

ALLIANCE PROPERTY MANAGEMENT

2621 W. College, Suite D, Bozeman, MT 59718
Phone: 406-585-0880 Fax: 406-585-1116

APPLICANT NAME: _____

DAY TIME PHONE: _____ EVENING PHONE: _____

RENTAL APPLICATION FOR:

(Check the apartment complex for which you are applying.)

Big Sky Apartment, Big Sky (995-7176) _____

Baxter Apartments, Bozeman (556-9870) _____

Bridger Apartments, Bozeman (587-9481) _____

Comstock Apartments, Bozeman (585-9351) _____

Farmhouse Apartments, Belgrade (388-9214) _____

Madison Apartment, West Yellowstone (646-0194) _____

Pond Row Apartments, Bozeman (624-0379) _____

Dairy Keep Apartments, Bozeman (585-0880) _____

Note: The above apartment complexes were financed in part through Section 42 of the Internal Revenue Code-the Tax Credit Housing Program, whose purpose is to provide quality rental housing at more affordable rents.

RENTAL APPLICATION POLICIES AND PROCEDURES:

1. Applicants must view the interior of the unit prior to submitting an application. If you are applying with other applicants to occupy the unit together, at least one of the applicants must view the unit before submitting any applications.
2. After viewing and selecting a rental unit, all applicants must complete, sign, and return the separate rental applications to the On-site Manager at the apartment complex for which you are applying. **A separate completed, signed, and dated application is required for each applicant who intends to reside in the property and who is legally able to sign a contract. No exceptions will be made.** Submitted applications and information obtained when processing the application become the property of Alliance Property Management. A \$20 non-refundable application processing fee must accompany each application and must be paid in the form of a check, cashier’s check, or money order. All applications will remain on file for ninety (90) days. After ninety (90) days, a new application and processing fee must be submitted. **Applications are not considered on a first come/first serve basis. If an application is received that is equally qualified to live in a unit, we reserve the right to give the lease to the first application received.**
3. Qualification is based on the following criteria:
 - a.) **Section 42 Compliance Requirements-** Applicant(s) must meet all criteria set up under Section 42 of the IRS code.
 - b.) **Verifiable Good Credit-** Credit reports will be checked through a national credit reporting agency. We reserve the right to deny an applicant based on poor credit history.
 - c.) **Good Previous Rental History-** Alliance Property Management will make a reasonable attempt to contact previous landlord(s) and/or mortgage holder(s) submitted by Applicant; however, the ultimate responsibility for supplying this information to APM lies with the applicant. APM reserves the right to decline tenancy on the basis of the inability to contact the references provided. In the absence of any previous rental history, professional references will be required.
 - d.) **Complete Application-** Application must be completed in its entirety. Failure to complete the entire application may delay processing or result in a denial of the application.
 - e.) **False Information-** Willfully providing false information during the application process will result in denial.
 - f.) **Felony Convictions-** Prior felony convictions will result in denial.

Except for felony convictions, failure to meet one of the above mentioned criteria may or may not result in denial. APM will review all information prior to making a final decision. Failure to meet one or more of the above criteria will result in automatic denial.

If someone other than yourself financially supports you, if you have poor credit, if you have no previous rental history, or if you fail to meet any of the above listed criteria, a larger security deposit may be required.

If you have poor credit or poor payment history as reported by a previous landlord or mortgage holder, you may also be required to make all rental payments in the form of a cashier’s check or money order.

4. Most of our properties allow two (2) approved pets (based on the current pet policy). If your pet(s) is approved to live in the Apartments, you will be required to provide proof of renter's insurance, current vaccinations, and that the pet has been spayed or neutered. Minimum liability coverage required will be \$100,000 and Alliance Property Management must be listed as additional insured on your policy. The policy must be renewed for the duration of your tenancy. Please contact an insurance company for insurance rates and coverage information. If you have a pet, an additional security deposit will be required. For dogs under 1 year of age we require a \$1,000 additional security deposit. For dogs over 1 year of age we require a \$200 additional security deposit. Second pet requires an additional \$100 security deposit. This security deposit stays with the property until you decide to move.

5. Should you require a reasonable accommodation or modification, please ask an employee of Alliance Property Management for the appropriate forms.

APM makes every effort to process applications as quickly as possible; however, processing may take several days due to the inability to contact previous landlords, employers, or other references. Applicants are encouraged to check on the status of an application, particularly if you have not received a response from APM within 72 hours of submission. Applications will not be "pre-screened" outside the standard process under any circumstances and incomplete or falsified applications may be rejected without further notice. APM cannot guarantee that any unit you have seen will be available by the time your application is processed.

If your application is approved and move-in is not immediate, a non-refundable holding fee will be immediately required in the form of cashier's check or money order to hold the rental unit off the market for a period of up to ten (10) days. A non-refundable holding fee in an amount of \$200 will be required to hold the unit off the market for a period of time greater than ten (10) days but not more than thirty (30) days. At the time the rental contract is signed the non-refundable holding fee will be converted into first month rent.

DISCLOSURE AUTHORIZATION

I hereby declare that the statements provided in this Rental Application are true and correct. I authorize Alliance Property Management to obtain income information/verification, credit references, credit reports, wage data, previous landlord references, student status verifications, student financial aid information, professional references, and any court or legal documentation for persons listed as members of the household. This information will be held confidential and will be used for the sole purpose of determining rental eligibility.

I understand that Alliance Property Management reserves the right, in its sole discretion, to report to national credit reporting agencies my failure to fulfill any of the terms of any Rental Contract subsequently executed by me, including any amendments, renewals, or extensions thereof. **Subsequent consumer credit reports or student status verifications may be obtained and utilized under this authorization in connection with any update, renewal, modification, or extension of any Rental Contract, including any amendments thereto or regarding any collection matter pertaining to, arising from, or in conjunction with, the rental or lease of a residence for which application is made.**

Beginning at the time I tender a deposit for a property which I intend to lease, and Alliance Property Management accepts such deposit, I agree to lease the property according to the terms and conditions of the lease agreement for that property, although at the time a written Rental Contract may not be signed. The starting date for occupancy of the property will be the first day the property is made available for lease or an agreed upon date if different from that date.

Alliance Property Management supports the Fair Housing, ADA (American Disabilities Act). Alliance Property Management does not discriminate against any person on the basis of age, sex, race, religion, marital/familial status, physical or mental handicap, color, creed, ethnicity, national origin or sexual orientation.

NOTICE OF THE CONTRACTUAL RELATIONSHIP BETWEEN THE PROPERTY OWNER AND ALLIANCE PROPERTY MANAGEMENT: Alliance Property Management is the sole and exclusive Agent of the Owner of the properties listed and represents the property Owner's interest in any and all transactions related to the rent or lease of said property.

I understand if any information provided in this application is found to be false, purposefully misleading, or otherwise incorrect, my application will immediately be denied.

Applicant Signature: _____

Date: _____



Date Application Received: _____ Received By: _____

Application Fee Paid? Yes No Copy of Photo ID Received? Yes No

APPLICATION AND QUESTIONNAIRE

Each adult occupying the apartment MUST complete a separate application and questionnaire.

Date	Desired Move-In Date	Apartment Rent	Apartment Name & Unit Number

APPLICANT INFORMATION

Name <i>First, Middle Initial, Last</i>		Current Phone #		M/F	Social Security #	Birth Date <i>Month, Day, Year</i>	
		Home:					
		Cell:					
		Work:		Email			
Driver License #		Have you ever been convicted of a crime? <i>(If yes, please explain.)</i>				Yes	No
Have you ever:		1. Been evicted? 2. Broken a lease? 3. Refused to pay rent? 4. Filed bankruptcy?				Yes	No

Present Address	<i>Address</i>	<i>City, State, Zip</i>	Rent <input type="checkbox"/> Own <input type="checkbox"/>
Present Landlord	<i>Landlord</i>	<i>Contact</i>	<i>Telephone</i>
	<i>Address</i>	<i>City, State, Zip</i>	<i>Date From/To</i>
Previous Address	<i>Address</i>	<i>City, State, Zip</i>	Rent <input type="checkbox"/> Own <input type="checkbox"/>
Previous Landlord	<i>Landlord</i>	<i>Contact</i>	<i>Telephone</i>
	<i>Address</i>	<i>City, State, Zip</i>	<i>Date From/To</i>
Mortgage Company	<i>Company</i>	<i>Contact</i>	<i>Telephone</i>
	<i>Address</i>	<i>City, State, Zip</i>	<i>Date From/To</i>

Present Employer	<i>Company</i>	<i>Contact</i>	<i>Telephone</i>	<i>Annual Wages/Salary</i>
	<i>Address</i>	<i>City, State, Zip</i>	<i>Date From/To</i>	<i>Annual Tip/Bonus/Commission</i>
Previous Employer	<i>Company</i>	<i>Contact</i>	<i>Telephone</i>	<i>Annual Wages/Salary</i>
	<i>Address</i>	<i>City, State, Zip</i>	<i>Date From/To</i>	<i>Annual Tip/Bonus/Commission</i>

Applicant Name:	Apartment /#:	Page 2 of 4
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AUTOMOBILE INFORMATION					
Make	Model	Color	Year	License Plate	State

HOUSEHOLD INFORMATION

List all other household members who are currently living in your household or who plan to live in your household during the next 12 months.

Name	Relationship	M/F	Social Security #	Birth Date	Full Time Student?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

EMERGENCY CONTACT INFORMATION

Name	Relationship	Address	Telephone

GENERAL INFORMATION

Yes	No	1a. Do you have full custody of your child(ren)?
Yes	No	2a. Do you expect any additions to the household within the next 12 months? <i>(If yes, please explain.)</i>
Yes	No	3a. Are there any absent household members who under normal circumstances would live with you? <i>(For example, a household member away in the military or college?)</i>
Yes	No	4a. Do you have any pets? <i>How many? _____ Type? _____ Age(s)? _____</i>

Applicant Name:		Apartment /#:	Page 3 of 4
INCOME INFORMATION			
<p><i>Income is counted for anyone 18 or older and anyone who is under 18 and legally emancipated. However, if the income is unearned income, such as a grant or benefit, it is counted for all household members, including minors. Please include all <u>anticipated</u> income for the next 12 months.</i></p>			
Do you currently receive or expect to receive during the next 12 months income from:			Annual Amount
Yes	No	1b. Are you currently employed?	
Yes	No	2b. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and cash payments.)</i>	
Yes	No	3b. Employment wages or salaries from more than One source?	
Yes	No	4b. Self-employment? <i>(Include overtime, tips, bonuses, commissions and cash payments. Attach copy of previous year IRS form 1040, Schedule C.)</i>	
Yes	No	5b. Any other income sources or types not listed?	
Yes	No	6b. Unemployment benefits or workman's compensations? <i>(Include case number.)</i>	
Yes	No	7b. Public Assistance, General Relief or Aid to Families with Dependent Children or Tenant Aid to Needy Families (AFDC/TANF)?	
Yes	No	8b. Child Support or Alimony? <i>We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but is received directly from payer.</i>	
		Child Support Enforcement Agency	<i>Name of Agency</i>
		Court of Law	<i>Name of Court</i>
		Directly from Individual	<i>Name of Person</i>
		Other	<i>Explain</i>
		If money is not actually received, is legal action being taken?	<i>Explain</i>
Yes	No	9b. Social Security, SSI, or any other payments from Social Security Administration?	
Yes	No	10b. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?	
Yes	No	11b. Regular payments from a severance package?	
Yes	No	12b. Regular payments from any kind of settlement? <i>(For example, insurance settlement)</i>	
Yes	No	13b. Regular gifts or payments from anyone outside of the household? <i>This includes anyone supplementing your income or paying any of your bills.</i>	
Yes	No	14b. Regular payments from lottery winnings or inheritances?	
Yes	No	15b. Regular payments from rental property or other real estate transactions?	
Yes	No	16b. Do you expect any changes to your income during the next 12 months? <i>(If yes, please explain)</i>	

Applicant Name:		Apartment /#:	Page 4 of 4
ASSET INFORMATION			
Do you have:			Amount
Yes	No	1c. Checking or savings accounts?	
Yes	No	2c. CDs, money market accounts or treasury bills?	
Yes	No	3c. Pensions, IRAs, Keogh or other retirement accounts?	
Yes	No	4c. Stocks, bonds or securities?	
Yes	No	5c. Trust funds?	
Yes	No	6c. Cash on hand over \$500?	
Yes	No	7c. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(Includes personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)</i>	
Yes	No	8c. Personal property held as investments? <i>(Includes paintings, coin or stamp collections, artwork, collector or show cars and antiques. Does not include personal belongings such as furniture or clothing)</i>	
Yes	No	9c. Any assets held jointly with a person who does not currently live in your household?	
Yes	No	10c. Do you expect to receive over the next 12 months any lump sum payments? <i>(Includes lottery winnings, insurance payments, etc.)</i>	
Yes	No	11c. Have you disposed of or given away any asset(s) for LESS than fair market value with the past 2 years?	
Yes	No	12c. Are there any minors in the household who hold assets?	
The following questions pertain to specific eligibility requirements of the Housing Program.			
Yes	No	1d. Are you claiming zero income?	
Yes	No	2d. Is the total value of your assets (other than personal property not held for investment) less than \$5,000?	
Yes	No	3d. Will you require a live-in care attendant to live independently?	
Yes	No	4d. Is your household currently receiving Section 8 rental assistance?	
Yes	No	5d. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?	
STUDENT STATUS			
Yes	No	1e. Are you or any other household member(s) (INCLUDING MINORS) currently a full-time student or expecting to be one at any time during the next 12 months?	
SIGNATURE CLAUSE			
I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I hereby consent to have management verify the information contained in this application for proving my eligibility for occupancy. I will provide all necessary information including names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting resident selection criteria and the Housing Credit Program requirements.			
Applicant Signature		Date	Manager Signature
			Date

UNDER \$5,000 ASSET CERTIFICATION

For households whose **combined** net assets do not exceed \$5,000.
Complete only **one** form per household; include assets of children.

Household Name: _____ Unit #: _____
Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/Our assets include:

Cash Value*	Int. Rate	Annual Income	Source	Cash Value*	Int. Rate	Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash On Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates Of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity In Real Estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital Investments
\$ _____	_____	\$ _____	Life Insurance Policies (Excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds (Not Named Above):	_____			
\$ _____	_____	\$ _____	Personal Property Held As Investment**:	_____			
\$ _____	_____	\$ _____	Other (List):	_____			

PLEASE NOTE: Certain funds (i.e. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which **are**.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**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 necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____ . This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name, Address and Phone Number of Employer)

DATE: _____

(____)_____

RE: _____
Applicant/Tenant Name

Social Security #

Unit # (If assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

RETURN FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employer Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (Circle One) Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly Other _____

Average # of Regular Hours Per Week: _____ Year-To-Date Earnings: \$ _____ Through ____/____/____

Overtime Rate: \$ _____ Per Hour Average # of Overtime Hours Per Week: _____

Shift Differential Rate: \$ _____ Per Hour Average # of Shift Differential Hours Per Week: _____

Commission, Bonus, Tips, Etc.: \$ _____ (Circle One) Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly Other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective ____/____/____

If the employee's work is seasonal or sporadic, please indicate the lay off period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

(____)_____

(____)_____

Phone

Fax

Email

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

ANNUAL STUDENT CERTIFICATION

Recertification Date: ____/____/____
Move In Date: ____/____/____

This Annual Student Certification is being delivered in connection with undersigned's application and/or occupancy in the following apartment:

Head of Household Name: _____ Unit #: _____
Building Address: _____

Check A, B, or C as applicable: (Note that students including those attending public or private elementary, middle or junior high and senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job training courses.)

A. ____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year. (Months need not be consecutive.) If this item is checked, no further information is needed.

B. ____ Household contains ALL students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.

C. ____ Household contains ALL FULL TIME students for five months or more out of the current and/or upcoming calendar year. (Months need not be consecutive.) If this item is checked, questions 1-5 below must be completed.

- | | | |
|--|-----|----|
| 1. Are the students married and entitled to file a joint tax return?
(Attach marriage certificate or tax return.) | YES | NO |
| 2. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (Attach student's and if applicable, divorce/custody decree or other parent's most recent tax return.) | YES | NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?
(Provide release of information for verification purposes.) | YES | NO |
| 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (Attach verification of participation.) | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (Provide verification of participation.) | YES | NO |

Full Time student households that are income eligible and satisfy one of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement. (All household members age 18 or older must sign and date.)

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

PET PROFILE

Applicant Name(s): _____ Unit #: _____

Pet #1:

Name: _____

Breed: _____

Age: _____ Weight: _____

Male: _____ Female: _____

How long have you had the pet? _____

Current Shots/Vaccinations? YES NO
(Please provide shot/vaccination records.)

City/County License? YES NO

Is The Pet Spayed/Neutered? YES NO

Attach Photo
Of Pet Here

Pet #2:

Name: _____

Breed: _____

Age: _____ Weight: _____

Male: _____ Female: _____

How long have you had the pet? _____

Current Shots/Vaccinations? YES NO
(Please provide shot/vaccination records.)

City/County License? YES NO

Is The Pet Spayed/Neutered? YES NO

Attach Photo
Of Pet Here

RACE AND ETHNIC DATA

THIS SECTION TO BE COMPLETED BY MANAGEMENT

Property Name:

Regarding:

_____ Unit #: _____

Head of Household

Household Member

THIS SECTION TO BE COMPLETED BY APPLICANT/TENANT

This form is used to report continued compliance activities with regard to the Restrictive Use Covenants, to document tenant household data required as a part of the Housing and Recovery Act enacted on July 309, 2008 for 100% Eligible Tax Credit Properties.

DEMOGRAPHICS (OPTIONAL)

Providing one's race and ethnicity is an optional disclosure for applicants/tenants. Declining to do so will not affect your eligibility for this program. This is being tracked for informational purposes only.	
Ethnic Categories	Select One
Hispanic or Latino	
Not Hispanic or Latino	
I do not wish to provide this information	
Racial Categories	Select All That Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Hawaii Native or Other Pacific Islander	
White or Caucasian	
Other	
I do not wish to provide this information	

Definitions of these categories may be found on the next page.

Signature

Print Name

Date

INSTRUCTIONS FOR THE RACE AND ETHNIC DATA REPORTING FORM

DEMOGRAPHICS

Providing one's race and ethnicity is an optional disclosure for tenants. Declining to provide demographic information will not affect your eligibility for the Low Income Housing Tax Credit program. Demographic information is being tracked for information purposes only.

The three ethnic categories you should choose from are defined below. You should check one of the three categories.

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. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
I do not wish to provide this information	Providing one's race and ethnicity is an optional disclosure for tenants.

The six racial categories to choose from are defined below. You should check as many as apply to you.

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.
Hawaii Native or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
White or Caucasian	A person having origin in any of the original peoples of Europe, the Middle East or North Africa.
I do not wish to provide this information	Providing one's race and ethnicity is an optional disclosure for tenants.

Household Certification Signatures

Head of household members age 18 and older and persons under the age of 18 who are treated as adults because they are the head of the household, or co-head/spouse **must** sign the Race and Ethnic Data Reporting form.