

# **Cabot Housing**

## **• 245 Cabot Street •**

**Beverly, MA 01915**

*The YMCA of the North Shore is currently accepting applications for our single occupancy Studio units. These affordable units are for income qualifying applicants only. Please send your completed application to 325 Cabot Street # 100 Beverly, MA 01915 or drop it off at the YMCA Housing Office located at 275 Rantoul Street, Beverly, MA 01915. If you have any questions, please contact the housing office at 978-705-6325- TTY/Relay # 711.*

**Each unit is fully accessible with a private bathroom and a small kitchen area. Units are furnished with a twin bed, a dresser, a table and chair. Upon approval residents will be required to sign a one year lease.**

### **Included Amenities:**

- Rent includes- Heat, Hot water, and Electricity
- Free YMCA of the North Shore membership.
- Shared community room with TV and WIFI. Open during business hours
- On site management and maintenance team.
- On site Coin operated laundry machines.
- Elevator access

### **Resident Rules:**

- No overnight guests
- No pets
- No smoking

### **Rent:**

- Studio apartments start at \$604.00

Income Limits per Household	
1 Person	\$56,400

### **Application Process:**

- Please fill out an application completely and return to get on our waitlist
- The waitlist for a Studio unit is open. Please call the housing office for a current estimated wait time.
- We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
- If a reasonable accommodation is needed please make the request at time of application



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**Cabot Housing**  
**C/O Young Men's Christian Association of the**  
**North Shore, Inc.**  
**245 Cabot Street**  
**Beverly, MA 01915**

*The information requested in this form is required by the gov't. agency regulating this project.*

**978-705-6325 Relay #711**  
**APPLICATION FOR HOUSING**

*Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.*

**Please Print Clearly**

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

**Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Thank you for your assistance.**

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

All of our units are studios. The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. ***This application includes a notice of the right to request a Reasonable Accommodation (Attachment A).***

1. Do you need a fully accessible unit for someone with mobility impairment? ☐ Yes ☐ No  
Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No

If yes, please list the features that you need to be accessible:

\_\_\_\_\_

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

☐ Yes ☐ No

4. Do you have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

List ALL persons who will live in the apartment. List the head of household first.

1.	Name	Relationship to Head of Household	Birth Date	Age (optional)	Social Security#	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head		HOH				Full-time / Part-time / Not Student

2. Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No

If yes, explain:

### C. INCOME

List ALL sources of gross income anticipated to be received by you in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security	\$
	Social Security	\$
	Social Security	\$
2.	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
3.	SSP (State Supplement Program) Payments	\$
4.	Pension - List source:	\$
5.	Veteran's Benefits - List claim #:	\$
		\$
6.	Unemployment Compensation	\$
	Unemployment Compensation	\$
7.	Worker's Compensation	\$
8.	Title IV/TANF/TAFCDC/Public Assistance	\$
9.	Interest Income - List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? <b>Verify as applicable</b> List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) List source:	

Household Member Name	Source of Income	Monthly Amount
12.	<b>Employment Income</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	<b>Employment Income</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	<b>Employment Income</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	<b>Alimony</b>	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	<b>Child Support</b>	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17. Are you unemployed but receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you unemployed and not receiving any unearned income from any source?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. TOTAL GROSS ANNUAL INCOME (All Monthly Amounts Listed Above x 12)		\$
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on Last Tax Year)		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

22. Do you file income tax returns? ☐ Yes ☐ No

If yes, provide your prior year's taxes with W-2(s), 1099(s) etc.

#### D. ASSETS

If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.

Household Member Name:

1. Checking Accts		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt	Member:			Balance: \$
	Member:			Balance: \$
	Member:			Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM receipt	Member:			Balance: \$
	Member:			Balance: \$
	Member:			Balance: \$
5. Cash on Hand				Amount \$
6. Trust Account		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
7. Certificates of Deposit		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
8. Savings Bonds		Maturity Date	Value \$	
		Maturity Date	Value \$	
9. Life Insurance Policy	Ins. Co: Acct:			Cash Value \$
10. Life Insurance Policy	Ins. Co: Acct:			Cash Value \$
11. Mutual Funds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(k), IRA, Keogh	Name: Source:	Value \$		
15. Investment Property	Name: Source:	Appraised Value \$		
16. Real Estate Property: <i>Do you own any property?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member:		b. Type of property:		
c. Location of property:				

d. Appraised Market Value:	\$
e. Mortgage or outstanding loans balance due:	\$
f. Amount of annual insurance premium:	\$
g. Amount of most recent tax bill:	\$

17. <i>Have you sold/disposed of any property in the last two years?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:
Market value when sold/disposed		\$
Amount sold/disposed for		\$
Date of transaction		

18. <i>Have you disposed of any other asset in the last 2 Years?</i> (Example: Given away money to relatives, set up Irrevocable Trust Accounts?)		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member:	b. Describe Asset:	
c. Date of disposition:		
d. Amount disposed	\$	
e. Do you have any other assets not already listed ve (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	Household Member Name:	Type of Asset:

### E. ADDITIONAL INFORMATION

1. How were you referred to this property?		
<b>Notice for the following question:</b> We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
2. Do you currently have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Failure to respond to the questions below may jeopardize approval of your application.</b>		
3.a. Are you currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.b. Do you have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.a. Have you been convicted of a felony in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.b. Are you subject to any State Sex Offender Lifetime Registration requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 4(a or b), specify whether (a) and/or (b) and describe in greater detail. Attach additional page(s) if necessary:		

5. Provide a complete list of ALL States in which you have ever resided:

6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?

☐ Yes

☐ No

7 a. Has any landlord ever had to take legal action against you for non-payment of rent?

☐ Yes

☐ No

7b. Has any landlord ever had to take legal action against you for any other material non-compliance with your lease that resulted in your appearance in court?

☐ Yes

☐ No

*If yes, please describe:*

8. Have you ever filed for bankruptcy?

☐ Yes

☐ No

*If yes, describe:*

9. Will you take an apartment when one is available?

☐ Yes

☐ No

*Briefly describe your reasons for applying:*

#### F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

1. Current Landlord

Name:

Address:

Home Phone:

Bus. Phone:

Address You  
Resided At:

How Long?

From: \_\_\_\_\_ To: \_\_\_\_\_

2. Prior Landlord

Name:

Address:

Home Phone:

Bus. Phone:

Address You  
Resided At:

How Long?

From: \_\_\_\_\_ To: \_\_\_\_\_

3. In case of emergency notify:



Address:	
Relationship:	Phone #:
4. In case of emergency notify:	
Address:	
Relationship:	Phone #:

### G. CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my sole/permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is accurate and complete to the best of my knowledge and I understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. You must sign and date the application.

SIGNATURE(S):

<hr style="border: none; border-top: 1px solid black;"/> (Signature of Applicant)	<hr style="border: none; border-top: 1px solid black;"/> Date
-----------------------------------------------------------------------------------	---------------------------------------------------------------

Application Cover Letter, as applicable, based on program(s) at property    Application  
 Attachments, as applicable, based on program(s) at property

- |                      |                                                                                                                   |
|----------------------|-------------------------------------------------------------------------------------------------------------------|
| <u>Attachment A:</u> | Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP |
| <u>Attachment B:</u> | Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants                 |
| <u>Attachment C:</u> | Application Addendum - Demographics Data Collection & Consent                                                     |
| <u>Attachment D:</u> | DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)                         |
| <u>Attachment E:</u> | HUD Form-27061-H – Race and Ethnic Data Reporting Form                                                            |



The Young Men's Christian Association of the North Shore, Inc. (the "YMCA") does not discriminate on the basis of any protected status, including Race, Color, National Origin, Religion, Sex, Disability/Handicap, Familial Status: Children, Marital Status, Age, Sexual Orientation, Gender Identity, Military Status (Veteran or member of the armed forces), Public Assistance/Housing Subsidy Reciprocity, Genetic Information or Ancestry in the admission of or access to, or treatment or employment in its programs and activities. The YMCA provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. The YMCA also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. Kathy Churchill, Director of Housing, coordinates the YMCA's compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to the YMCA's compliance with nondiscrimination requirements: Telephone (978) 564-3099, Relay #711 or at Young Men's Christian Association of the North Shore, Inc., 200 Cummings Center, Suite 173D, Beverly, MA 01915.



# **NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY**

## **Non-Discrimination**

The YMCA of the North Shore (YMCA) does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, membership in the armed services or status as a veteran, receipt of public assistance, because someone is, has been or is threatened with being the victim of domestic violence, dating violence, sexual assault or stalking, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

The YMCA has designated Kathy Churchill to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

The YMCA of The North Shore  
245 Cabot Street  
Beverly, MA 01915  
Telephone: (978) 705-6325; Relay: 711

Also, if you believe you have been discriminated against, you may file a formal complaint with the Department of Housing and Urban Development (HUD) and local Fair Housing Agency. The contact information for HUD's Fair Housing Office and the Fair Housing Agencies in the states where our sites are located is attached to this notice.

## **Reasonable Accommodation for People with Disabilities**

If you or any member of your household have a disability and as a result need any of the following in order to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter;

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and

- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do, or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. Reasonable Accommodations may be requested orally or in writing. Please do not hesitate to contact the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to apply to or enjoy your housing, including services and the common areas.

### **Free Language Assistance for People with Limited English Proficiency**

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide you free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return the form to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

### **Property Contact Information:**

Name of Property: Cabot Housing

Office Address: 245 Cabot Street, Beverly, MA 01915

Telephone: 978-705-6325

Relay: 711

Email:



The YMCA of the North Shore does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. The YMCA of the North Shore provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. The YMCA. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. Kathy Churchill, Director of Housing, coordinates the YMCA of the North Shore's compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to the YMCA of the North Shore 's compliance with nondiscrimination requirements: Telephone (978) 564-3099, Relay #711 or at YMCA of the North Shore, 245 Cabot Street, Beverly, MA 01915.



**Contact Information for the Department of Housing and Urban Development Region I  
FHEO Office and State Fair Housing Agencies Where The YMCA of the North Shore  
Conducts Business**

**The Department of Housing and Urban Development**  
Boston Regional Office of FHEO  
U.S. Department of Housing and Urban Development  
Thomas P. O'Neill, Jr., Federal Building  
19 Causeway Street, Room 321  
Boston, MA 02222-1092  
(617) 944-8300 | 1-800-827-5005 | TTY (617) 565-5453

**Massachusetts**

Massachusetts Commission Against  
Discrimination (MCAD)

Boston Office  
One Ashburton Place  
Sixth Floor, Room 601  
Boston, MA 02108  
Phone: 617-994-6000  
TTY: 617-994-6196

Springfield Office  
436 Dwight Street  
Second Floor, Room 220  
Springfield, MA 01103  
(413) 739-2145

Worcester Office  
Worcester City Hall  
455 Main Street, Room 101  
Worcester, MA 01608  
(508) 799-8010  
(508) 799-8490 - FAX

New Bedford Office  
800 Purchase St., Rm 501  
New Bedford, MA 02740  
(508) 990-2390  
(508) 990-4260 - FAX



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I  
FORM

SPEAK

# LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Խոսքով կամ գրավոր լեզու՝ արևելահայկերէն, արեւմտահայկերէն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে চিহ্ন দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មោះក្នុងប្រអប់នេះ បើអ្នកនិយាយ ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/>	Motka i kahlon ya yangin tintungnu manaitai pat tintungnu' kumentox 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"/>	如果你能读中文或讲中文，请选择此框。	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 διαβάσετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyé 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 megérti 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"/>	ເຕີມມາຢູ່ໃນກວ້າງນີ້ຖ້າຖືກຕ້ອງກ່າວໄດ້ພາສາລາວ.	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 căsuță 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 marinong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	မှတ်ချက်: ဤကွက်ကို မြန်မာစာကို ဖတ်ရှုနိုင်သူများ သို့မဟုတ် မြန်မာစာကို ပြောဆိုသူများ အတွက်သာ ဖြစ်ပါသည်။	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте про клітинку, якщо ви читаете або говорите українською мовою.	35. Ukranian
<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



The YMCA of the North Shore does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. The YMCA of the North Shore provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. The YMCA. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. Kathy Churchill, Director of Housing, coordinates the YMCA of the North Shore's compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to the YMCA of the North Shore 's compliance with nondiscrimination requirements: Telephone (978) 564-3099, Relay #711or at YMCA of the North Shore, 245 Cabot Street, Beverly, MA 01915.



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: (Check all that apply)</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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.

--	--

**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.

Cabot Housing  
245 Cabot Street  
Beverly, MA 01915

Phone 978-705-6325 MA Relay 711 Fax

## C. Application Addendum Demographics Data Collection & Consent Form

Use an additional form for households with 6 or more members

**Purpose:** The information requested below is being gathered by State Agencies to determine the populations who are and are not being served by state and federal housing assistance programs in the state. State agencies will evaluate and report on this data to state legislature (and other interested parties in a manner consistent with all applicable privacy laws) to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the state in an effort to affirmatively further fair housing.

**Instructions:** This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race (including choosing a sub-category for Asian or Native Hawaiian/Pacific Islander), ethnicity and whether a household member has a disability that meets the Fair Housing Act definition for handicap/disability (definition detailed below) are completely voluntary; however, if any household member chooses not to disclose race, ethnicity and/or disability status for any member, the applicable "I do not wish to disclose" box under the Race, Ethnicity and Disability Status sections for each member must be checked.

### Fair Housing Act Definition for Handicap/Disability

The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhu\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201).

"Handicap" does not include current, illegal use of or addiction to a controlled substance.

An individual shall not be considered to have a handicap solely because that individual is a transvestite."

1. Full Name of Head of Household: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Race of Head of Household

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
  - ☐ 4a - Asian India
  - ☐ 4b - Chinese
  - ☐ 4c - Filipino
  - ☐ 4d - Japanese
  - ☐ 4e - Korean
  - ☐ 4f - Vietnamese
  - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - ☐ 5a - Native Hawaiian
  - ☐ 5b - Guamanian or Chamorro
  - ☐ 5c - Samoan
  - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

### Ethnicity of Head of Household

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

### Disability Status of this Member that Meets the Fair Housing Act Definition Above:

- ☐ 1 - Member has a disability
- ☐ 2 - Member does not have a disability
- ☐ 3 - I do not wish to disclose the disability status.

**2. Full Name of Spouse/Co-head:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Race of Spouse/Co-head**

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
  - ☐ 4a - Asian India
  - ☐ 4b - Chinese
  - ☐ 4c - Filipino
  - ☐ 4d - Japanese
  - ☐ 4e - Korean
  - ☐ 4f - Vietnamese
  - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - ☐ 5a - Native Hawaiian
  - ☐ 5b - Guamanian or Chamorro
  - ☐ 5c - Samoan
  - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

**Ethnicity of Spouse/Co-head**

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

**Disability Status of this Member that Meets the Fair Housing Act Definition Above:**

- ☐ 1 - Member has a disability
  - ☐ 2 - Member does not have a disability
  - ☐ 3 - I do not wish to disclose the disability status.
- 

**3. Full Name of HH Member #3:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Race of HH Member #3**

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
  - ☐ 4a - Asian India
  - ☐ 4b - Chinese
  - ☐ 4c - Filipino
  - ☐ 4d - Japanese
  - ☐ 4e - Korean
  - ☐ 4f - Vietnamese
  - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - ☐ 5a - Native Hawaiian
  - ☐ 5b - Guamanian or Chamorro
  - ☐ 5c - Samoan
  - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

**Ethnicity of HH Member #3**

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

**Disability Status of this Member that Meets the Fair Housing Act Definition Above:**

- ☐ 1 - Member has a disability
- ☐ 2 - Member does not have a disability
- ☐ 3 - I do not wish to disclose the disability status.

4. Full Name of HH Member #4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of HH Member #4**

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
  - ☐ 4a - Asian India
  - ☐ 4b - Chinese
  - ☐ 4c - Filipino
  - ☐ 4d - Japanese
  - ☐ 4e - Korean
  - ☐ 4f - Vietnamese
  - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - ☐ 5a - Native Hawaiian
  - ☐ 5b - Guamanian or Chamorro
  - ☐ 5c - Samoan
  - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

**Ethnicity of HH Member #4**

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

**Disability Status of this Member that Meets the Fair Housing Act Definition Above:**

- ☐ 1 - Member has a disability
  - ☐ 2 - Member does not have a disability
  - ☐ 3 - I do not wish to disclose the disability status.
- 

5. Full Name of HH Member #5: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of HH Member #5**

- ☐ 1 - White
- ☐ 2 - Black/African American
- ☐ 3 - American Indian/Alaska Native
- ☐ 4 - Asian (please choose a sub-category)
  - ☐ 4a - Asian India
  - ☐ 4b - Chinese
  - ☐ 4c - Filipino
  - ☐ 4d - Japanese
  - ☐ 4e - Korean
  - ☐ 4f - Vietnamese
  - ☐ 4g - Other Asian
- ☐ 5 - Native Hawaiian/Other Pacific Islander (please choose a sub-category)
  - ☐ 5a - Native Hawaiian
  - ☐ 5b - Guamanian or Chamorro
  - ☐ 5c - Samoan
  - ☐ 5d - Other Pacific Islander
- ☐ 6 - Other
- ☐ 7 - I do not wish to disclose

**Ethnicity of HH Member #5**

- ☐ 1 - Hispanic or Latino
- ☐ 2 - Not Hispanic or Latino
- ☐ 3 - I do not wish to disclose

**Disability Status of this Member that Meets the Fair Housing Act Definition Above:**

- ☐ 1 - Member has a disability
- ☐ 2 - Member does not have a disability
- ☐ 3 - I do not wish to disclose the disability status.

**Certification and Consent by Applicant(s)/Resident(s):**

**I/We, the adult members of the household, do hereby give consent to the Owner/Manager to share with state agencies and offices of the state and federal governments, and their designated subcontractors and agents, the information I/we have supplied above, as well as demographic and other information about my household (income, age of members, family composition, use of Section 8 assistance, and monthly rental payments) in accordance with the Housing and Economic Recovery Act (HERA) of 2008 and in a manner that is compliant with federal and state privacy laws and regulations. I/We, the adult member(s) of this household, understand there is no penalty if I/we chose to not disclose the race, ethnicity and/or disability status of household member(s).**

\_\_\_\_\_  
Head of Household Signature

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



The YMCA of the North Shore does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. The YMCA of the North Shore provides persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. The YMCA also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. Kathy Churchill, Director of Housing, coordinates the YMCA of the North Shore's compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to the YMCA of the North Shore's compliance with nondiscrimination requirements: Telephone (978) 564-3099, Relay #711 or at YMCA of the North Shore, 245 Cabot Street, Beverly, MA 01915.





This is an important notice. Please have it translated.  
Este é um aviso importante. Queira mandá-lo traduzir.  
Este es un aviso importante. Sirvase mandarlo traducir.  
ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG  
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。

នេះគឺជាជំពូកសំខាន់ សូមមេត្តាបកប្រែជូនផង

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ПОЖАЛУЙСТА ПЕРЕВЕДИТЕ

Massachusetts Department of Housing and Community  
Development Resident Notice and Consent Form

Pursuant to state law, Chapter 334 of the Acts of 2006, the Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including privately owned housing with state subsidy or federal subsidy administered by the state). DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.



Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other (specify) \_\_\_\_\_

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? \_\_\_\_\_

3) Is the head of household Hispanic/Latino (yes or no)? \_\_\_\_\_

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? \_\_\_\_\_

5) What is the number of children under 6 years of age in the household that reside in the unit?  
\_\_\_\_\_

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? \_\_\_\_\_

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you **voluntarily** provided the information above, that you understand that there are **no penalties** if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

\_\_\_\_\_

\_\_\_\_\_

# Race and Ethnic Data Reporting Form

U.S. Department of Housing  
and Urban Development  
Grants Management and  
Oversight Division

OMB Approval No. 2535-0113  
(exp. 07-31-2022)

Program Title:

Grantee/Recipient Name:

Grantee Reporting Organization:

Reporting Period From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
<b>Total:</b>	0	0
* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations."		

Public reporting burden for this collection is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. 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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## Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

### A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

**Note:** The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal to be achieved is the provision of the summary racial and ethnic data of the population(s) proposed to be served or that is being served by your organization in a consistent manner across all HUD programs.

### B. Specific Instructions for Completing the Form:

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

**Total Number of Racial Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

**Total Number of Hispanic or Latino Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a “yes” or “no” response.

**Other Multiple Race Combinations:** Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit one of the five single race categories or four double race combinations above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial combination, including the actual count, the percentage of the total population (in parenthesis), and the actual Hispanic or Latino count.

For example, if you obtain data that indicates that the total population being served is 200 and includes 10 Native Hawaiian or Other Pacific Islander *and* White and 12 Native Hawaiian or Other Pacific Islander *and* Asian, and those numbers (of Native Hawaiian or Other Pacific Islander *and* White and Native Hawaiian or Other Pacific Islander *and* Asian) each equates to more than one percent of the total population being served, and 2 of the Native Hawaiian or Other Pacific Islander *and* White indicate they belong to the Hispanic/Latino ethnic category and 3 of the Native Hawaiian or Other Pacific Islander *and* Asian indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
* Other multiple race combinations: [Per the form instruction, write in a description using the box on the right]	Native Hawaiian or Other Pacific Islander AND White 10 (5%)	2
	Native Hawaiian or Other Pacific Islander AND Asian 12 (6%)	3

How the percentage should be applied will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals that are being served or that are proposed to be served.

**Balance of individuals reporting more than one race:** This block is intended to capture the balance of any racial categories that are not included in the list of nine above and are not included under “**Other multiple race combinations greater than one percent.**” Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all related Hispanic or Latino responses.

**Total:** On the last row of the form you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the Hispanic or Latino categories.