Lutheran Knolls Community Facilities
Of Bethesda House Corporation

Welcome to the Lutheran Knolls Community. We have 3 Apartment Buildings with a total of 220 units. We do have a waiting list, therefore, as vacancies occur people whose applications have been approved and who are on the waiting list will be contacted in the order that their application was received. So while there may be vacancies when you apply, they must be offered to people already on the waiting list.

Please complete the attached information so it can be determined if you qualify to live here and be placed on our waiting list. If you need assistance completing the application or understanding the requirements, you may want to ask for help from relatives or please feel free to call the office at 610-497-5220. Someone will be happy to assist you.

Please answer every question on the attached application. If a question does not apply to you write "None" or "NA" (non-applicable). Incomplete applications will be returned.

Please remember to sign and date the application. Pay special attention to the areas in bold print. If these areas are not completed, *we may have to return your application.*

Also enclosed is HUD form 92006. **This form must be signed and dated, and you should provide emergency contact information or check the box by your signature if you do not want to provide this information.** This information can be extremely helpful should we not be able to contact you for some reason. All information will be held in strict confidence.

If your application is approved, you will be placed on your waiting list. You will be contacted approximately 90 days maximum before moving into the Lutheran Knolls community and the final processing of your application will be completed.

PLEASE NOTE: Circumstances and apartment availability may give cause to contact you in a decreased time period. Your financial data will be verified through written request to all individuals, financial institutions and federal agencies you list on the application. Any discrepancies may delay your move.

Lutheran Knolls Community Facilities
Of Bethesda House Corporation

Applications will receive a cursory review when received. Applicants that meet existing eligibility criteria will be recorded, given a sequence number, and a place on the waiting list in the order they were received. Eligible applicants will receive a letter indicating they have been placed on the waiting list. Applicants who are ineligible for occupancy will be given a full written explanation as to why they are ineligible.

Please Find Enclosed:

- History of the Bethesda House Corporation and the Lutheran Knolls Community
- Eligibility for Occupancy Requirements

To Be Returned to the Office:

- ☐ **"COPY OF YOUR SOCIAL SECURITY CARD"**
- ☐ Application: Please return all four (4) pages.
- ☐ Supplement to Application for Federally Assisted Housing: Head of Household & Second Applicant (if applicable)
- ☐ Race and Ethnic Data Reporting Form

For your convenience we have put a box next to the forms or items you much return to the office. Please fill out the application and all forms with signatures and dates in their entirety. You may check them off as you complete them. Please remember to include a copy of your Social Security Card.

Because we care about the safety and security of the residents, a criminal background check is required for all residents. Lutheran Knolls Community does business in accordance with the Federal Fair Housing Law and does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status, or national origin.

Thank you.
Lutheran Knolls Management

EQUAL HOUSING OPPORTUNITY

Lutheran Knolls Community
A Bethesda House Corporation Property
1800 Mill Road, Boothwyn, PA 19061
Tel: 610-497-5220 Fax: 610-497-2047

Lutheran Knolls Community Facilities

Of Bethesda House Corporation

The History of Bethesda House Corporation & The Lutheran Knolls Community

Bethesda House Corporation was established by the Southeastern Pennsylvania Synod of the Lutheran Church in America, for the purpose of custodial and operating management of the assets bequeathed to the Synod by Johanna E. Rogotsky's last will and testament.

The assets of the legacy consisted of a house in Collingdale, Delaware County, securities and cash funds, and rights to income portions of certain trust funds. Miss Rogotsky's wish was to establish a nursing or convalescent home in Delaware County for females and the income of her estate to be used to maintain the facility. The Collingdale Property was sold and another suitable property was acquired in Media during the 1950's. The Media site was "Home" to about fifty elderly women during its operation through 1971.

In 1971, due to economic conditions, extensive repairs and renovations required by various agencies, it was necessary to close the home and transfer the residents to other care facilities. The property was sold and the proceeds and other cash funds were placed in custodial accounts maintained by the Southeastern Pennsylvania Synod.

From the closing of the Media facility through carious alternative uses of their funds, it was decided to provide low income housing for the elderly and mobility impaired. In 1981, ground was purchased in Boothwyn, Delaware County. Construction of "Lutheran Knolls" began in 1982.

In February 1983 the Bethesda House Corporation opened the doors to its 100 unit, independent living housing community, Lutheran Knolls. Located in Boothwyn, Pennsylvania, Lutheran Knolls serves the elderly and mobility impaired.

Lutheran Knolls Community Facilities
Of Bethesda House Corporation

Due to the overwhelming response to Lutheran Knolls, Bethesda House Corporation added Lutheran Knolls North in 1991. A 60 unit facility, Lutheran Knolls North also provided affordable housing for the elderly and mobility impaired.

Lutheran Knolls and Lutheran Knolls North are financed by the Department of Housing and Urban Development (HUD). Federal funding is provided under HUD's Section 8 Housing Assistance Program to help tenants meet their housing needs.

In March of 1995, Lutheran Knolls West offered 60 additional affordable apartment homes exclusively for the elderly. The new three-story facility was made possible by a HUD grant. Residents of this new building also receive Section 8 subsidies.

Lutheran Knolls, Lutheran Knolls North and Lutheran Knolls West apartments are equipped with individual heating and air conditioning which can be controlled by tenants according to their individual needs.

Ten of the units in Lutheran Knolls, 6 units in Lutheran Knolls North, and 6 units in Lutheran Knolls West have been especially designed to meet the requirements of mobility impaired accessibility.

Many factors contribute to make the Lutheran Knolls Community a pleasant living experience. There are three very active Residents' Associations that sponsor numerous activities including: Arts and Crafts, Ceramics, Bingo, Bible Study, Holiday Festivities, Exercise Classes, and Movie Nights to name a few. These programs are very well attended.

We invite you to visit the Lutheran Knolls community and would be happy to answer your questions to provide you will additional information about our community.

Lutheran Knolls Community Facilities

Of Bethesda House Corporation

ELEGIBILITY FOR OCCUPANCY IS AS FOLLOWS:

1. At least one member of the applicant household must be a person who is 62 years of age (or older) or must be mobility impaired at the time application is submitted.
2. The household's total gross income must be at or below the U.S. Department of Housing and Urban Development (HUD) limits in effect at the time the completed application is received. Currently the annual very low-income limit for Delaware County is $39,100 for an individual and $44,650 for a two person household. These income limits are not defined by Lutheran Knolls Community. They are defined and periodically adjusted by HUD.
3. Applicants must disclose social security numbers for all household members and provide proof of the numbers reported and a copy of each members' social security card.
4. All adults in each applicant household must sign an Authorization of Release of Information prior to receiving assistance and annually thereafter.
5. The unit for which the household is applying must be the household's only residence once a lease is signed.
6. The applicants must agree to pay the rent required by the program under which the applicants will receive assistance.
7. The applicants must be a U.S. Citizen or eligible non-citizen.
8. The applicants must not be subject to a Lifetime Sex Offender Registration requirement.
9. The applicants must consent to a Criminal Background Check and a Credit Check.
10. The applicants must be able to maintain independent living.
11. The applicants must consent to a home inspection at their current dwelling before moving into Lutheran Knolls Community.

PLEASE RETURN THIS COMPLETED APPLICATION BY MAIL OR IN PERSON TO:
Lutheran Knolls Community, 1800 Mill Road, Boothwyn, PA, 19061

Thank you for taking the time to read this information thoroughly and to carefully complete all parts of the application.

EQUAL HOUSING OPPORTUNITY

Lutheran Knolls Community
A Bethesda House Corporation Property
1800 Mill Road, Boothwyn, PA 19061
Tel: 610-497-5220 Fax: 610-497-2047

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS… IS FRAUD WORTH IT?

Do You Realize…

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to $10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know…

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI

451 7th Street, SW

Washington, DC 20410

Lutheran Knolls Community

Lutheran Knolls Community Facilities
Of Bethesda House Corporation

Below is a list of Records and Documents Lutheran Knolls Management may ask applicants to bring to the Certification Interview when your application approaches the top of our waiting list. These same documents may be requested for Recertification while living at Lutheran Knolls Community.

Records of Earned Income

- Paycheck Stubs
- W-2 Forms
- Income Tax Return (State/Federal)
- Wage Tax Receipts

Records of Other Income

- Social Security- Current Award Letter
- SSI Award Letter
- Other Public Assistance- Award Letter
- Income from Assets- Credit Union, Bank, S&L Statements, etc.
- Unemployment Compensation- Determination Letter Form 2000, Form UC 30, or Latest Check Stub
- AFDC- Award Letter, Recent Check Stub
- Alimony- Copy of Court Order
- Workmen's Compensation0 Form DOL 203, Recent Check Stub

Asset Information

- Bank Statements- 2 Months
- Stock/Bond Certificates
- Mortgage Note
- Income Tax Return
- Certificates of Deposit
- Annuities, IRA, 401K, etc.

Records of Family Circumstances/Family Composition/Allowances

- Work Permit
- Statement of Disability
- Birth Certificate & Social Security Card
- Payment Receipts for Dependent Care, Child Care, etc.
- Social Security Records
- Income Tax Returns
- Copies of Medical Bills
- Copy of Driver's License

Lutheran Knolls Community

Lutheran Knolls Community Facilities
Of Bethesda House Corporation

APPLICATION FOR LUTHERAN KNOLLS COMMUNITY APARTMENT (1 OF 4)

OFFICE USE ONLY: DATE RECEIVED _____

Name of Head of Household: _____
First M.I. Last

Present Address: _____
Street Address Apt. # if Applicable

_____
City State Zip Code

Number of Years Living at Present Address: _____ Telephone #: _____

Please List All States in Which You Have Resided: _____

Email Address: _____

Date of Birth: _____ Social Security #: _____

Gender: ○ Male ○ Female ○ Choose Not to Respond

Marital Status (Circle One): Single Married Divorced Widow/er Separated

Are you a Military Veteran (Circle One): Yes No

Would you be interested in accepting a studio/efficiency apartment? _____

Do you require the features of a mobility impaired apartment? _____

Definition of Mobility Impaired Apartment: *Lower Cabinets, Wider Doorways, Larger Bathroom*

Return This Page

Rev. 12/2014

Lutheran Knolls Community Facilities

Of Bethesda House Corporation

APPLICATION FOR LUTHERAN KNOLLS COMMUNITY APARTMENT (2 OF 4)

Name of Second Applicant: _____

First M.I. Last

Present Address: _____

Street Address Apt. # if Applicable

_____

City State Zip Code

Number of Years Living at Present Address: _____ Telephone #: _____

Please List All States in Which You Have Resided: _____

Email Address: _____

Date of Birth: _____ Social Security #: _____

Gender: ○ Male ○ Female ○ Choose Not to Respond

Marital Status (Circle One): Single Married Divorced Widow/er Separated

Are you a Military Veteran (Circle One): Yes No

Would you be interested in accepting a studio/efficiency apartment? _____

Do you require the features of a mobility impaired apartment? _____

Definition of Mobility Impaired Apartment: *Lower Cabinets, Wider Doorways, Larger Bathroom*

Lutheran Knolls Community

Lutheran Knolls Community Facilities Of Bethesda House Corporation

APPLICATION FOR LUTHERAN KNOLLS COMMUNITY APARTMENT (3 OF 4)

Estimated "GROSS" Monthly Income "Before" any deductions(Medicare, Ins, Etc.) :

	Applicant #1	*Applicant #2*		*Applicant #1*	*Applicant #2*
Social Security	$_____	$_____	Interest on Savings	$_____	$_____
SSI	$_____	$_____	Interest on CD	$_____	$_____
Annuities	$_____	$_____	Income from Bonds	$_____	$_____
Pension	$_____	$_____	Int. Rec'd from Mort	$_____	$_____
VA Benefits	$_____	$_____	Dividends on Stock	$_____	$_____
Salary/Wages	$_____	$_____	Tax Credits	$_____	$_____
Rental Income	$_____	$_____	Interest on Checking	$_____	$_____
Alimony	$_____	$_____	Workers' Comp	$_____	$_____
Regular Income from Assets	$_____	$_____	Cash Value from Whole Life Insurance	$_____	$_____
SSP	$_____	$_____	Unemployment Benefits	$_____	$_____
			TOTAL INCOME	$_____	$_____

Value of Assets Owned:

	Applicant #1	*Applicant #2*		*Applicant #1*	*Applicant #2*
Checking Balance	$_____	$_____	Stock	$_____	$_____
Certificate of Deposit	$_____	$_____	Real Estate	$_____	$_____
Savings Account	$_____	$_____	Bonds	$_____	$_____
Money Market Account	$_____	$_____	Other	$_____	$_____
		TOTAL ASSETS		$_____	$_____

Have you or second applicant given away or sold money or property in the last twenty-four (24) months? Yes _____ No _____

Have you or second applicant ever been convicted of a felony? Yes _____ No _____

If yes: What Year? _____ **Identify Felony:** _____

Are you or second applicant on any State Lifetime Sex Offender Registry? Yes _____ No _____
(Lutheran Knolls Community will perform a criminal background and Sex Offender search on a National database. If any member of the household is subject to the State sex offender registration program, admission to Lutheran Knolls Community will be prohibited.)

Have you or second applicant ever been evicted? Yes _____ No _____
If Yes: What Year? _____
Reason for Eviction: _____

Lutheran Knolls Community Facilities

Of Bethesda House Corporation

APPLICATION FOR LUTHERAN KNOLLS COMMUNITY APARTMENT (4 OF 4)

Will You Have a Pet? Yes _____ No _____ If Yes, What Type? _____

Please refer to our pet policy regarding pets.

Does your current dwelling have bedbugs? Yes _____ No _____

Person to Contact in Case of Emergency:

Name: _____

Address: _____

Telephone: _____

Present Landlord:

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

(Head of Household)

Signature: _____ Date: _____

(Second Applicant)

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

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

Applicant Name:

Mailing Address:

Telephone No: **Cell Phone No:**

Name of Additional Contact Person or Organization:

Address:

Telephone No: **Cell Phone No:**

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this 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.

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.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:

Mailing Address:

Telephone No: **Cell Phone No:**

Name of Additional Contact Person or Organization:

Address:

Telephone No: **Cell Phone No:**

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this 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.

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)

LUTHERAN Knolls Community 034-11158, 034-11159, 034-EE011 1800 Mill Rd. Boothwyn,PA 19061

Name of Property | Project No. | Address of Property

Bethesda House | 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*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

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

Signature | **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and 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 provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

form HUD-27061-H (9/2003)

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Notice to All Residents and Applicants of Lutheran Knolls

HUD passed their Final Rule on November 30, 2016, regarding smoking in all public housing facilities.

"Public Housing developments in the U.S. will now be required to provide a **smoke-free** environment for their residents" – Julian Castro – HUD Secretary.

Based on this rule, the Administration at Lutheran Knolls will be revising our current smoking policy to become compliant with the HUD Regulation. This will mean that you will no longer be permitted to smoke in any of our buildings including your apartment.

This new policy will not be in effect until July 30, 2018. We understand this may be difficult for those who smoke so we encourage you to take this time to get adjusted to the new regulation.