

**APPLICATION FOR RESIDENCY  
KIRKLAND ANNEX, LLC**

Kirkland Annex  
7810 SE Foster Road  
Portland, OR 97206  
(503) 774-8885 FAX: (503) 774-9180  
Email: [wendy@manormangement.com](mailto:wendy@manormangement.com)

KIRKLAND ANNEX HAS ADMISSION REQUIREMENTS. APPLICANTS MUST MEET THE KIRKLAND ANNEX, LLC ELDERLY CRITERIA.

**PLEASE PRINT OR TYPE - ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

Studio unit (one person)                       One bedroom unit (two persons)

**Applicant Information**

1.) Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Maiden Name/Other Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

Are you a student? Yes ( ) No ( )

Are you a Military Veteran? Yes ( ) No ( ) If yes, what branch of service? \_\_\_\_\_

2.) Do you own your own home? Yes ( ) No ( ) If yes, how long? \_\_\_\_\_

3.) Name of Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

4.) Name of Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Moved In/Move-out Dates: \_\_\_\_\_

5.) Have you ever been evicted? Yes ( ) No ( ) If Yes When: \_\_\_\_\_

Where: \_\_\_\_\_

6.) Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Contact: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

7.) Are you currently displaced due to a Presidential declared disaster? Yes ( ) No ( )

If Yes When: \_\_\_\_\_ Where: \_\_\_\_\_

8.) Has the Applicant ever applied to or lived in a Manor Management Services, Inc. housing facility before? Yes ( ) No ( )

If yes, when: \_\_\_\_\_ Which facility: \_\_\_\_\_

9.) Former/Current Occupation(s): \_\_\_\_\_

Employer Name(s): \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Manor Management Services, Inc. (MMS) will be contacted prior to application being placed on the wait list to determine if the applicant was previously a resident at a MMS managed facility, and left in unfavorable standing having any outstanding balances due, damages caused, landlord terminated tenancy, eviction notices received, interfered with management, disturbances or complaints, etc., application may be rejected. If landlord references, credit background, or criminal background are not favorable (due to outstanding debt, evictions, etc.) application may be rejected. **MMS facilities include; Alberta Simmons Plaza, Chaucer Court, Kirkland Union Manors, Kirkland Union Plaza, Marshall Union Manor, Smith Tower, Kirkland Annex, Westmoreland's Union Manor & Ya Po Ah Terrace.**

Continued on Back

**Spouse/Co-Applicant Information**

- 1.) Spouse / Co-Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
 Maiden Name/Other Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
 Are you a student? Yes ( ) No ( )  
 Are you a Military Veteran? Yes ( ) No ( ) If yes, what branch of service? \_\_\_\_\_
- 2.) Do you own your own home? Yes ( ) No ( ) If yes, how long? \_\_\_\_\_
- 3.) Name of Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Moved In: \_\_\_\_\_
- 4.) Name of Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of Landlord: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ Moved In/Move-out Dates: \_\_\_\_\_
- 5.) Have you ever been evicted? Yes ( ) No ( ) If Yes, When: \_\_\_\_\_  
 Where: \_\_\_\_\_
- 6.) Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of Contact: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- 7.) Are you currently displaced due to a Presidential declared disaster? Yes ( ) No ( )  
 If Yes, When: \_\_\_\_\_ Where: \_\_\_\_\_
- 8.) Has the Spouse / Co-Applicant ever applied to or lived in a Manor Management Services, Inc. housing facility before? Yes ( ) No ( )  
 If yes, when: \_\_\_\_\_ Which facility: \_\_\_\_\_

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**Applicant Information/ Spouse/Co-Applicant Information**

Note: We conduct criminal background checks on ALL adult members of the household.

1.) Total estimated gross annual household income from all sources (Soc. Sec., SSI, Pensions, Salary, Interest) \$ \_\_\_\_\_ per year.

2.) Please list all **states and counties** in which ALL of the members of the applying household have lived, (including years). States \_\_\_\_\_, Counties \_\_\_\_\_

3.) Does applicant(s) have a pet? Yes ( ) No ( ) Type \_\_\_\_\_  
Please contact the office for Pet Policy information.

4.) Have you or any person who will be occupying the unit ever been convicted, or pled guilty or no contest to any: Felony: Yes ( ) No ( ) If yes when \_\_\_\_\_, where \_\_\_\_\_  
Misdemeanor: Yes ( ) No ( ) If yes when \_\_\_\_\_, where \_\_\_\_\_

5.) Are you or any person who will be occupying the unit subject to a Lifetime Sex Offender Registration Requirement in any State? Yes ( ) No ( )  
If yes, when \_\_\_\_\_ and where \_\_\_\_\_

6.) If applicant(s) was age 62 or older as of January 31, 2010 and did not have a Social Security Number (SSN), were you receiving HUD rental assistance at another location on January 31, 2010: Yes ( ) No ( )

7.) Will you or anyone occupying the unit require an Accessible Unit because of physical handicap or mobility impairment? Yes ( ) No ( )

8.) How did you hear about Kirkland Annex? Friends( ) Family member( ) Site sign( )  
Newspaper ad( ) Brochure( ) Agency referral( ) Website( )  
Other: \_\_\_\_\_

9.) Personal Reference #1: Name \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference #2: Name \_\_\_\_\_ Phone \_\_\_\_\_

**YOU MUST PROVIDE CERTIFICATION OF U.S. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS, HUD ACCEPTABLE DOCUMENTATION OF SOCIAL SECURITY NUMBER AND PHOTO IDENTIFICATION (THESE ITEMS WILL BE PHOTOCOPIED AND RETAINED AS A PART OF THIS APPLICATION).**

I certify that all of the information I have given on this Application and in the Application Material is correct and complete. I understand that if any of this information is found to be false it shall be grounds for rejecting my Application. Furthermore, I understand if any Application information is later found to be false after obtaining housing, it shall be grounds for eviction. I hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing. This will include, but is not limited to, any or all of the following:

1) Prior Tenant History 2) Public Records 3) Verification of Information 4) Credit History

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Kirkland Annex, LLC

### QUALIFICATION - PREFERENCE CERTIFICATION

Qualified applicants for residency at the Kirkland Annex will be preferenced according to Federal guidelines if they state and certify that they fall into one or more of the preferencing categories. Categories and their definitions follow. Check the appropriate block if you qualify for one of these categories:

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

\_\_\_\_\_ MOBILITY IMPAIRED/PHYSICALLY HANDICAPPED - An individual requiring a unit who has a physical impairment, including impaired sensory, manual or speaking abilities, which results in a functional limitation in access to and use of a building or facility (UFAS, Section 3.5).

\_\_\_\_\_ VERY LOW INCOME - Per HUD regulations: 1-Person Household - Income not to exceed \$37,300 per year; 2-Person Household - Income not to exceed \$42,600 per year.

\_\_\_\_\_ EXTREMELY LOW INCOME - Per HUD regulations: 1-Person Household - Income not to exceed \$22,400 per year; 2-Person Household - Income not to exceed \$25,600 per year.

I HEREBY CERTIFY that I qualify for one or more of the preferences as indicated above. I understand that the indicated preference will be verified prior to residency at Kirkland Annex. I further understand that it is my responsibility to notify the Office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation. I further understand that if I qualify for residency by virtue of a preference and am offered the opportunity to move into Summer Run and refuse that offer, my right under preferences may be forfeited.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### I DO NOT QUALIFY FOR A PREFERENCE AS DEFINED ABOVE

I HEREBY CERTIFY that I do not qualify for any of the preferences as indicated above. I further understand that it is my responsibility to notify the Kirkland Annex office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### SECURITY DEPOSIT /WAITING LIST STATEMENT

Upon residency a security deposit will be required which is equal to the resident's share of one month's rent and is non-interest bearing as far as the resident or prospective resident is concerned.

I agree to notify the Kirkland Annex Office every ninety days to remain on the waiting list. I understand that if I do not do so my name may be removed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SEE CRITERIA FOR RESIDENCY/TENANT SELECTION PLAN FOR ADDITIONAL DETAILS ON ELIGIBILITY, ACCURACY AND PREFERENCES.**

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APPLICATION ATTACHMENT - HEAD OF HOUSEHOLD

Households with **2 or more adult members**, must designate one adult as Head of Household. Additional adults must be designated a status, **based on their relationship to the Head**. All adults will be defined under the following relationship codes, which are required by HUD for subsidy tracking:

- H** - Head
- S** - Spouse (There either can be a spouse or co-head, but not both.)\*
- K** - Co-head
- D** - Dependent
  - 18 or older and disabled or a full-time student.
  - Full-time student (regardless of age) away at school but lives with family during school breaks
- O** - Other Adult Member
  - Adult who is not the head, spouse or co-head and whose income is counted in determining the family's annual income.

**Please select S, K, D, or O for all adults.**

\* Couples in a spousal relationship, regardless of legal marital status or gender, should designated a Head and Spouse. It is presumed that couples will require a one-bedroom unit (or one bedroom in a multiple bedroom units, if there are other household members), unless a reasonable accommodation request is received, based on a qualifying disability, for an additional bedroom assignment.

**PLEASE COMPLETE AS PART OF YOUR APPLICATION:**

Relationship Code	Name
_____	_____
_____	_____

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## Kirkland Annex Disclosure of Smoking Policy

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Oregon's Landlord-Tenant Law (Oregon Revised Statutes Chapter 90) requires that landlords disclose "...the smoking policy for the premises ..."

Smoking is defined as inhaling, exhaling, breathing, carrying, or possessing any kind of lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form.

This form provides written disclosure of the SMOKING POLICY for Kirkland Annex:  
7810 SE Foster Road, Portland, Oregon 97266

### Smoking policy for this property

Tenant(s) and all persons on the property with the consent of the tenant(s) or under the tenant's control shall comply with the smoking policy as set forth below:

Smoking is not allowed anywhere on the entire property including, but not limited to the apartments, the common areas, stairwells, hallways, landings, gardens, sidewalks and parking lot.

Please refer to the smoking portion of your HOUSE RULES under Section 10.

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### Signatures:

I have read, understand and agree to comply with the Kirkland Annex Smoking Policy.

Landlord or owner's agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit # \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

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**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.

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<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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: _____
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**Signature of Applicant**

**Date**

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**DUAL SUBSIDY  
NOTIFICATION AND ACKNOWLEDGEMENT**

U.S. Department of Housing and Urban Development (HUD) rules state that a household cannot receive subsidy on more than one unit at one time. Therefore, if you are currently moving from a subsidized unit to this facility, you need to notify us and to agree to pay market rent for those days you remain on subsidy at the previous facility.

I acknowledge and agree that I will only receive subsidy on one household at a time, will notify Kirkland Annex if I am receiving subsidy elsewhere, and will pay market rent for any days that I receive subsidy on the other contract.

Are you currently receiving subsidy at your current facility? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Name

\_\_\_\_\_ Date

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PH: (800)228-1837 \* \* FAX: (800)604-2201
www.tenantdata.com

APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand and agree that TENANT DATA SERVICES INC., (TDS), will be processing my rental application and may obtain information about me, including, but not limited to, my credit, my tenant history, check writing history, any court or eviction records and my criminal record information from any source. I hereby authorize and instruct any entity or person contacted by TDS or the Landlord or Landlord's agents to release all information telephonically, by fax, or email/electronically. Furthermore, I also understand that it may be necessary to verify my current employment and I authorize my current employer to release any and all information that may be required to complete the reference report. I further authorize TDS to use a photocopy of this form when it is necessary to verify more than one of my references.

PLEASE PRINT CLEARLY WITH A BLACK PEN

Dated this Day of Year

Applicant 1 Information

Applicant 1 LEGAL NAME: First Middle Last

Applicant 1 Signature:

Applicant 1 SSN: Applicant 1 Date of Birth: Month/ Day/ Year

Current Address:

City: State: Zip:

Applicant 1 Phone #: ( )

Applicant 2 Information

Applicant 2 LEGAL NAME: First Middle Last

Applicant 2 Signature:

Applicant 2 SSN: Applicant 2 Date of Birth: Month/ Day/ Year

Current Address:

City: State: Zip:

Applicant 2 Phone #: ( )

TDS Customer Requesting Report: Kirkland Annex

Nelson Franks/Brittany Johnson 503- 240-4198 503-240-4723 93556024
Ordered By Phone Fax Account Number

GOLD Multi-State Social Search Report

Credit Report, Address Information Manager, Criminal Multi-State History Check including National sex-offender search, Eviction History Check (Single State)

- RUN EVICTION ON ALL STATES THAT COME BACK LIVED IN ON THE SS REPORT
-RUN STATEWIDE CRIMINAL ON ALL STATES NOT COVERED IN THE MULTI CRIM SEARCH THAT COME UP ON THE SS REPORT
-CA ONLY- RUN COUNTY LEVEL SEARCH IF IN A NON-INSTANT COUNTY

Reports can be faxed back to us at 1-800-604-2201

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**Kirkland Annex  
Reference Checklist**

To:

From: Nelson Franks, Administrator  
Kirkland Annex 503-774-8885 FAX: 503-774-9180  
7810 SE Foster Road, Portland, Oregon 97206

Date: \_\_\_\_\_

\_\_\_\_\_ has applied for residency at Kirkland Annex. We are inquiring into the applicant's prior tenancy record. Please complete the following to the best of your knowledge and return at your earliest convenience in the enclosed, pre-paid envelope. Thank you for your cooperation - ALL INFORMATION WILL REMAIN CONFIDENTIAL.

1. Length of Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_
2. Relationship to Applicant: \_\_\_\_\_
3. Was rent paid on time:  Yes  No
4. Rent amount: \$ \_\_\_\_\_ Any outstanding money owed: \$ \_\_\_\_\_
5. Is the Applicant currently receiving subsidy:  Yes  No
6. Were there any disturbance problems related to Applicant:  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Were valid complaints lodged against them:  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Did you have reason to believe the Applicant to be:  
A.  Currently an illegal abuser or addict of a controlled substance  
B.  Convicted of the illegal manufacture or distribution of a controlled substance;  
And / or  
C.  A direct threat to the health or safety of others.  
Explanation: \_\_\_\_\_
9. If Applicant vacated your premises, was adequate notice given:  Yes  No
10. Was the unit kept in a safe and sanitary condition by tenant:  Yes  No  
If no, please explain: \_\_\_\_\_
11. Was the unit damaged:  Yes  No  
If yes, please explain: \_\_\_\_\_
12. Would you rent to Applicant again:  Yes  No  
If No, please explain: \_\_\_\_\_
13. Comments: \_\_\_\_\_  
\_\_\_\_\_

Printed name of Landlord: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To complete my application with the Kirkland Annex, I authorize you to release the above information:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OWNER'S NOTICE NO. 1  
FOR AN APPLICANT FAMILY**

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 United States citizens, 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 provide documentation and declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank to list all family members who will reside in the assisted unit.
2. Have a Declaration Format completed by each family member (including yourself) who is listed on the Family Summary Sheet. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence with your Application for Residency.

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 formats or determining the type of documentation required, please contact Brittany Johnson (503) 240-4198. She will be happy to assist you.

Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. **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.

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SUMMARY SHEET

Family Summary					Owner' Summary				
Member No.	Last Name of Family Member	First Name	Relationship to Head Of Household	Date of Birth	Declaration*				
					1	2	3	Date Verified	4
Head									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

\* Declaration Legend: 1- Citizen/National 2-Noncitizen tenant 62 or older 3-All other noncitizens 4-Not contending eligibility

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**APPLICANT  
DECLARATION FORMAT**

*INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet*

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
RELATIONSHIP TO \_\_\_\_\_ DATE OF \_\_\_\_\_  
HEAD OF HOUSEHOLD \_\_\_\_\_ BIRTH \_\_\_\_\_

SOCIAL \_\_\_\_\_ ALIEN \_\_\_\_\_  
SECURITY NO. \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable, (this is an 11-digit number found on  
INS 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 NO. \_\_\_\_\_  
(to be entered by owner if and when received)

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

**DECLARATION**

I, \_\_\_\_\_ hereby  
(print or type first name, middle initial, last name)

**declare, under penalty of perjury, that I am:**

\_\_\_\_\_ **1. a citizen or national of the United States**

*If you checked this block, no further information is required. Sign and date below and forward this format 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.*

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

*Check here if adult signed for a child: \_\_\_\_\_*

**\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed 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 format and sign below:

If you checked this block and you are under age 62, you must submit a proof of age document together with acceptable documentation of eligible immigration status and sign 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, 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 format 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:* \_\_\_\_\_

**ACCEPTABLE PROOF OF AGE DOCUMENTS**

Documents Provided by Applicant

- ↑ Birth Certificate
- ↑ Baptismal Certificate
- ↑ Military Discharge papers
- ↑ Valid Passport
- ↑ Census document showing age
- ↑ Naturalization certificate
- ↑ Social Security Administration Benefits printout

**APPLICANT  
DECLARATION FORMAT**

*INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet*

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
RELATIONSHIP TO \_\_\_\_\_ DATE OF  
HEAD OF HOUSEHOLD \_\_\_\_\_ BIRTH \_\_\_\_\_

SOCIAL \_\_\_\_\_ ALIEN \_\_\_\_\_  
SECURITY NO. \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable, (this is an 11-digit number found on  
INS 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 NO. \_\_\_\_\_  
(to be entered by owner if and when received)

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

**DECLARATION**

I, \_\_\_\_\_ hereby  
(print or type first name, middle initial, last name)

**declare, under penalty of perjury, that I am:**

\_\_\_\_\_ **1. a citizen or national of the United States**

*If you checked this block, no further information is required. Sign and date below and forward this format 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.*

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

(Continued on Back)

**\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed 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 format and sign below:

If you checked this block and you are under age 62, you must submit a proof of age document together with acceptable documentation of eligible immigration status and sign below:

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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, 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 format 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:* \_\_\_\_\_

**ACCEPTABLE PROOF OF AGE DOCUMENTS**

Documents Provided by Applicant

↑ Birth Certificate

↑ Baptismal Certificate

↑ Military Discharge papers

↑ Valid Passport

↑ Census document showing age

↑ Naturalization certificate

↑ Social Security Administration Benefits printout

**APPLICANT  
VERIFICATION CONSENT FORMAT**

*Instructions: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.*

**CONSENT**

I, \_\_\_\_\_ hereby  
(print or type first name, middle initial, last name)

**consent to the following:**

- 1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and**
- 2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:**
  - (i) HUD, as required by HUD; and**
  - (ii) the DHS for purposes of verification of the immigration status of the individual.**

**NOTIFICATION TO TENANTS:**

**Evidence of eligible immigration status shall be released only to the 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.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Check here if adult signed for a child:* \_\_\_\_\_

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**APPLICANT  
VERIFICATION CONSENT FORMAT**

*Instructions: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.*

**CONSENT**

I, \_\_\_\_\_ hereby  
(print or type first name, middle initial, last name)

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  - (i) HUD, as required by HUD; and**
  - (ii) the DHS for purposes of verification of the immigration status of the individual.**

**NOTIFICATION TO TENANTS:**

**Evidence of eligible immigration status shall be released only to the 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.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Check here if adult signed for a child:* \_\_\_\_\_

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**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204

**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): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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 in compliance 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 co-head 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 provided 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 not require any special protection.

## 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.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204

**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): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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.

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5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## HANDICAP/DISABLED STATUS INFORMATION REQUEST

The U.S. Department of Housing and Urban Development has requested we ask the following information from all applicants. Kirkland Annex is obligated to collect such information under the programmatic requirements of Title VI of the Civil Rights Act of 1964. Completion of Handicap/Disabled Status information is voluntary and for reporting purposes only.

Provide Your Name:  
(Last, First and MI)

\_\_\_\_\_

Your Relationship to the Head Of Household (Select One)	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Dependent
	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult
	<input type="checkbox"/> Non-Member	

The definition of a disabled person includes a person who meets any one of the following criteria:

- Has a physical, mental, or emotional impairment that:
  1. Is expected to be of long-continued and indefinite duration;
  2. Substantially impedes his or her ability to live independently, and;
  3. Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

- OR -

- Has a disability as defined in Sec. 223 of the Social Security Act (42 U.S.C. 423):

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months," or

"In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills of ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

Handicapped or Disabled  Yes  No

Your Signature and Date Signed

\_\_\_\_\_

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## HANDICAP/DISABLED STATUS INFORMATION REQUEST

The U.S. Department of Housing and Urban Development has requested we ask the following information from all applicants. Kirkland Annex is obligated to collect such information under the programmatic requirements of Title VI of the Civil Rights Act of 1964. Completion of Handicap/Disabled Status information is voluntary and for reporting purposes only.

Provide Your Name:  
(Last, First and MI)

\_\_\_\_\_

Your Relationship to the Head Of Household (Select One)	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Dependent
	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult
	<input type="checkbox"/> Non-Member	

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"In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills of ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

Handicapped or Disabled  Yes  No

Your Signature and Date Signed

\_\_\_\_\_