Life Insurance Yes No Single Joint
Trusts Yes No Single Joint

Cash on Hand Yes No If Yes, Amount: _____

Real Estate Yes No If you own real estate but are not receiving rental income,
Do you own a collection held as an investment? Yes No please explain: _____

List the Annual Anticipated Income from assets: _____

Have you disposed of an asset for less than fair market value in last 2 years? Yes No

If yes, please list type of asset, market value, and amount of disposal: _____

Expense(s) for household

Medical: Is head, spouse or co-head age 62 or older or disabled?

No If no, go to next section labeled 'Disability Assistance Expense'

Yes If yes, check any out of pocket medical this household has which are not reimbursed.

	Annual Amount			Annual Amount	
Medicare premiums	_____	<input type="checkbox"/> N/A	Prescription Medicare Cost (Part D)	_____	<input type="checkbox"/> N/A
Prescription copay costs	_____	<input type="checkbox"/> N/A	Installment payments on outstanding medical bills	_____	<input type="checkbox"/> N/A
Doctor/Dentists visits	_____	<input type="checkbox"/> N/A	One-time medical expenses paid	_____	<input type="checkbox"/> N/A
Medical Insurance (other than Medicare)	_____	<input type="checkbox"/> N/A	Other	_____	<input type="checkbox"/> N/A

Disability Assistance Expense: Are there unreimbursed, anticipated costs for attendant care and auxiliary apparatus for a family member that is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any family member 18 year of age or older who may or may not be the member who is a person with disabilities to be employed?

No If no, go to next section labeled 'Childcare'

Yes If yes, a separate form will be completed.



RENTAL APPLICATION

Green National

Expense(s) for household (continued)

Childcare

Does a member of this household pay expenses for the care of a child under the age of 13? Yes No

Does it enable him / her to: Work Seek Employment or Further your academic or vocational education

Certification

I certify that the information submitted is true and accurate to the best of my knowledge.

I understand that by signing this form, I am authorizing Green National to complete landlord verifications and criminal and credit screening, in accordance with the community's Tenant Selection Plan.

Head of Household Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

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

Name of Owner/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.

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.

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Signature of Applicant

Date

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

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