



AWI

Management Corporation
Always With Integrity



Mail your completed application to:

**Creekside Terrace
c/o 5071 Circle Drive, #8
Mariposa CA 95338**

Welcome To

**Creekside Terrace
Fournier Rd and Antone Rd
Mariposa CA 95338
(209) 966-3320
TDD: 711**

WE ARE A SMOKE-FREE & MARIJUANA-FREE COMMUNITY.



**SMOKING, INCLUDING E-CIGARETTES, IS NOT PERMITTED AT
THIS PROPERTY.**

**THE USE AND/OR POSSESSION OF MARIJUANA IS STRICTLY
BANNED FROM THIS FEDERAL ASSISTED PROPERTY.**

**ANOTHER APARTMENT COMMUNITY PROUDLY MANAGED BY
AWI MANAGEMENT CORPORATION**

"Dedicated To Quality Property Management"



Dear Applicant of Creekside Terrace:

We are excited to begin the application process for Creekside Terrace, a beautiful new affordable community in Mariposa. Enclosed you will find our *Application for Admission* package. The application package must be completed in its entirety – do not leave blanks. Include the requested information for ALL household members. **All adult applicants must also sign and date the application.**

Creekside Terrace is designated as a SMOKE-FREE COMMUNITY and smoking is not permitted at this property. No smoking pertains to all tobacco products and e-cigarettes. In addition, the use and/or possession of marijuana is strictly banned from this federally assisted property.

The first step of the process is to complete the enclosed application package, in its entirety and mail it to the address below:

Mail Completed Applications to:

Creekside Terrace
c/o 5071 Circle Drive, #8
Mariposa CA 95338

Upon receipt we will begin the initial screening which includes:

- Credit check
- Eviction check and sex offender search
- Previous landlord verifications

Please gather the following documents, as they will be required at the time of your interview.

- Proof of all income (employed persons must provide the most recent 3 months consecutive pay stubs)
- Proof of all assets (with documentation of current value, if possible)
- Most recent 6 months consecutive bank statements for all accounts (include all pages)
- Most current Tax Return with all attachments

Note: *Applications will be processed in the order received. So, the sooner the complete application is received, the higher your placement on our waiting list.*

PLEASE DO NOT send the above documents with the application package as they will be collected at the time of your interview appointment.

If you have any questions, please call: (209) 966-3320.

We look forward to working with you.



APPLICANT INFORMATION

Creekside Terrace

These apartments provide housing for low income households under the Tax Credit Program. This property may also be subject to Home Program regulations such as: the *Home Investment Partnership Program* or the *Housing Trust Funds Program*. This is an Equal Housing Opportunity complex and all are welcome to apply. We accept Section 8 certificates and vouchers.

For complexes with a senior designation, occupancy is limited to individuals who are 55 years of age or older (exceptions may apply at some properties). Please inquire with the manager as to the requirements specific to this property. Pets are permitted at those complexes designated for seniors.

Our occupancy guidelines are as follows:

<u>Unit Size</u>	<u>Minimum</u>	<u>Maximum</u>	HCD designated units (HOME, JSJFWHP or MHP)	
			<u>Minimum</u>	<u>Maximum</u>
1 Bedroom	1 person	3 persons	1 person	3 persons
2 Bedroom	2 persons	5 persons	2 persons	5 persons
3 Bedroom	3 persons	7 persons	4 persons	7 persons

To apply for an apartment you must complete an application. To complete an application, at minimum, the following information will be needed.

- Income and assets of the household (total gross income and assets)
 - household income must be sufficient to cover rent, utilities and reasonable living expenses, while also meeting the tax credit eligibility requirements for income. Please inquire with the manager as to eligibility requirements and tax credit income limits for this property.
- Household Composition
 - name(s) of all household members
 - number in household
 - household's current address and contact telephone number (identify contact person)
 - birth date of household members
 - full-time student information
 - unborn verification (for the purpose of determining household size)
- Copies of Social Security Cards or other proof of SSN
- Copies of Driver's License or other picture identification
- Prior and present landlord information (for all adult household members)
- Credit History (for all adult household members)
- Criminal Background Check (for all adult household members)
- Unlawful Detainer (eviction) Check
- Personal References (preferably business/professional acquaintances)
- Legible copy of the most recent Federal Income Tax Return (1040) with all attachments for each tenant who is not exempt from filing a return.
- The application must be signed by all adults applying for occupancy.

You will be notified in writing that you have been placed on a waiting list. The Resident Manager can give you an estimate of when a unit may be available. The full application verification process will be postponed until your name is near the top of our waiting list.

For those households that move in at a qualifying income and rent level, if at recertification it is verified that their income has increased above one of the higher income levels, their rent will be increased to the correlated rent level, as it becomes available by unit size.

NON-DISCRIMINATION STATEMENT – "In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (not all prohibited bases apply to all programs.)"

To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275.

NOTICE TO ALL TENANTS / APPLICANTS OPTIONS FOR PERSONS WITH DISABILITIES

Attachment to Application for Admission

This apartment community is managed by AWI Management Corporation. AWI provides housing to qualified families and/or individuals and does not discriminate against applicants or residents on the basis of race, creed, color, sex, religion, age, national origin, familial status, sexual orientation, political beliefs, or disability. In addition, AWI Management Corporation has a legal obligation to provide “reasonable accommodations” to applicants and tenants if they or any family members have a disability.

A reasonable accommodation is some modification or change that the Company can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program, as long as the change does not create discrimination elsewhere. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or premises, to the extent that these reasonable accommodations can be implemented without creating undue financial or administrative burdens to the property.

An applicant or current resident household that has a member with a disability must still be able to meet the essential obligations of the Tenant Screening Process. They must be able to pay rent in a timely manner, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, and to maintain sanitary and safe conditions in their living space. However, there is no requirement that they be able to perform these functions without assistance.

If you or a member of your family has a disability and feel you might need or want a unit specially equipped with design features that are beneficial to wheelchair users, individuals with hearing/vision impairments or a reasonable accommodation that relates to a disability, please complete the **REASONABLE ACCOMMODATION / MODIFICATION VERIFICATION** form. You may request it at any time in the application process or after admission. This is your choice to make. If you would prefer not to discuss your situation with management, that is your right.

USDA-RD Properties: Non-Discrimination Policy – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Tax Credit or HUD Properties: To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275.

Office Use Only
Date: _____
Time: _____
Apt. Size: 1 2 3

APPLICATION FOR ADMISSION

Creekside Terrace

Office Use Only
Gross Income: _____
<input type="checkbox"/> Addition to Existing Household
Unit #: _____
Application #: _____

GENERAL INFORMATION

Name of Head of Household	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Attending School?
1. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all others who will occupy the unit.						
Name	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Relationship to Head of Household	Attending School?
2. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or has any member of your household ever used another name and/or Social Security number? ☐ Yes ☐ No

If yes, describe: _____

Do you own a pet? ☐ Yes ☐ No If yes, please be advised that pets are not allowed unless this is a designated senior complex.

Do you wish to have priority for an apartment with special design features for persons with disabilities? ☐ Yes ☐ No

Do you or anyone in your household request "Reasonable Accommodations" to be made? ☐ Yes ☐ No

Do you anticipate any changes in household composition in the next 12 months? ☐ Yes ☐ No If yes, please explain: _____

APARTMENT SIZE REQUESTED: (Not all sizes available at every location.) ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

RENTAL HISTORY - Management's policy is to have 5 years of continuous landlord history. If additional space is needed, please use the back page of this application or attach an additional sheet.

1. (Head of Household) CURRENT Address: _____
 Street Apt. # City County State Zip
 Phone: (_____) _____ - _____ Dates you lived here: ____ / ____ / ____ to ____ / ____ / ____
 mm dd yyyy mm dd yyyy

MAILING Address (if different from above): _____
 Street Apt. # City State Zip

CURRENT Landlord: _____ Address: _____
 Phone: (_____) _____ - _____ If apt., name of complex: _____
 Reason you want to move: _____

Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No

Are you being displaced? ☐ Yes ☐ No If yes, why? _____

Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____

PREVIOUS Address: _____
 Street Apt. # City County State Zip
 If apt., name of complex: _____ Dates you lived here: ____ / ____ / ____ to ____ / ____ / ____
 mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ Phone: (_____) _____ - _____ Reason for Moving: _____

Address: _____ Did you ☐ Rent or ☐ Own?
 Street Apt. # City County State Zip



ALL OTHER ADULT APPLICANTS NOT RESIDING WITH THE HEAD OF HOUSEHOLD APPLICANT FOR THE PAST 5 YEARS MUST PROVIDE CURRENT AND PREVIOUS ADDRESSES.

2. (Applicant #2) CURRENT Address: _____
Street Apt. # City County State Zip

Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

CURRENT Landlord: _____ Address: _____

Phone: (_____) _____ - _____ If apt., name of complex: _____

Reason you want to move: _____

Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No

Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip

If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ Phone: (_____) _____ - _____ Reason for Moving: _____

Address: _____ Did you ☐ Rent or ☐ Own?
Street Apt. # City County State Zip

3. (Applicant #3) CURRENT Address: _____
Street Apt. # City County State Zip

Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

CURRENT Landlord: _____ Address: _____

Phone: (_____) _____ - _____ If apt., name of complex: _____

Reason you want to move: _____

Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No

Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip

If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ Phone: (_____) _____ - _____ Reason for Moving: _____

Address: _____ Did you ☐ Rent or ☐ Own?
Street Apt. # City County State Zip

4. (Applicant #4) CURRENT Address: _____
Street Apt. # City County State Zip

Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

CURRENT Landlord: _____ Address: _____

Phone: (_____) _____ - _____ If apt., name of complex: _____

Reason you want to move: _____

Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No

Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip

If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ Phone: (_____) _____ - _____ Reason for Moving: _____

Address: _____ Did you ☐ Rent or ☐ Own?
Street Apt. # City County State Zip



PERSONAL REFERENCES (Do not list relatives. Business or professional friends/acquaintances are preferred.):

Applicant #1	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #2	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #3	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #4	Name	Address	Phone #	Relationship
			() -	
			() -	

EMERGENCY CONTACT PERSON(S):

Applicant #1	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #2	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #3	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #4	Name	Address	Phone #	Relationship
			() -	
			() -	

AUTOMOBILE(S):

Make:	Model:	Color:	Year:	License Plate #:
Make:	Model:	Color:	Year:	License Plate #:
Make:	Model:	Color:	Year:	License Plate #:
Make:	Model:	Color:	Year:	License Plate #:

Per the terms of the lease agreement at this complex, trailers, boats and campers are not permitted.



HOUSEHOLD FINANCIAL OBLIGATIONS: List ALL credit card payments, car payments, child support, alimony, loans, etc.

NOTE: THIS SECTION MUST BE COMPLETED.

Payable To: (company name)	Monthly Payment

Payable To: (company name)	Monthly Payment

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? (Please mark every question YES or NO. If you answer any questions with a YES, complete the blanks on the right.)

	Yes	No	Amount Received (per time period)	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Other: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____

Do you anticipate any change in this income in the next 12 months? ☐ Yes ☐ No If yes, please explain: _____

Does an outside party pay your utilities, phone service or other household expenses? ☐ Yes ☐ No If yes, amount paid per month \$_____

Name and address of outside party: _____
Name Address City State Zip

FEDERAL INCOME TAX RETURNS: Are you or any member of your household exempt from filing a Federal Income Tax Return? ☐ Yes ☐ No

If yes, which members: _____, _____, _____, _____
Name Name Name Name

ASSETS: Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right. Do not include necessary personal property such as furniture, automobiles and clothing.

DO YOU HAVE . . . ?

	Yes	No	Name on Account	Account #	Balance/Value	Bank (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Certificate/Time Deposit	<input type="checkbox"/>	<input type="checkbox"/>				_____
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				_____
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				_____
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				_____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				_____
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				_____

SUBSIDIZED HOUSING:

Have you or any member of your household lived in subsidized housing? ☐ Yes ☐ No If yes, which household member(s): _____

_____ Has your household's tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification process? ☐ Yes ☐ No If yes, please explain the circumstances:

STATE REGISTERED LIFETIME SEX OFFENDERS HOUSING NOTICE:

Prior to admission into assisted housing programs, applicants must provide a complete list of all states in which EVERY adult household member has resided. Please provide the residency information below for each adult household member. If additional space is needed, please use the back page of this Application.

Head of Household	Co-Tenant	Co-Tenant	Co-Tenant	Co-Tenant	Co-Tenant	Co-Tenant
All States Resided	All States Resided	All States Resided	All States Resided	All States Resided	All States Resided	All States Resided

Yes No

☐ ☐ Are you or any adult member of your household subject to a lifetime sex offender registration requirement in any state?

If yes, which household member(s): _____
 Name and State Registered Name and State Registered

If any applicant erroneously omits that they or a member of their household are subject to a lifetime sex offender registration requirement, it would be cause for eviction and/or termination of assistance for the household member.

I/We certify that the information given is accurate and complete and understand any misrepresentation will disqualify the applicant. I/We understand the responsibility, as applicant, to keep Management notified of any changes. This includes a change in household size, current address, income and/or assets. I/We also authorize the owner to obtain credit and criminal background reports, verify income, assets and employment and to contact current and previous landlords.

 Signature Date

 Signature Date

 Signature Date

 Signature Date

 Signature Date

 Signature Date

How did you hear about this complex? ☐ Drove By ☐ Tenant Referral ☐ Internet Search ☐ Craigslist ☐ Newspaper Ad
☐ Phone Book/Yellow Pages ☐ Other: _____



DEMOGRAPHIC INFORMATION

RRH and FLH Borrowers are required to keep track of the demographics of their applicants and tenants (even though their participants may decline to cooperate in the gathering of this data).

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with.”

“You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Please check (✓) the applicable Ethnicity of Head of Household:

- ☐ Hispanic or Latino (any race)
- ☐ Not Hispanic or Latino

Please check (✓) the applicable Race/National Origin of Head of Household:

1. ☐ American Indian or Alaskan Native
2. ☐ Asian
3. ☐ Black or African American
4. ☐ Native Hawaiian or Other Pacific Islander
5. ☐ White

“In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (not all prohibited bases apply to all programs.)”

To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275