

Application Instructions

How to Apply

To apply for a home with CHN Housing Partners please obtain a copy of the Now Available List from CHN Housing Partners or online at www.chnhousingpartners.org.

If you are interested in one of the homes from the Now Available List, please call **the number listed with the home and leave a message that states the address of the home from the Now Available list, your name and phone number.** The Property Manager will return calls in the order they are received until an application is accepted. If you are called about the home you must provide a \$25 application fee (plus an additional \$25 for additional applicants age 18 or over) in the form of a money order to the Property Manager and a complete application. Your application will be reviewed and a determination will be made if you are eligible for the home. All homes on the Now Available List are available on a first come first serve basis. If you do not find a home that you are interested in from the Now Available List please keep reviewing it for updates.

BEFORE TAKING AN APPLICATION YOU MUST MEET THE FOLLOWING REQUIREMENTS (Restrictions Apply):

▪ **Minimum Income Requirements: Without a Section 8 Voucher and with NO Debt:**

Please Note: Debts such as credit card payments, car loan payments, student loan payments, and child support payments are considered debts (this is not an all inclusive list). The minimum income requirement is higher if the applicant has debt. Income from temporary sources will not be considered, i.e. temporary employment, temp agency employment not consecutive for the past 2 years.

1 Bedroom = \$850-\$1200 per month*

2 Bedrooms = \$850-\$1,300 per month*

3 Bedrooms = \$950-\$1600 per month*

4 Bedrooms = \$1060-\$1650 per month*

The minimum income limits listed above are based on the lowest rent charged for the bedroom size; as the rent increases so will the minimum amount of income you will have to make for the home. Example: a 3 bedroom home with rent of \$545 a month will require at least an income of \$1,365 if the household has no debt (see debt definition).

- **Minimum Income required is \$600 a month with a Section 8 voucher.**
- **At least one person in the household must be 18 years of age**
- **NO eviction judgments within the past 2 years**
- **NO felonies within the past 5 years**
- **Bankruptcies must be discharged, with evidence of credit repair**
- **The household is not a full-time student household, which is defined as everyone in the household including children enrolled in school.**
 - Unless you meet one of the following criteria:
 - Receiving assistance under title IV of the Social Security Act (e.g., receiving cash payment from TANF)
 - Enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar programs.
 - Single Parent and their children and such parents are not dependents of another individual and such children are not dependents of another individual other than a parent. Two years of tax return documents must be provided.
 - Married and file a joint return

***Restrictions Apply**

**** Other restrictions Apply – This is not a complete list of criteria to be approved for housing**

***** RENT FOR THE LEASE PURCHASE PROGRAM IS NOT BASED ON INCOME**



CHN HOUSING PARTNERS

2999 Payne Ave. #306, Cleveland Ohio 44114

(216) 574-7100 Office

(216) 574-7130 Fax

Thank you for expressing interest in our housing. In order to be considered you must submit a completed application with no blank spaces and *copies* of all the following documentation:

- Complete Applications for ALL household members who are 18 years old and older
- Copy of Birth Certificates **(All Occupants)**
- Copy of Social Security Cards **(All Occupants)**
- Copy of Photo I.D. **(Each person 18 years old & older)**
- Copy of **Gas and Light** bills. **(Most recently paid Gas or Light bill.)**
- Proof of Income

Only the documents that pertain to your household are needed from the list below. Please be sure to report ALL income as the Lease Purchase Program is **not** income based and failing to report total household income may make you ineligible. Income from temporary sources will not be considered, i.e. temporary employment, temp agency employment not consecutive for the past 2 years.

Six consecutive and current pay stubs
Statement from SSI and/or Social Security
Welfare Agency
Child Support
Workers Compensation
Unemployment
1099 tax form if you are self-employed

- Checking or savings account statements (six consecutive months). This also includes prepaid debit cards.
- \$25 application fee, if you have additional household members over the age of 18 please submit an additional \$25 per person.

All Incomplete applications will be declined

CHN will not be able to copy any documents. Please have all necessary Documents copied before submitting your application to CHN.

CHN Housing Partners *Housing Application*



Directions: Please answer all of the questions on this application without leaving blank spaces. If a question does not apply respond with N/A. All applicants 18 years and older must complete an application. All persons you anticipate occupying your home at least 50% of the time must be included on the application. If additional space is required please attach a separate piece of paper.

Date: _____ Current Phone Number: _____ Alternate Phone Number: _____

Answer by circling YES or NO

Have you applied for housing in the Past? **YES NO** If yes, were you denied? **YES NO**
 Are you a former Tenant? **YES NO**
 Are you currently receiving Section 8 (HCVP)? **YES NO**

Family Composition

LAST	NAME FIRST	MI	SS Number	Birth Date	Relation	Sex	Student
					HEAD		

Do you expect a change in your family size? **YES NO** If yes explain: _____

Would you or any members of your household benefit from a handicapped-accessible unit? **YES NO**

Income/Employment/Assets (Bank Accounts, Stocks, 401k, Cash, Trust Funds, IRA Accounts, etc.)

Applicant 1: **APPLICANT NAME:** _____

Current Employer: _____ Date of Hire: _____ Phone: _____

Address: _____ Monthly Income Amount Received: _____

(Circle) Past or Additional Employer: _____ Date of Hire: _____

Phone: _____ Address: _____

Monthly Income Amount Received: _____

Other Income received

Child Support: \$ _____/mo **Social Security:** \$ _____/mo **SSI:** \$ _____/mo **Other:** \$ _____/mo

Assets

Circle all that apply: **Checking Account** **Savings Account** **IRA** **Stocks** **Cash**
Other _____

Account Number: _____ Financial Institution Name: _____

Account Number: _____ Financial Institution Name: _____

Applicant 2:

APPLICANT NAME: _____

Current Employer: _____ Date of Hire: _____ Phone: _____

Address: _____ Monthly Income Amount Received: _____

(Circle) Past or Additional Employer: _____ Date of Hire: _____

Phone: _____ Address: _____

Monthly Income Amount Received: _____

Other Income received

Child Support: \$ _____ /mo **Social Security:** \$ _____ /mo **SSI:** \$ _____ /mo **Other:** \$ _____ /mo

Additional Income: Please list any other household income that was not reported in the sections above.

Source: _____ Amount: \$ _____ /mo Household Member: _____

Assets

Circle all that apply: **Checking Account** **Savings Account** **IRA** **Stocks** **Cash**

Other _____

Account Number: _____ Financial Institution Name: _____

Account Number: _____ Financial Institution Name: _____

Residency History (Please provide 3 years of residency history)

Applicant 1:

Current Address: _____ Current Rent: \$ _____

Landlord Name: _____ Phone Number: _____

From _____ To _____ Why do you want to move? _____

Previous Address: _____ Rent: \$ _____

Landlord Name: _____ Phone Number: _____ From _____ To _____

Applicant 2:

Current Address: _____ Current Rent: \$ _____

Landlord Name: _____ Phone Number: _____

From _____ To _____ Why do you want to move? _____

Previous Address: _____ Rent: \$ _____

Landlord Name: _____ Phone Number: _____ From _____ To _____

General Information (circle YES or NO)

Are you currently in the process of becoming evicted or have you or any member of your household been evicted?	YES	NO
Have you or any member of your household been convicted of a crime within the past five years?	YES	NO
Have you ever filed for bankruptcy? YES NO If yes, is it discharged?	YES	NO
Do you have any pets?	YES	NO
Will this be your only place of residence?	YES	NO

Current marital status (*circle*)

Applicant 1: **Never Married** **Divorced** **Legally Separated** **Married** **Widowed**

Applicant 2: **Never Married** **Divorced** **Legally Separated** **Married** **Widowed**

CHN Housing Partners *Housing Application*



Personal Reference/Emergency Contact

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Are you or any family member, now, or previously during the last 12 months an employee, agent, consultant, officer, elected, or appointed official of the City of Cleveland, Community Development Department, of the CHN Housing Partners (CHN), or any CHN member organization or any contractor doing business with CHN? *Definitions – A “Family Member” is defined as the employee’s spouse and everyone who is related to the employee or the employee’s spouse in the following ways: parents, children, grandparents, grandchildren, brothers, sisters, aunts, uncles, nieces, nephews, step relatives and half relatives.*

YES **NO** If yes, explain in detail the position held, the name of the employer, and the nature of their duties: _____

I hereby certify that the information stated above is true, correct and complete to the best of my knowledge. I further understand and agree that if any of the information I have provided in this application is found to be incomplete, incorrect or false, it will be grounds for denial of this application or termination of my tenancy. I also hereby authorize the owner and or the owner’s agent to verify the foregoing income, employment, and asset information; to conduct a credit check, check for criminal history and check for prior evictions; to call the current and former landlords, to call personal references; and to verify any other information I have provided on this application. I further understand that this application does not guarantee housing or a position on a waiting list. Additionally any good faith deposit that has been provided will be surrendered if the information provided in this application has been found to be fraudulent, false, or willfully incorrect.

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Warning: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Revised 6/23/2017

Applicant / Tenant Sworn Income and Asset Statement



NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Name: _____ S.S. #(last 4 digits): _____
 Date: _____

Document Yes answers with third party verification.

Income Source	I have or I receive the following: (Check YES or NO)		Monthly Amount	Notes
Job 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Job 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Self Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
TANF/ AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Unemployment Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Workers Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

Do you receive regular or periodic payments from:

Persons not Living in the Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____
	Holder/Provider _____			
Trust, Annuity, or Other Claims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____
	Holder/Provider _____			

Do you currently receive Assistance with your housing payment? Yes No
 If yes; Agency Name: _____

Do you **HAVE** court-ordered or an agreement for child support or alimony? Yes No
 (This means there is an order for you to receive child support or alimony, not pay support to someone else) ORDERED AMOUNT \$ _____

Are you currently receiving child support or alimony? Yes No
 AMOUNT RECEIVED \$ _____

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? Yes No N/A
 List State _____ and County _____ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? Yes No



Applicant / Tenant Sworn Income and Asset Statement



Asset Source

<u>Yes</u>	<u>No</u>				
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Checking Account?	6 Month Avg. Balance	\$ _____	Interest Rate _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$ _____	Interest Rate _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Direct Express ® Card? (or any card where benefits or pay are deposited)	Balance	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box? What is held in the box? _____			Cash Value \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Personal Property held as on Investment? **			Cash Value \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value \$ _____
Current Status/Intention: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away					

Notes: _____

Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
When _____ Amount _____

Do you have Whole Life Insurance or Universal Life Insurance policies?
Cash Value \$ _____ Annual Earnings \$ _____

Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
If yes, list items: _____ Date: _____

Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)?
If yes, please provide:

Type _____	Value \$ _____	Where Held _____	Annual Yield _____
Type _____	Value \$ _____	Where Held _____	Annual Yield _____
Type _____	Value \$ _____	Where Held _____	Annual Yield _____

Total of Net Family Assets \$ _____ **(Total Value of Assets Listed Above)**

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature of Applicant / Lessee _____
Date

Owner / Management Agent Signature _____
Date



RELEASE OF INFORMATION FORM

PURPOSE

The following named organizations may use this authorization and the information obtained with it to assist lease purchasers with Homeownership, to administer and enforce policies and guidelines for the Low-Income Housing Tax Credit (LIHTC) housing program.

AUTHORIZATION

I authorize CHN Housing Partners and its agents to obtain information on wages, unemployment compensation or any other income source.

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Enterprise Social Investment Corporation (ESIC)
Local Initiatives Support Corporations (LISC)
Supportive Housing Programs
City of Cleveland
State of Ohio
Section 8 Housing Assistance Payment Program
Section 42 LIHTC
HUD
Federal Home Loan Bank

I authorize the above named organizations to obtain information about me and all members of my household that are pertinent to eligibility for or participation in LIHTC.

COMPUTER MATCH NOTICE AND CONSENT

I agree that authorized agencies may conduct computer-matching programs with the governmental agencies including Federal, State, or Social Agencies. The governmental agencies include:

U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Department of Defense
U.S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITION

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

Banks and other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers (Past and Present)
Landlords
Providers of:
Alimony
Child Support
Credit
Disability Assistance
Medicare
Pension Agencies
Schools and Colleges
U.S. Social Security Administration
U.S. Department of Veteran Affairs
Utility Companies
Welfare Agencies

Print Name of Member of Household (18 years and older)

Signature of Member of Household (18 years and older)

Original is retained by the requesting organization



Student Certification

Applicant/Resident _____ Certification Date _____

TO BE COMPLETED BY ALL APPLICANTS/RESIDENTS OVER THE AGE OF 18

Are you a part or full-time student? Yes No

"Student" includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. *If you are not sure, please mark "yes" and the property management company will verify your student status.*

If you answered NO, please skip the following questions and sign below.

If you answered Yes, please complete the following questions:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you a part-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a full-time student? (will you or have you attended school for five months or more this calendar year with a full-time status?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you disabled? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you over 23 years of age? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you receiving any financial assistance to pay for your education? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will you be living with your parents? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: | | |
| a. Are your parents receiving or eligible to receive Section 8 assistance? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you married? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a dependent child? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were you an orphan or a ward of the court through the age of 18? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving assistance under Title IV of the Social Security Act – (e.g. TANF) (LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp) (LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |

Penalties for Misuse of this Form

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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, the PHA 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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

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
CHN Housing Partners		Tax Credit
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 form 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.

Race and Ethnic Data Reporting Form

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Not-Hispanic or Latino	
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