Apartment Size Interest:	_0-Bed1-Be	ed		
ROPERTY OF INTEREST:	Rec'd: D	ateTime	Initial	
How did you hear about this property?				
EACH PERSON OVER THE AGE C	OF 18 MUST COM	IPLETE A WAITLIST AP	PLICATION.	
Please fill out this application completely and acc	urately. Please ans	wer all questions thoroughly,	do not leave any blanks	
PLEAS	E DO NOT USE WH	IITE-OUT		
	-	RMATION IS REQUIRED		
Applicant Name:	Date of Birth:	Age:		
Social Security Number:	State Issued ID of	r Driver's License #		
Current Address City, State Zip				
our Phone Number:	Your Email A	Your Email Address:		
Number of Household Full Time Household Memb	bers			
AK AL AR AZ CA CO CT DE DC FL GA HI		U HAVE RESIDED IN	II MN MS MO MT	
NE NV NH NJ NM NY NC ND OH OK				
	INCOME:			
ТҮРЕ		MOUNT	FREQUENCY	
Employment:				
Working a 2 nd job at:	Sta	rt Date:	\$ Per Hour	
Social Security	\$	Pe	r:	
Unemployment	\$	Pe	r:	
Child Support	\$	Pe	r:	
State Cash Assistance – TANF	\$	Pe	r:	
Money from Friends or Family	\$	Pe	r:	
Other:	\$	Pe	r:	
TOTAL HOUSEHOLD ANNUAL INC	OME	\$		
GENERAL HOUSEHOLD INFORMATION	ON YES	NO CO	MMENTS	
Are any members of your family temporari				
Is there a Live-in Aide currently living w				
that will be living	-			
Have You Ever Beer				
Have you ever been convicted of a criminal	offense?	If yes, please ex	plain:	
Are you or any members of your household	-			
using an illegal substances				
Are you or any members of your household a Lifetime State Sex Offender				
Are you elderly (6		If yes, please ex	plain:	
For property preference purposes, are you				
Do you or any members of your household				
features of an accessible CERTIFICATION OF A				
PENALTIES FOR PROVIDING FALSE INFORMATION OR ST is guilty of a felony for knowingly and willingly making false or fraudulent employee of HUD or the owner) may be subject to penalties for unauthor the information collected based on this verification form is restricted to the any information under false pretenses concerning an applicant or particip participant affected by negligent disclosure of information may bring civil employee of HUD or the owner responsible for the unauthorized disclosur the Social Security Act at 208(a) (6), (7) and (8). Violations of these prov	TATEMENTS ON THIS F statements to any departme rized disclosures or imprope he purposes cited above. An pant may be subject to a mis action for damages and see ure or improper use. Penalty	CORM: Title 18, Section 1001 of the U. ent of the United States Government. He r uses of information collected based or y person who knowingly or willingly requised edemeanor and fined not more than \$5, ek other relief, as may be appropriate, a y provisions for misusing the social secu	IUD and any owner (or any the consent form. Use of tests, obtains, or discloses 000. Any applicant or gainst the officer or	
Applicant Signature Date	e	Applicant Prin	ted Name	
Management Signature Date)	Title and Print	ed Name	
Compliance with	Section 504 of the Rehabi			
Seldin, LLC d/b/a Seldin Company, hereafter referred to as Seldin Comp or access to, or treatment or employment in its programs and activ Accommodation in order to apply to and participate in such programs and have Limited English Proficiency the opportunity to request free langu coordinates Seldin Company's compliance with all nondiscrimination r Company's compliance with nondiscrimination requirements: Telephone 68144	rities. Seldin Company prov d activities. Seldin Company lage assistance in order to requirements, including Sec	vides persons with disabilities the opp valso provides people whose primary la apply to or participate in its programs tion 504. Contact her with any questi	ortunity to request a Reasonab nguage isn't English and as a res and activities. Heather Wezens ons or concerns relating to Selo	

HUD WAITLIST APPLICATION







SELDIN Company

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Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development Office of Housing

Name of Property	Project No.	Address of Property	
Name of Owner/Managing Agent		Type of Assistance or Program Title:	
Name of Head of Household		Name of Household Member	

Date (mm/dd/yyyy):

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Supplemental and Optional 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.

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)				
Emergency Unable to contact you Termination of rental assistance	Assist with Recertification P Change in lease terms Change in house rules	rocess		
 Eviction from unit Late payment of rent 	Other:			
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 applicant or applicable law.	form is confidential and will not be disc	losed to anyone except as permitted by the		
Legal Notification: Section 644 of the Housing and Commun requires each applicant for federally assisted housing to be off organization. By accepting the applicant's application, the hou requirements of 24 CFR section 5.105, including the prohibiti programs on the basis of race, color, religion, national origin, age discrimination under the Age Discrimination Act of 1975.	Fered the option of providing information using provider agrees to comply with the ons on discrimination in admission to or sex, disability, and familial status under t	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing		
Check this box if you choose not to provide the conta	act information.			
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 and maintained as confidential information. Providing 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 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.