

Rental Application

Property Name <u>Syracuse YMCA SR Citizen Apartments</u>	FOR OFFICE USE ONLY	Date Received _____
Contract Number <u>NY06T781027</u>		Time Received _____
Property Address <u>330 Montgomery Street</u>		Received By _____
Property City, State Zip <u>Syracuse, NY 13202</u>		Apartment Size _____

How did you hear about our property? Referral by Tenant Referral by Friend Advertising Drive By
 Website Other _____

HOUSEHOLD SUMMARY INFORMATION *Please print legibly.* List each household member who will be residing in the unit.

Please complete a separate Applicant Information Addendum for each household member, regardless of age.

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household <small>Options: Spouse, Co-Head, Dependent, Other Family Member, Foster Child/Adult, Live-in Aide</small>	Sex <small>M, F, N/A (Not disclosed)</small>	Social Security Number OR Applicable Exemption Code from list below	Are you a U.S. Citizen?
				Head of Household			<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Security Number Exemption Codes:

- 1** – Ineligible, non-citizen (not contending eligible immigration status) **2** – Under 6 years old and added to household within past 6 months
3 – Was 62 or older on 01/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent? Yes No
 If Yes, list the names _____

Are any members of the household enrolled as a **student at an Institution of higher education** as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? Yes No
 If Yes, list the names _____

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months? Yes No

Do any applicant household members appear on any state sex offender's lifetime registry? Yes No
 If Yes, list individual name(s) and state name(s): _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

 Head of Household Signature _____ Date

Check box if form is signed on behalf of head of household. If checked, indicate relationship to head of household Guardian Power of Attorney

 Print Name

FOR OFFICE USE ONLY

In compliance with TSP, check only those applicable:

Criminal <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	<input type="checkbox"/> Application Accepted
Rental History <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/> N/A	<input type="checkbox"/> Application Rejected
Credit Check <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/> N/A	Date rejection letter sent _____
HUD-approved residency preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Total Estimated Annual Income _____ Income Limit Low Very Low Extremely Low

Notes _____

Completed by _____ Title _____ Date _____

Rental Application – Applicant Information Addendum

Property Name Syracuse YMCA SR Citizen Apartments Contract Number NY06T781027

Household Member Name _____

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

MEMBER INFORMATION CHECK IF HEAD OF HOUSEHOLD

Is address different than Head of Household? Yes No

If Yes, please list address.

Current Full Address _____

Street

City/State/Zip

Mailing Full Address (if different) N/A _____

This member's current housing (*Check one*) Standard Substandard Homeless Fleeing/Attempting to flee violence Public Housing

Is this member displaced due to a Presidentially Declared Disaster? Yes No

Does this member need an accessible unit? Yes No Is this member a U.S. military veteran? Yes No

Cell Phone N/A (_____) Home Phone N/A (_____) Work Phone N/A (_____) _____

Do you wish to receive text messages about your application? Yes No Email N/A _____

Demographic Information (for Head of Household only) Choose not to disclose

Ethnicity Hispanic Non-Hispanic

Race White

Black/African-American

Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Other

List **all** states the member has ever lived in _____

ADULT STATUS

Is household member 18 years of age or older or an emancipated minor?

Yes *If Yes, please complete the following sections.*

No *If No, continue to the next page.*

RENTAL HISTORY SAME AS HEAD OF HOUSEHOLD NO RENTAL HISTORY

Lack of rental history will not be considered a negative factor.

Current Apartment Complex Name / Landlord Name _____

Current Apartment Landlord Address _____

Phone (_____) _____ Email _____

Length of residency as of application date # _____ Years # _____ Months

Do you live in a subsidized apartment building? Yes No If Yes, are you currently receiving housing assistance? Yes No

Do you live in a military housing? Yes No If Yes, does the military pay for all or some of your housing? All Some

NO PREVIOUS RENTAL HISTORY (IF BOX IS UNCHECKED, MUST COMPLETE THIS SECTION)

Previous Apartment Complex Name / Landlord Name _____

Previous Apartment Landlord Address _____

Phone (_____) _____ Email _____

Length of residency as of application date # _____ Years # _____ Months

BACKGROUND AND CRIMINAL HISTORY

A public records search may be conducted on each adult applicant/occupant.

Has this member been convicted of **any** felonies or misdemeanors? Yes No

Has this member been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? Yes No

Is this member currently engaged in illegal drug use? Yes No

CREDIT HISTORY

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy? Yes No If Yes, Court & Case # _____

Are you party to any lawsuits? Yes No If Yes, please describe _____

Are there any judgments against you? Yes No If Yes, please describe _____



Rental Application – Applicant Information Addendum

Property Name Syracuse YMCA SR Citizen Apartments Contract Number NY06T781027

Household Member Name _____

To Be Completed For Each Household Member, Regardless Of Age
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All information on this form MUST be completed only for the member listed above.

INCOME SOURCE(S) FOR THIS MEMBER

Employment Income Yes No If Yes, Full Time Part Time Start Date _____

Employer _____ Employer Phone (____) _____

Employer Address, including _____
 City, State, Zip _____

Gross Annual Income Amount \$ _____ (Before taxes and withholdings)

Additional Employment Income Yes No If Yes, Full Time Part Time Start Date _____

Employer _____ Employer Phone (____) _____

Employer Address, including _____
 City, State, Zip _____

Gross Annual Income Amount \$ _____ (Before taxes and withholdings)

Unemployment Yes No Start Date _____ Amount \$ _____ Weekly Bi-Weekly Monthly

Worker's Comp. Yes No Start Date _____ Amount \$ _____ Weekly Bi-Weekly Monthly

Long/Short Term Disability Yes No Start Date _____ Amount \$ _____ Weekly Bi-Weekly Monthly

Additional Estimated Annual Income

<p>Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Dual Entitlement <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p> If yes, SSA Benefit/Claim # _____</p> <p>SSI-Supplemental Security Income (Federal) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>SSI-State Portion <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>General Assistance (TANF) (Does not include food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Do you have a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>If you aren't receiving court ordered support, have you taken action to collect? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p>	<p>Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p> Source of Rental Income _____</p> <p>Self-Employment <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Periodic Payments from Retirement/Annuity Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Pension <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Is anyone outside the household giving you money or paying your bills on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Scholarships/Grants/Work Study <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Do you have a court order for alimony (maintenance)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Do you receive alimony (maintenance)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Other Income? If Yes, identify source below: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p>
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Rental Application – Applicant Information Addendum

Property Name Syracuse YMCA SR Citizen Apartments Contract Number NY06T781027

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form **MUST** be completed only for the member listed above.

ASSETS FOR THIS MEMBER

Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Amount: _____
Checking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Savings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Direct Express Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Money Market	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
CD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Whole Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you own real estate (home, land, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify _____			
If Yes, but you are not receiving rental income, please explain. _____			
Do you own a collection held as an investment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify _____			
Have you made any donations/contributions to anyone? (Includes churches and not-for-profit organizations.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify _____			

EXPENSES FOR THIS MEMBER

Medical/Disability

Is the Head, Spouse, or Co-Head of your household age 62 (or older) **OR** disabled?

- No **If No, go to the next question** regarding childcare
 Yes **If Yes, check any out-of-pocket expenses this member pays which are not reimbursed.**

Monthly Medicare Premiums	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Installment payments on outstanding medical bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescription Medicare Cost (Part D)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Insurance (other than Medicare)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescription Copay Costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Doctor/Dentist Visits	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Childcare

Is this member a minor under the age of 13?

- No **If No, go to Page 4.**
 Yes **If Yes, answer the below questions.**

Are childcare expenses paid by a household member for the care of **this** child? Yes No

Does this childcare allow the adult family member(s) to Work Seek Employment or Further academic or vocational education
 If yes, list adult family member(s): _____



Rental Application – Applicant Information Addendum

Property Name Syracuse YMCA SR Citizen Apartments Contract Number NY06T781027

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form **MUST** be completed only for the member listed above.

CERTIFICATION OF APPLICANTS - VERY IMPORTANT - READ CAREFULLY

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 or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families' supply with information federal, state and/or local agencies have on those same applicant families' income and household composition.

As required by federal law, applicants **must** provide all members' Social Security Numbers except those who have not yet been assigned a Social Security Number or who do not contend eligible immigration status. Households containing individuals who have not yet been assigned a Social Security Number **must** contact management immediately to discuss further.

Applicants on the waiting list may be contacted, via letter, to ensure continued interest and to update the original information provided at the time of initial application. Failure to respond to Management's request will result in the applicant being removed from the waiting list, which would require applicant household to reapply.

Under the Fair Housing Act, management does not take any of the following actions based on race, color, religion, gender identity, sexual orientation, familial status, or national origin: Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs; Provide anyone housing that is different from that provided to others; Subject anyone to segregation, even if by floor or wing; Restrict anyone's access to any benefit enjoyed by others in connection with the housing program; Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease; Deny anyone access to the same level of services; Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program; Discriminate against someone because of that person's relation to or association with another individual; or Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act. (HUD 4350.3 Change 4, 2-5B.)

By signing this application, I certify the information given in this application is accurate and complete. I further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Management. And by signing this application, I authorize Management to complete any and all background screening as required by HUD and as defined by the Management in the Tenant Selection Plan. I also understand that I have a right to request a copy of the Tenant Selection Plan.

Signature of Household Member/Applicant Check box if adult is signing for child (under 18 and not an emancipated minor) _____ Date _____

If you are 18 or older, is there another individual that can sign on your behalf? Yes No Guardian Power of Attorney

If Yes _____ (_____) _____
 Name (Please Print) Phone

 Street City/State/Zip

Owner, managing agent, or project employs less than 15 people, regardless of their location or duties, making the section below N/A

Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies.

504 Coordinator Contact Information

Name _____ Title _____
 Street Address _____ City, State, Zip _____
 Phone Number _____ TTY Number _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Syracuse YMCA SR Citizen Apartments 014-11146 330 Montgomery Street, Syracuse, NY 13202

Name of Property **Project No.** **Address of Property**

Syracuse YMCA Senior Citizen HDFC Section 8

Name of Owner/Managing Agent **Type of Assistance or Program Title**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
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 may mark one or more.

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.