



**COTTAGE
SQUARE
APARTMENTS**

15 COTTAGE STREET
EASTHAMPTON, MA 01027
413-536-8048 Relay 711

A part of Arch Street Development Communities

1, 2 & 3 bedroom Affordable Rental Housing

We are proud to be a Smoke Free Community

Cottage Square Apartments are newly constructed in the former Easthampton Dye Works Factory. This is an income restricted community with a limited number of subsidized apartments. *We will be accepting applications from July 15th thru September 15th for the Lottery Drawing to determine the waitlist order.*

The lottery drawing will be held on Wednesday, September 24, 2014 at 4:00pm at the Easthampton Municipal Building. Applications received after 12:00PM on September 15th will be added to the waitlist in order they were received.

An informational meeting will be held at the Easthampton Municipal Building, located at 50 Payson Avenue in Easthampton on Tuesday, July 15, 2014 at 6:00pm.

Applications may be obtained at the Easthampton Municipal Building, the Easthampton Community Center, the Easthampton Senior Center or Appleton Corporation.

In order to be eligible for the lottery, completed applications must be submitted before 12:00PM on September 15, 2014 to:

**Appleton Corporation
57 Suffolk Street
Holyoke, MA 01040
Telephone (413) 536-8048 Fax (413) 534-8344**

Marketed & Managed by



Please inquire in advanced for Reasonable Accommodations



Appleton Corporation

Dear Prospective Resident:

If you are disabled or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance. Appropriate assistance will be provided in a confidential manner and setting.

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, or prior resident history is *grounds for rejection*. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answers to questions on your application concerning disability status are optional. But please note that families with disabled members may be entitled to *1) certain deductions from income that affects rent or 2) units designed to be accessible for individuals with disabilities. So, without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

If you answer the questions relating to disability, we may need to verify that you or a family member is disabled. We do not need to know the nature, extent, or current condition of the disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

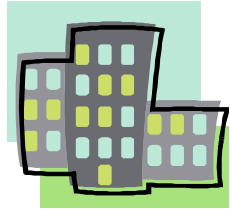
**Applies to the Section 8 apartments only*





**57 Suffolk Street
Holyoke, MA 01040
Telephone: (413) 536-8048
Fax: (413) 534-8344**

***All completed applications
must be returned to
Appleton Corporation**



**Cottage Square Apartments
15 Cottage Street
Easthampton, MA 01027**

APPLICATION FOR HOUSING
Low-Income Housing Tax Credit Property

The initial rent-up will be done by lottery. Applications received between July 15, 2014 and September 15, 2014 will be reviewed to make a preliminary determination of eligibility based on the applicant's self certification of income, size and composition. Applications will be placed into all lottery pools for which they qualify for based on the application and the properties Tenant Selection Plan.

Please Print Clearly

| 1. GENERAL INFORMATION | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|---|---|--|--|---|--|--|--|--|
| Applicant's Last Name: | First Name: | Middle Initial: | Social Security Number (SSN) <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:5%; height: 20px;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;">-</td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;">-</td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> </tr> </table> | | | | | - | | | - | | | | |
| | | | | - | | | - | | | | | | | | |
| Present Address: | | | | | | | | | | | | | | | |
| City: | | State: | Zip: | | | | | | | | | | | | |
| Mailing Address (if different): | | | | | | | | | | | | | | | |
| City: | | State: | Zip: | | | | | | | | | | | | |
| Daytime Phone Number: (____) _____ Area Code | Evening Phone Number: (____) _____ Area Code | Email Address: | | | | | | | | | | | | | |
| 2. APARTMENT SIZE AND REASONABLE ACCOMMODATIONS | | | | | | | | | | | | | | | |
| Number of Bedroom's in current unit: | Do you <input type="checkbox"/> RENT or <input type="checkbox"/> OWN (check one) | Amount of current monthly rental or mortgage payment: \$ | | | | | | | | | | | | | |
| If owned, do you receive monthly rental income from the property? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |
| Circle utilities paid by you: | Heat | Electricity | Gas Other(specify): | | | | | | | | | | | | |
| Approximate monthly cost of utilities paid by you (excluding telephone and cable TV): \$ | | | | | | | | | | | | | | | |
| Size of Apartment Needed: [] 1 Bedroom [] 2 Bedrooms [] 3 Bedrooms | | | | | | | | | | | | | | | |
| Wheelchair Adapted Unit | [] Yes [] No | Visual Adapted Unit | [] Yes [] No | | | | | | | | | | | | |
| Hearing Adapted Unit | [] Yes [] No | | | | | | | | | | | | | | |
| Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? [] Yes [] No If yes, please explain. _____ | | | | | | | | | | | | | | | |



3. HOUSEHOLD COMPOSITION (List each household member who will be residing in the apartment.)

| First Name | MI | Last Name | Relationship to Head of Household | Social Security # | Date of Birth | Full or Part Time Student? |
|------------|----|-----------|-----------------------------------|-------------------|---------------|----------------------------|
| | | | Head of Household | | | Yes / No |
| | | | | | | Yes / No |
| | | | | | | Yes / No |
| | | | | | | Yes / No |
| | | | | | | Yes / No |
| | | | | | | Yes / No |

Have there been any changes in household composition in the last twelve (12) months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve (12) months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

Will any of the persons in the household be or have been students during five calendar months of this year or plan to be in the next calendar year at an educational institution? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? Yes No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?
 Yes No

Are any full-time student(s) a TANF or a Title IV recipient? Yes No

Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return whose children are not dependents of anyone other than a parent? Yes No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No



4. INCOME INFORMATION

Please indicate ALL sources of income received by each member of your household. If a sections does not apply, cross it out or write N/A.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|---|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | SSI / SSP Benefits | \$ |
| | SSI / SSP Benefits | \$ |
| | SSI / SSP Benefits | \$ |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | Veteran's Benefit (list claim #) | \$ |
| | Veteran's Benefit (list claim #) | \$ |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | Public Assistance (Title IV / TANF, etc.) | \$ |
| | Public Assistance (Title IV / TANF, etc.) | \$ |
| | Contributions to the Household from sources outside the Household (monetary or not) | \$ |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Financial Aid (excluding loans) | \$ |
| | Annuities (list sources) | \$ |
| | | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| | Scheduled payments from Investments | \$ |



4. INCOME INFORMATION (Continued)

| | | |
|--|--------------------------|----|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held: | |
| | Start Date: | |

| | | |
|--|--------------------------|----|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held: | |
| | Start Date: | |

| | | |
|--|--------------------------|----|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held: | |
| | Start Date: | |

| | | |
|--|---|--------|
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | YES NO |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | YES NO |
| | If yes, list the amount you receive. | \$ |

| | | |
|--|---|--------|
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | YES NO |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | YES NO |
| | If yes, list the amount you receive. | \$ |

| | | |
|--|---------------|----|
| | Other Income: | \$ |
| | Other Income: | \$ |
| | Other Income: | \$ |

| | |
|--|--------|
| Total Gross Annual Income (Based on the monthly amounts listed above X 12) | \$ |
| Total Gross Annual Income from the previous year? | \$ |
| Do you anticipate any changes in income in the next 12 months? | YES NO |
| Is any member of the household legally entitled to receive income assistance? | YES NO |
| Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page2)? | YES NO |

If yes to an of the above, explain:

| | |
|-------------------------|--------|
| | |
| | |
| Is the income received? | YES NO |



5. ASSET INFORMATION

Please list all of your assets. If your assets are too numerous to list here, you may request an additional form or you may duplicate this page. If a section does not apply, cross it out or write N/A.

| | | | |
|----------|---|-------|------------|
| Checking | # | Bank: | Balance \$ |
| Accounts | # | Bank: | Balance \$ |
| | # | Bank: | Balance \$ |

| | | | |
|----------|---|-------|------------|
| Savings | # | Bank: | Balance \$ |
| Accounts | # | Bank: | Balance \$ |
| | # | Bank: | Balance \$ |

| | | | |
|---------------|---|-------|------------|
| Trust Account | # | Bank: | Balance \$ |
|---------------|---|-------|------------|

| | | | |
|------------------------------|---|-------|------------|
| Certificates of Deposit (CD) | # | Bank: | Balance \$ |
| | # | Bank: | Balance \$ |
| | # | Bank: | Balance \$ |
| | # | Bank: | Balance \$ |

| | | | |
|--------------|---|-------|------------|
| Money Market | # | Bank: | Balance \$ |
| Accounts | # | Bank: | Balance \$ |

| | | | |
|---------------|---|----------------|----------|
| Savings Bonds | # | Maturity Date: | Value \$ |
| | # | Maturity Date: | Value \$ |
| | # | Maturity Date: | Value \$ |

| | | | |
|----------------|---|----------|---------------|
| Life Insurance | # | Held at: | Cash Value \$ |
| Policy | # | Held at: | Cash Value \$ |

| | | | | |
|--------------|-------|--------------|-------------------------|----------|
| Mutual Funds | Name: | # of Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | # of Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | # of Shares: | Interest or Dividend \$ | Value \$ |

| | | | | |
|--------|-------|--------------|------------------|----------|
| Stocks | Name: | # of Shares: | Dividend Paid \$ | Value \$ |
| | Name: | # of Shares: | Dividend Paid \$ | Value \$ |
| | Name: | # of Shares: | Dividend Paid \$ | Value \$ |

| | | | | |
|-------|-------|--------------|-------------------------|----------|
| Bonds | Name: | # of Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | # of Shares: | Interest or Dividend \$ | Value \$ |

| | | | |
|---------------------|--|--|--------------------|
| Investment Property | | | Appraised Value \$ |
|---------------------|--|--|--------------------|



5. ASSET INFORMATION (Continued)

| | |
|---|--------|
| Real Estate Property: <i>Do you own any property?</i> | YES NO |
| <i>If yes</i> , type of property: | |
| Location of property: | |
| Appraised Market Value: | \$ |
| Mortgage or outstanding loan balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--------|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | YES NO |
| <i>If yes</i> , describe: | |
| | |

| | |
|--|--------|
| Does the household member have access to the asset(s)? | YES NO |
|--|--------|

| | |
|---|--------|
| Have you sold/disposed of any property in the last 2 years? | YES NO |
| <i>If yes</i> , type of property: | |
| Market value when sold / disposed of: | \$ |
| Amount sold / disposed of for: | \$ |
| Date of transaction: | |

| | |
|--|--------|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, setup an Irrevocable Trust,...) | YES NO |
| <i>If yes</i> , describe the asset: | |
| Date of disposal: | |
| Amount disposed of: | \$ |

| | |
|--|--------|
| Do you have any other assets not listed above (excluding personal property)? | YES NO |
| <i>If yes</i> , please list: | |
| | |
| | |



6. REFERENCE INFORMATION

Provide the full name and address of Landlords or Officials at the places you have lived over the last five years or past two residences, whichever is more inclusive. You may copy this page if additional room is needed.

| | | | |
|---------------------|---|--|--|
| Current Landlord | Name: | | |
| | Address: | | |
| | Telephone #: | | |
| | Fax #: | | |
| | How long have you lived in your current home? | | |

| | | | |
|-------------------|--|-------|--------|
| Prior Landlord | Name: | | |
| | Address: | | |
| | Telephone #: | | |
| | Fax #: | | |
| | Dates you lived at your prior address: | From: | Until: |

| | | | |
|----------------------|--|--------------|--|
| Credit Reference #1: | | | |
| Address: | | | |
| Account #: | | Telephone #: | |

| | | | |
|----------------------|--|--------------|--|
| Credit Reference #2: | | | |
| Address: | | | |
| Account #: | | Telephone #: | |

| | | | |
|----------------------|--|--------------|--|
| Credit Reference #3: | | | |
| Address: | | | |
| Account #: | | Telephone #: | |

| | | | |
|------------------------|--|--------------|--|
| Personal Reference #1: | | | |
| Address: | | | |
| Relationship: | | Telephone #: | |

| | | | |
|------------------------|--|--------------|--|
| Personal Reference #2: | | | |
| Address: | | | |
| Relationship: | | Telephone #: | |

| | | | |
|------------------------|--|--------------|--|
| Personal Reference #3: | | | |
| Address: | | | |
| Relationship: | | Telephone #: | |



7. GENERAL INFORMATION

1. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes No If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

2. List all states where the applicant and members of the applicant's household have resided: _____

3. Have you ever filed for bankruptcy? Yes No If yes, describe: _____

4. How did you hear about this housing development? Resident Referral Newspaper Ad
 Community Organization: Name _____ Other: _____
5. Will you take an apartment when one is available? Yes No
 Briefly describe your reason for applying: _____

6. Do you have a pet? Yes No If yes, how many pets? _____ What type of pet? _____ Size? _____
7. Are you or any member of your household a U.S. Veteran? (Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.) Yes No

Application Certification

I/We understand that this form is not an offer of housing. Based on this form, I/we understand that I/we should not make any plans to move or end my present tenancy. I/We certify that we will not maintain a separate rental unit in another location. I/We further certify that this will be our permanent residence. I/We understand that we must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign the application.

Signature(s):

Signature of the Head of Household Date

Signature of Co-Applicant Date

Signature of Co-Applicant Date

Signature of Co-Applicant Date

Appleton Corporation, acting as management agent for the Property does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.



Appleton Corporation

Notice of Right To Reasonable Accommodation

(RA-8)

Appleton Corporation and the property do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

Under applicable state and federal laws, Appleton and the property provide “reasonable accommodations” to residents, applicants and household members who are disabled.

If you have a disability, which is defined as having a physical or mental impairment, that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment, and you need:

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it in writing at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

If you can show that you have a disability and if your request is reasonable (***does not pose “an undue financial or administrative burden”, does not require a fundamental change in the nature of the program, and is not structurally infeasible**), we will try to make the changes you request.

You can get a Request for Reasonable Accommodation form **from the Property Manager or by calling (413) 540-2741**. If you need help filling out a Reasonable Accommodation Request Form or if you want to give us your request in some other way contact the Property Manager or Reasonable Accommodation 504 / ADA Coordinator, Donna Coyle, at (413) 540-2741.

An applicant household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy. They must be able to: pay rent, care for their apartment, report required information to management, avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

Resident Signature



Date

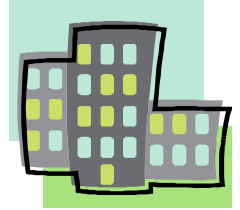
(Revised 8/1/2013)



Professionally Marketed and Managed by:



**57 Suffolk Street
Holyoke, MA 01040
Telephone: (413) 536-8048
Fax: (413) 534-8344**



**Cottage Square Apartments
15 Cottage Street
Easthampton, MA 01027**

SMOKE-FREE COMMUNITY

Dear Applicant:

Please be advised that the property you are applying for has adopted a Healthy Air Policy. This policy prohibits smoking in any interior or exterior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, elevators, ***within all living units***, and anywhere on the exterior of the property including the grounds, entry ways, windows, porches, balconies and patios. The policy applies to all residents, guests, visitors, service personnel and employees.

The term "smoking" means inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form.

We hope this policy will help everyone breathe easier and live healthier. If you agree to this policy and would like to apply to be placed on the properties waitlist this letter must be signed, dated and returned to the property with your application.

Sincerely,

Property Manager

By signing below I acknowledge that I have been informed of the rules regarding smoking. I further agree that if approved as a resident that I will follow all terms of the House Rules including not smoking anywhere inside or outside the property.

Head of Household (Please Print Clearly)

Head of Household Signature

Date



- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞սք նշո՞ւմ կատարե՞ք այս քանակությունը, եթե խոսո՞ւմ կա՞մ կարողո՞ւմ եք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | 12. Farsi |

| | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> | Make kazye sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérta vagy beszéli a magyar nyelvet. | 19. Hungarian |
| <input type="checkbox"/> | Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | 20. Ilocano |
| <input type="checkbox"/> | Marchi questa casella se legge o parla italiano. | 21. Italian |
| <input type="checkbox"/> | 日本語を読んだり、話せる場合はここに印を付けてください。 | 22. Japanese |
| <input type="checkbox"/> | 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 23. Korean |
| <input type="checkbox"/> | ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. | 24. Laotian |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish |

| | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português. | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această casuță dacă citiți sau vorbiți românește. | 27. Romanian |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски. | 28. Russian |
| <input type="checkbox"/> | Обележите овај квадратик уколико читате или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | 30. Slovak |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español. | 31. Spanish |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> | ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย. | 33. Thai |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | 35. Ukrainian |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | 36. Urdu |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 37. Vietnamese |
| <input type="checkbox"/> | באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. | 38. Yiddish |

*Applies to applicant households whose income is below \$18,050 for 1 person, \$20,600 for 2 people, \$23,200 for 3 people, \$25,750 for 4 people, \$27,910 for 5 people and \$31,970 for 6 people.

IMPORTANT NOTICE

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- (a) Section 8 Housing Assistance Payments programs;
- (b) Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- (c) Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached form to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration Form. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizen Declaration Form. The Citizen Declaration Form has easy-to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizen Declaration Form.
3. Submit the Family Summary Sheet, the Citizen Declaration Form(s), and any other forms and/or evidence with your completed application packet.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Property Manager of the property to which you are applying. He/she will be happy to assist you. Also, if you are unable to provide the required documentation with your application packet, you should immediately contact the Property Manager and request an extension, using the block provided on the Citizen Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

(Revised 7/1/2014)



*Applies to applicant households whose income is below \$18,050 for 1 person, \$20,600 for 2 people, \$23,200 for 3 people, \$25,750 for 4 people, \$27,910 for 5 people and \$31,970 for 6 people.

Appleton Corporation

FAMILY SUMMARY SHEET

INSTRUCTIONS: Complete this form listing all family members who will reside in the assisted apartment.

| Member No. | Last Name | First Name | Relationship to Head of Household | Sex | Date of Birth |
|------------|-----------|------------|-----------------------------------|-----|---------------|
| Head | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

NOTIFICATION: Evidence of eligible immigration status shall be released only to the Department of Homeland Security (DHS) for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

I certify, by signing below that the information provided above is accurate and complete.

Signature

Date



*Applies to applicant households whose income is below \$18,050 for 1 person, \$20,600 for 2 people, \$23,200 for 3 people, \$25,750 for 4 people, \$27,910 for 5 people and \$31,970 for 6 people.

Appleton Corporation

CITIZEN DECLARATION FORM

INSTRUCTIONS: Complete this Declaration for each household member listed on the Family Summary Sheet.

LAST NAME: _____ FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ ALIEN REGISTRATION NUMBER: _____

ADMISSION NUMBER: _____
if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

NATIONALITY: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NUMBER: _____
(to be entered by management if and when received)

INSTRUCTIONS: Complete the Declaration below by **printing** the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(**print** first name, middle initial, last name):

1. _____ A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



*Applies to applicant households whose income is below \$18,050 for 1 person, \$20,600 for 2 people, \$23,200 for 3 people, \$25,750 for 4 people, \$27,910 for 5 people and \$31,970 for 6 people.

2. _____ A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If this line is checked, sign and date page 3 and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

NOTE: *If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign page 3.*

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form (*the Management Office will provide you with this form*)

AND

- b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

- (a) "Admitted as Refugee Pursuant to section 207";
- (b) "Section 208" or "Asylum";
- (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
- (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken);
- (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- (c) A court decision granting withholding or deportation; or
- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.*



*Applies to applicant households whose income is below \$18,050 for 1 person, \$20,600 for 2 people, \$23,200 for 3 people, \$25,750 for 4 people, \$27,910 for 5 people and \$31,970 for 6 people.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

| | |
|--|---------------|
| REQUEST FOR EXTENSION | |
| I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence. | |
| _____ Signature | _____ Date |
| Check if adult signed for a child: _____ | |

3. _____ I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Please note DHS is the Department of Homeland Security



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.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| 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. | |
| | |

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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410