



**Equal Housing Opportunity
TAX CREDIT
RENTAL APPLICATION**

Complex: Greenbrier Landing

Date/Time Received _____

APPLICATION INFORMATION (Co-applicant to complete section on page 2)

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NO. _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

YRS. AT THIS ADDRESS _____ HOME PHONE NO. _____ CELL PHONE NO. _____

CURRENT LANDLORD _____ LANDLORD PHONE NO. _____

LANDLORD ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CURRENT EMPLOYER _____ EMPLOYER PHONE NO. _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____ NAME OF SUPERVISOR _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, WHEN AND WHY? _____

REASON FOR MOVING _____ DRIVERS LICENSE NO. _____ STATE ISSUED _____

ARE YOU A STUDENT? _____ IF YES, WHERE DO YOU ATTEND SCHOOL: _____

IF A STUDENT, ARE YOU A FULL-TIME OR PART-TIME? _____ ANTICIPATED GRADUATION DATE: _____

PREVIOUS RESIDENCES FOR THE LAST 3 YEARS

COMPLETE ADDRESS	LANDLORD NAME	LANDLORD PHONE NO.	FROM-TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INTENDED OCCUPANTS OF APARTMENT

FULL NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CO-APPLICANT INFORMATION

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NO. _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

YRS. AT THIS ADDRESS _____ HOME PHONE NO. _____ CELL PHONE NO. _____

CURRENT LANDLORD _____ LANDLORD PHONE NO. _____

LANDLORD ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CURRENT EMPLOYER _____ EMPLOYER PHONE NO. _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____ NAME OF SUPERVISOR _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, WHEN AND WHY? _____

REASON FOR MOVING _____ DRIVERS LICENSE NO. _____ STATE ISSUED _____

ARE YOU A STUDENT? _____ IF YES, WHERE DO YOU ATTEND SCHOOL: _____

IF A STUDENT, ARE YOU A FULL-TIME OR PART-TIME? _____ ANTICIPATED GRADUATION DATE: _____

PREVIOUS RESIDENCES FOR THE LAST 3 YEARS

COMPLETE ADDRESS	LANDLORD NAME	LANDLORD PHONE NO.	FROM-TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTOMOBILE INFORMATION FOR YOUR HOUSEHOLD

MODEL	MAKE	TAG NO.	COLOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT, PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____ PHONE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DOCTOR _____ PHONE NO. _____ HOSPITAL _____

IRS SECTION 42 REGULATIONS REQUIRE THAT ALL APPLICANTS/TENANTS REVEAL ALL SOURCES OF INCOME AND ASSETS. THIS APPLICATION IS NOT CONSIDERED COMPLETE, AND THEREFORE CANNOT BE PROCESSED, UNTIL A QUESTIONNAIRE OF INCOME AND ASSETS HAS BEEN COMPLETED BY EACH ADULT HOUSEHOLD MEMBER, INCLUDING THE APPLICANT AND CO-APPLICANT.

THE FOLLOWING RULES APPLY TO QUALIFY AS A STUDENT HOUSEHOLD. IF THE ENTIRE HOUSEHOLD IS COMPRISED OF FULL-TIME STUDENTS, ONE OF THE FOLLOWING EXCEPTIONS MUST BE USED TO QUALIFY THE HOUSEHOLD.

ELIGIBILITY OF STUDENTS

FULL-TIME STUDENTS CANNOT BE CONSIDERED LOW-INCOME UNLESS:

1. THEY ARE ELIGIBLE TO FILE A JOINT FEDERAL TAX RETURN.
2. THE HOUSEHOLD RECEIVES AFDC/TANF BENEFITS.
3. THEY ARE INVOLVED IN CERTAIN FEDERAL OR STATE JOB TRAINING.
4. THEY ARE A SINGLE PARENT AND HIS/HER MINOR CHILDREN AND NONE OF THE TENANTS ARE A DEPENDENT OF THIRD PARTY.
5. HOUSEHOLD CONSISTS OF ONE STUDENT WHO WAS PREVIOUSLY UNDER FOSTER CARE.

A FULL-TIME STUDENT IS DEFINED AS ANY INDIVIDUAL WHO HAS BEEN OR WILL BE A FULL-TIME STUDENT AT AN EDUCATIONAL INSTITUTION WITH REGULAR FACILITIES AND IS A STUDENT DURING FIVE MONTHS OF THE YEAR IN WHICH THE APPLICATION IS SUBMITTED, OTHER THAN CORRESPONDENCE SCHOOL. STUDENTS INCLUDE THOSE ATTENDING KINDERGARTEN THROUGH A PhD, AND ALL OTHER TYPES SUCH AS BARBER/BEAUTY, POLICE ACADEMIES, TECHNICAL, TRADE, AND MECHANICAL SCHOOLS. SPECIAL RULES APPLY TO STUDENT INCOME.

I/WE UNDERSTAND THAT THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND ACCURATELY. I/WE CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND I/WE UNDERSTAND THAT ANY MISREPRESENTATION WILL DISQUALIFY THE HOUSEHOLD. I/WE FURTHER CERTIFY THAT THE HOUSING OCCUPIED ON THE PREMISES WILL BE OUR PERMANENT RESIDENCE AND I/WE WILL NOT MAINTAIN A SEPARATE RESIDENCE AT ANY OTHER LOCATION.

BY SIGNING THIS APPLICATION, I/WE HEREBY AUTHORIZE MANAGEMENT, OR ITS AGENT OF THE COMPLEX, FOR PURPOSE OF THIS APPLICATION, OR FROM ANY OTHER INDIVIDUALS OR ENTITIES, TO VERIFY ALL APPLICANT INFORMATION, INCLUDING CREDIT AND CRIMINAL HISTORY, INCOME AND ASSETS, AS MAY BE REQUIRED FOR PROCESSING. MANAGEMENT FURTHER RESERVES THE RIGHT TO RELEASE THIS INFORMATION FOR PURPOSES OF COLLECTING OUTSTANDING DEBTS. I/WE UNDERSTAND THAT THE MANAGING AGENT WILL VERIFY, IN WRITING THROUGH A THIRD PARTY, THE INFORMATION PROVIDED ON THIS APPLICATION.

WARNING

SECTION 1001 OF THE TITLE 18, UNITED STATES CODE PROVIDES, "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH.

IF THIS APPLICATION IS REJECTED, I/WE UNDERSTAND THAT I/WE MUST WAIT A PERIOD OF SIX MONTHS FROM THE DATE OF THIS APPLICATION BEFORE RE-APPLYING FOR OCCUPANCY.

IF THIS APPLICATION IS APPROVED, ONE MONTH'S PRORATED RENT AND SECURITY DEPOSIT PAYMENTS MUST BE PAID AND LEASE AND TENANT CERTIFICATION MUST BE EXECUTED IN ADVANCE BEFORE OCCUPANCY OF THE APARTMENTS. **NO REFUNDS** WILL BE MADE EXCEPT TO COMPLY WITH STATE AND FEDERAL GUIDELINES. ALL RENT IS DUE AND PAYABLE IN ADVANCE ON THE **FIRST DAY OF THE MONTH.**

APPLICATION WILL NOT BE PROCESSED UNTIL APPLICATION FEE FOR HOUSEHOLD HAS BEEN RECEIVED. APPLICATION FEE MUST BE IN THE FORM OF A CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO PENDERGRAPH MANAGEMENT, LLC. APPLICATION FEE IS NON-REFUNDABLE.

APPLICATION FEES:

Individuals - \$25.00 each

Married Couples - \$30

Minor 16-17 years old - \$10.00 (criminal report)

BY SIGNING BELOW, I CERTIFY I HAVE READ, AND UNDERSTAND, ALL OF THE ABOVE.

SIGNATURES

APPLICANT _____

DATE _____

CO-APPLICANT _____

DATE _____

HOW DID YOU HEAR ABOUT OUR APARTMENT COMMUNITY?

___ NEWSPAPER ___ INTERNET ___ RESIDENT ___ DRIVE-BY ___ FLYER/BROCHURE

___ OTHER (Please explain) _____

DATE POSSESSION OF APARTMENT DESIRED _____

COMMENTS: _____

INCOME AND ASSETS QUESTIONNAIRE
(Each Adult Household Member Must Complete a Separate Questionnaire)

Name: _____

A. ASSETS SECTION

1. DO YOU HAVE ANY OF THE FOLLOWING?

			<u>BANKING INSTITUTION</u>	<u>CITY/STATE</u>
A. CHECKING ACCOUNT	__YES	__NO	_____	_____
B. SAVINGS ACCOUNT	__YES	__NO	_____	_____
C. CERTIFICATE OF DEPOSITS	__YES	__NO	_____	_____
D. MONEY MARKET FUNDS	__YES	__NO	_____	_____
E. STOCKS/BONDS	__YES	__NO	_____	_____
F. TREASURY BILLS	__YES	__NO	_____	_____
G. IRA/KEOUGH ACCOUNTS	__YES	__NO	_____	_____
H. COMPANY RETIREMENT ACCT.	__YES	__NO	_____	_____
I. PENSION FUNDS	__YES	__NO	_____	_____
J. TRUST ACCOUNTS	__YES	__NO	_____	_____
IF YES, IS IT IRREVOCABLE	__YES	__NO	_____	_____
K. CASH HELD IN SAFE DEPOSIT BOX, ETC.	__YES	__NO	_____	_____
L. HOUSE	__YES	__NO	_____	_____
M. RENTAL PROPERTY	__YES	__NO	_____	_____
N. OTHER INVESTMENTS	__YES	__NO	_____	_____

2. TOTAL ESTIMATEED AMOUNT/VALUE OF ASSETS LISTED ABOVE \$ _____

3. HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS, SUCH AS INHERITANCES, UNEMPLOYMENT COMPENSATION, VA DISABILITY, WORKERS COMPENSATION, SEVERANCE PAY, ETC. IN THE LAST TWO YEARS?
 _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

4. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST 2 YEARS?
 _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

B. INCOME SECTION

1. DO YOU RECEIVE ANY OF THE FOLLOWING?

SOURCE OF INCOME

- | | | | |
|----|---|--------------|-------|
| A. | WAGES, SALARY, ETC. THRU EMPLOYMENT | __ YES __ NO | _____ |
| B. | INCOME FROM A BUSINESS OR PROFESSION | __ YES __ NO | _____ |
| C. | SOCIAL SECURITY | __ YES __ NO | _____ |
| D. | SSI | __ YES __ NO | _____ |
| E. | AFDC OR OTHER PUBLIC ASSISTANCE | __ YES __ NO | _____ |
| F. | ALIMONY | __ YES __ NO | _____ |
| G. | CHILD SUPPORT PAYMENTS | __ YES __ NO | _____ |
| H. | UNEMPLOYMENT COMPENSATION | __ YES __ NO | _____ |
| I. | WORKMAN'S COMPENSATION | __ YES __ NO | _____ |
| J. | SEVERANCE PAY | __ YES __ NO | _____ |
| K. | RETIREMENT INCOME | __ YES __ NO | _____ |
| L. | ANNUITIES INCOME | __ YES __ NO | _____ |
| M. | INSURANCE POLICIES INCOME | __ YES __ NO | _____ |
| N. | DISABILITY OR DEATH BENEFITS
(OTHER THAN SOCIAL SECURITY OR SSI) | __ YES __ NO | _____ |
| O. | INCOME FOR RENTAL PROPERTY | __ YES __ NO | _____ |
| P. | OTHER | __ YES __ NO | _____ |
| Q. | RENTAL ASSISTANCE FROM AN OUTSIDE SOURCE | __ YES __ NO | _____ |

2. DO YOU REGULARLY RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTIONS FROM PERSONS OUTSIDE THE HOUSEHOLD FOR (RENTS, UTILITIES, CLOTHING, MISC. HOUSEHOLD SUPPLIES, ETC.)

_____ YES _____ NO

IF YES, WHO PROVIDES THE FUNDS _____

HOW MUCH IS RECEIVED? _____

3. ARE THERE ANY FULL-TIME STUDENTS IN YOUR HOUSEHOLD FROM KINDERGARTEN THROUGH PhD?

_____ YES _____ NO IF YES, LIST ALL STUDENT BELOW:

I ATTEST TO THE ABOVE INFORMATION, WHICH IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE

Pendergraph Management, LLC

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Pendergraph Mgmt., LLC/Greenbrier Landing.
(Owner or Agent)
for purposes of verifying information on my/our apartment.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- *Past and Present Employers
- *Welfare Agencies
- *Veterans/Administration
- *Previous Landlords (including Public Housing Agencies)
- *State Unemployment Agencies
- *Retirement Systems
- *Social Security Administration
- *Banks and/or Financial Institutions
- *Support and Alimony Providers
- *Medical and Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Certification of Assets Disposed of for Less Than Fair Market Value

I certify, under penalty of perjury, that the following statement is true and accurate:

(____) I have not disposed of any asset(s) for less than fair market value in the past 24 months.

(____) I have disposed of asset(s) for less than fair market value in the past 24 months. The asset(s) disposed of are accurately listed below:

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly and willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Signature of Applicant/Resident

Date

Signature of Spouse (If Applicable)

Date

ANNUAL STUDENT CERTIFICATION

Effective Date _____
 Move-in Date _____

Under the Low Income Housing Tax Credit Program households comprised of full time students are not eligible for tax credits unless they meet one of the student exceptions. This document is the Annual Student Certification to confirm the student status of the resident(s) residing in the following unit:

Property Name: Greenbrier Landing Apartments Unit Number: _____

Head of Household Name: _____ BIN#: _____

Check A, B, or C, as applicable to the resident(s) in the unit. Note: Students include those attending kindergarten through a PhD and all Oilier types such as barber/beauty, police academies, technical, trade and mechanical schools.

- A. Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). If checked, no further information is necessary.
- B. Household contains all students, but is qualified because the following occupant(s) is/are part time student(s). Verification of part time student status is required for at least one resident. Part time Student(s): _____
- C. Household contains all FULL TIME students for five or more months out of upcoming calendar year (months need not be consecutive). If this box is checked, answer questions 1-5 below:

1.	Are the students married and entitled to file a joint tax return? (Required documentation: Marriage Certificate or tax return)	YES	NO
2.	Is at least one student a single parent with child(ren) and this parent is not a dependant of someone else, and the child(ren) are not a dependent of someone else other than a parent? (Required documentation: Divorce or Child Custody Agreement or parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (Required documentation: Verification of Assistance)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar federal, state or local program? (Required documentation: Verification of Participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (Required documentation: Verification of Participation)	YES	NO

Full-time student households that are income eligible and satisfy one of the above conditions or exceptions are Tax Credit eligible. If any of the questions 1-5 are marked NO, or verification is missing or does not support the exception, the household is considered an ineligible student household.

Under penalty of perjury, I/we certify that the information presented in the Annual Student Certification is true and correct and accurate to the best of my/our knowledge and belief. I/We agree to notify Management immediately of any changes in the student status of any household member. The undersigned further understands that providing false information or making false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members 18 years of age or older must execute and date.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

CERTIFICATION OF NON-EMPLOYMENT

I, _____, Social Security Number ____ / ____ / _____, do hereby certify that all statements checked below are true and the information furnished is accurate.

_____ I am not presently employed or receiving any type of income from current or previous employment. Further, I do not anticipate becoming employed within the next twelve (12) months.

_____ I am not presently employed or receiving any type of income from current or previous employment. However, I do anticipate becoming employed within the next twelve (12) months. I estimate that my annual income once I become employed will be approximately \$ _____. I understand that this information will not be used for rent calculation purposes.

In addition, I understand that should I become employed or begin to receive an income, I will report it immediately to the Site Manager. At that time, I will be required to sign a "Consent to Release Information" form, in order for Management to verify my income and determine my continued eligibility. I realize that failure to report a change in my employment status would be a direct violation of my lease agreement, which may result in eviction proceedings or non-renewal of my lease agreement.

Applicant/Resident's Signature

Date

Manager's Signature

Date

RESIDENT STATEMENT

I, _____, attest that I have not been employed in the last thirty (30) days. The following statement represents my current employment situation.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I have not been employed since ____ / ____ / ____.

Name of former Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

_____ I have always remained at home and have not had any outside employment of any kind.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of Section 42 or Section 515 housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement

Signature of Applicant/Resident

Date

**SUPPLEMENTAL / DEMOGRAPHIC INFORMATION FORM
FOR NEW MOVE-IN'S**

The North Carolina Housing Finance Agency request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the NCHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
(HH#) 1. 2. 3. 4. 5. 6. 7.

Enter both Ethnicity and Race codes for each household member(see below for codes).

TENANT DEMOGRAPHIC PROFILE							
HH Mbr#	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Veteran (Y or N)
1							
2							
3							
4							
5							
6							
7							

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – 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.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: Multiple racial categories may be indicated as such: 3-1 – American Indian/Alaska Native & White, 4-1 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for disability:

- 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, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=pagename=regs_fhr_100=201.
- “Disability” does not include current illegal use of or addiction to a controlled substance.

Veterans Status:

Check “Y” if any member of the household is “A person who took their oath and served or is serving in any branch of the US armed forces, including the Coast Guard or National Guard, regardless of deployment, rank, position or when they served.”