

APPLICATION CHECKLIST

Applicant: _____ **Property** _____

- _____ Carefully read the Application Policies and Procedures. (Pages 2 & 3)
- _____ Sign and date the Application Policies and Procedures. (Page 3)
- _____ Fill in every blank on the Rental Application. Do not leave any questions unanswered. If not applicable, write N/A.
- _____ Supply all necessary telephone numbers and addresses. Lack of telephone numbers and address may delay or prevent application processing.
- _____ Read and initial each page where indicated.
- _____ Sign and date the Rental Application.
- _____ Include income verification from all other sources: Social security, disability, child support, etc. These must be a printed 3rd party verification.
- _____ Include copy of vehicle registration for each vehicle listed.
- _____ Include copy of one form of picture identification. (i.e. driver's license or valid state Identification)
- _____ If applicable, include proof of current pet vaccinations **and** local pet licensing documentation.
- _____ Pay \$50 application processing fee. Cash, money order, card payment or cashier's check only.

Third Party Guarantee:

Located on website for download

- _____ If applicable, pay \$40.00 application processing fee for third party guarantee.
- _____ Notarized signature for Third Party Guarantee application if the co-signer is unable to sign in person.
- _____ Copy of co-signer photo ID and copy of two most recent pay stubs or tax return.

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.)

Bridger Apartments, Bozeman _____

Pond Row Apartments, Bozeman _____

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 **\$50 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 six (Six) Months. After six (6) months, a new application and processing fee must be submitted. **Applications are considered on a first, best qualified, completed application**

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.) **Sufficient Income** – Applicant must provide contact information for current employer, paystubs or some sort of proof of income.
 - c.) **Verifiable Good Credit-** Credit reports will be checked through a national credit reporting agency. Alliance Property Management reserves the right to deny any applicant based on poor credit history.
 - d.) **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 Alliance Property Management lies with the applicant. Alliance Property Management reserves the right to decline tenancy on the basis of the inability to contact the references provided. **Applicant must provide 2-3 years of previous rental history.**
 - e.) **Complete Application-** Alliance Property Management will not accept an application that is not completed in its entirety. Failure to complete the entire application may delay processing or result in a denial of the application.
 - f.) **False Information-** Willfully providing false information during the application process will result in denial.

g.) **Felony Convictions**- Prior felony convictions will result in denial.

In the event that an applicant lacks the qualifying criteria, if someone other than yourself financially supports you, or if you have no credit, a Third Party Guarantee may be required. **The Third Party Guarantee must meet all qualifications listed above.** There is an additional \$40 application processing fee for the Third Party Guarantee.

4. If you have a pet, you will be required to provide proof of renter's insurance at the time you sign the rental contract. Alliance Property Management must be listed as an additional named 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, references, an additional security deposit, proof of current vaccinations and local licensing documentation will be required before signing the Rental Contract and the Pet Contract for those properties that allow pets.

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

5. Non-refundable holding fee and prorated rent or first months' rent must be paid via money order or cashier's check only.

Alliance Property Management makes every effort to process applications within 72 hours of submission; 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 Alliance Property Management 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.

Alliance Property Management cannot guarantee that any unit you have seen will be available by the time your application is processed. Alliance Property Management cannot be held responsible for any unit that is rented after you have seen it and turned in an application.

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. At the time the rental contract is signed the non-refundable holding fee will be converted to a security deposit payment.

DISCLOSURE AND 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, and any court or legal documentation for persons listed as members of the household for the entire length of my residency. 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 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 that 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 **provided by Alliance Property Management** 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 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 that if any information provided in this application is found to be false, purposefully misleading, or otherwise incorrect, my application will be immediately denied.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

Date Application Received: _____	Received By: _____	Check Number: _____	Amount: _____	Date Rec: _____
_____	Rec by: _____	App fee paid: 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?				Yes	No
		3. Refused to pay rent? 4. Filed bankruptcy?					

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 <i>(Someone not living with you.)</i>
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Name	Relationship	Address	Telephone

GENERAL INFORMATION

Yes	No	1a. Do you have full custody of your child(ren)? If split custody please provide clarification.
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. INCLUDE PARENTING PLAN IF YOU HAVE ONE.</i>	\$	
		Child Support Enforcement Agency	<i>Name of Agency and case number</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? <i>PLEASE INCLUDE YOUR MOST RECENT LETTER STATING THE AMOUNT RECEIVED</i>	\$	
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? If over \$5,000 please include bank contact info.	\$
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

Employee 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 students 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
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_____ Signature	_____ Date	_____ Signature	_____ Date
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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 FORM

HEAD OF HOUSEHOLD NAME: _____

PROPERTY AND UNIT #: _____

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 30, 2008 for 100% Eligible Tax Credit Properties. 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)

<input type="checkbox"/> 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."
<input type="checkbox"/> 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.
<input type="checkbox"/> I DO NOT WISH TO PROVIDE THIS INFORMATION	

Racial Categories (Select All that Apply)

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> WHITE	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
<input type="checkbox"/> OTHER	
<input type="checkbox"/> I DO NOT WISH TO PROVIDE THIS INFORMATION	

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 household, or co-head/spouse **must sign, print name and date this form.**

SIGNATURE

PRINTED NAME

DATE