

**The Village at Franklin Station
2100 Bloomington Avenue South
Minneapolis, MN 55404
(612)870-7300**

Thank you for your interest in the Village at Franklin Station.

To qualify to live at the Village at Franklin Station you must either be a senior 62 years of age or older or have a qualifying disability (this will be verified by a medical professional).

At this time, we do not have any vacancies but we are accepting application for our waiting list. If you are interested in being added to our waiting list you must complete all the attached paperwork and return to me.

After I receive the paperwork back I will complete a pre-screen and if you meet the qualifications you will then be added to the waiting list. During your time on the waiting list you must keep the office updated on any changes to your mailing address or phone number.

While on the waiting list I will not be able to update you on your status or placement on the list. When a unit becomes available and you are eligible for placement you will be contacted at that time to start the placement process.

If you have any questions, please feel free to let me know.

Thank you for your interest in becoming a resident at The Village at Franklin Station!!!

**Michelle Doyal
Community Manager**



Application Packet Checklist

- Application Assistance and Information Statement
- Special Unit Requirements Questionnaire - RETURN
- Application – 9 pages - RETURN
- Emergency Contact form - RETURN
- VAWA
 - Notice of Occupancy Rights under the Violence Against Women Act
 - Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
 - VAWA Acknowledgement Sign Off - RETURN
- Citizenship Declaration
 - Family summary sheet - RETURN
 - Declaration completed for each member on the summary sheet - RETURN
- Homeless Current Living Situation - RETURN
- Race and Ethnic Data Reporting Form – one for each household member - RETURN

APPLICATION ASSISTANCE AND INFORMATION STATEMENT

IF YOU REQUIRE ANY ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AND ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THIS APPLICATION.

OUR TELEPHONE NUMBER IS: 612-870-7300

PLEASE CALL BETWEEN THE HOURS OF: 9am-4pm Monday -Friday

IF YOU HAVE A HEARING IMPAIRMENT, OUR TDD NUMBER IS: 612-297-5353, SAME HOURS. APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

Please complete all sections of the application and the special needs questionnaire and return it to us at the following address:

Village at Franklin Station
2100 Bloomington Avenue South
Minneapolis, Minnesota 55404

After we receive your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on our Waiting List. All applicants must pass criminal screening criteria prior to being placed on the waiting list. This does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan posted in our management office at the above referenced address.

It is your responsibility to contact us whenever your address, telephone number, income or family size changes. Our address and telephone number are identified above.

Volunteers of America, MN 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.

"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 are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

The following questionnaire pertains to handicap and/or disability. Answers to these questions are **optional**. However, without this information, we will not be able to determine your eligibility or need for special housing features or calculate your rent correctly. All answers to the following questions will be verified by a third party.

Applicant Name: _____

☐ I choose not to complete this form Date: _____

Applicant Signature: _____

Qualifications for an accessible unit are based on a member of your household having a physical impairment that:

- ▶ is expected to be of long-continued and indefinite duration.
- ▶ substantially impedes the person's ability to live independently.
- ▶ is such that the person's ability to live independently could be improved by more suitable housing conditions.

Do you or any member of your household have a mobility impairment which meets the definitions stated above? ☐ Yes ☐ No

If yes, list name(s) of family members: _____

Do you or any member of your household have a condition which requires (check those that apply):

- | | |
|---|---|
| <input type="checkbox"/> a separate bedroom | <input type="checkbox"/> unit for visually impaired |
| <input type="checkbox"/> unit for hearing impaired | <input type="checkbox"/> barrier-free apartment |
| <input type="checkbox"/> one (1) level unit | <input type="checkbox"/> bathroom on first (1 st) floor |
| <input type="checkbox"/> other physical modifications, please explain _____ | |

Will you or any of your family members require a live-in aide to assist you? ☐ Yes ☐ No

If you checked any of the above, please explain exactly what you need to accommodate your situation:

Who should be contacted to verify your need for the features you have identified above?

Name: _____

Address: _____

City, State, Zip: _____ Telephone Number () _____



<input type="checkbox"/> Initial Application	Section 8 / Tax Credit Application	For Office Use Only Date Received _____ Time Received _____ Received by _____ (initials)
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Property Name: Village at Franklin Station Building/Unit # _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

HOUSEHOLD COMPOSITION

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. **All questions must be answered;** for those questions that do not apply the applicant is required to indicate so by answering "n/a."

Applicants/residents, complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under 18 if head, spouse, or co-head must disclose income and assets and sign and date the application. All applicants/tenants must also complete an Annual Student Certification.

	HOUSEHOLD MEMBER'S NAME (Last, First M.I.)	RELATIONSHIP (Co-Head/ Dependent)	DATE OF BIRTH (mm/dd/yyyy)	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR?		SOCIAL SECURITY NUMBER (Visa or Alien Registration)
1		HEAD		Y	N	
2				Y	N	
3				Y	N	
4				Y	N	
5				Y	N	
6				Y	N	
7				Y	N	

*Include elementary, junior & senior high, college, university, technical, trade, and mechanical school.

Do not include on-the-job training courses.





**Volunteers
of America®**

MINNESOTA AND WISCONSIN

Head State Issue ID#: _____ State: _____

Co-H State Issued ID #: _____ State: _____

HOUSING REFERENCE

List all residences and applicable landlord in the past (5) five years

Present Address _____ City _____
 State _____ Zip _____
 From _____ To _____ (Mth/Yr) Reason for Leaving _____
 Landlord _____ Landlord phone # (____) _____
 Rent per month \$ _____
 Address _____ City _____ State _____
 Zip _____
Previous Address _____ City _____ State _____
 Zip _____
 From _____ To _____ (Mth/Yr) Reason for Leaving _____
 Landlord _____ Landlord phone # (____) _____
 Rent per month \$ _____
 Address _____ City _____ State _____
 Zip _____
Emergency Contact _____ Relationship _____
 Home Phone Number (____) _____ Work Phone Number (____) _____

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the

Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household

☐ White

☐ Black

☐ Asian/Pacific Islander

☐ American Indian/Native American

Ethnicity of Head of Household

☐ Hispanic

☐ Non Hispanic

Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.

Are you a Non-Citizen Student?

☐ Yes

☐ No

Are you a United States Citizen?

☐ Yes

☐ No

If no, are you a Non-Citizen with eligible alien status?

☐ Yes

☐ No



CIRCLE ONE		GENERAL INFORMATION
Y	N	Do you own a pet? If yes, what kind (include weight)?
Y	N	Have you ever filed bankruptcy? If yes, please explain (include dates):
Y	N	Have you ever been charged with a crime? If yes, please explain:
Y	N	Have you ever been evicted from an apartment for any reason? If yes, please explain:

CIRCLE ONE		HOUSEHOLD INCOME INFORMATION	
		For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. All information must be verified. Include all full time, part time or seasonal income even if completing this application in the off-season.	
DO YOU RECEIVE OR EXPECT TO RECEIVE		Gross Monthly	
Y	N	1. Wages, salaries (include tips, bonuses, and commissions)	\$
Y	N	1a. Child care for a child(ren) under age 13, which enables you or another household member to work, go to school or to seek employment	\$
Y	N	2. Does any member work for someone who pays them in cash or has self-employment income	\$
Y	N	3. Regular pay for a member of the armed forces	\$
Y	N	4. Public Assistance (MFIP, GA, W2, ect.)	\$
Y	N	5. Worker's compensation	\$
Y	N	6. Unemployment benefits or severance pay	\$
Y	N	7. Student financial aid (public or private, not including student loans)	\$
Y	N	8. Child Support (circle yes if you have a court order, even if you are receiving less than the full amount awarded)	\$
Y	N	9. Alimony/Spousal Maintenance	\$
Y	N	10. Social Security income (including unearned income of minor children)	\$
Y	N	11. Disability benefits including social security disability	\$
Y	N	12. Regular payments from pensions (PERA, railroad, etc.)	\$
Y	N	13. Regular payments from retirement benefits	\$
Y	N	14. Death Benefits	\$
Y	N	15. Regular payments from annuities or life insurance dividends	\$
Y	N	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
Y	N	17. Net income from rental property	\$
Y	N	18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
Y	N	19. Other (list):	\$
Y	N	20. Other (list):	\$



CIRCLE ONE		HOUSEHOLD ASSET INFORMATION	
DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:			Current Balance
Y	N	21. Checking Accounts (6 month average balance)	\$
Y	N	22. Savings Accounts (current balance)	\$
Y	N	23. Direct Deposit Debit Card (treat like savings account)	\$
Y	N	24. Stocks	\$
Y	N	25. Capital Investments	\$
Y	N	26. Bonds	\$
Y	N	27. Trusts*	\$
Y	N	28. Securities	\$
Y	N	29. Whole Life Insurance Policy (do not include term life insurance)	\$
Y	N	30. 401K*	\$
Y	N	31. IRA/KEOGH Accounts	\$
Y	N	32. Certificate of Deposit	\$
Y	N	33. Pension/Retirement/Annuity accounts	\$
Y	N	34. Money Market Funds	\$
Y	N	35. Treasury Bills	\$
Y	N	36. Safety Deposit Box	\$
Y	N	37. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
Y	N	38. Are any accounts held jointly with someone not in the unit? Which account and with whom?	\$
Y	N	39. Other (list):	\$

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified

		Value
Y	N	40. Do you now own Real Estate? If yes, list address(es):
Y	N	41. Do you hold a contract for deed?
Y	N	42. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?
Y	N	43. Are any assets held jointly with another person? List person and asset(s):

I/We hereby certify that I/we:

☐ have ☐ have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset Type	Market Value	Date sold/disposed	Amount Received
		\$		\$
		\$		\$

HOUSEHOLD ALLOWANCE INFORMATION (Elderly or Disabled only)		
CIRCLE ONE	<p>All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization. All information will be verified.</p>	
DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:		Amount
Y N	44. Attendant care for a disabled household member, so that an adult household member can work, seek employment or go to school?	\$
Y N	45. Medicare premiums?	\$
Y N	46. Other medical insurance premiums?	\$
Y N	47. Outstanding medical bills on which you are currently paying?	\$
Y N	48. Cost of assistive devices for a disabled household member?	\$
Y N	49. Do you receive medical assistance through a public assistance agency/program?	\$
Y N	50. Do you expect to have any additional medical expenses during the next 12 months? If yes, please	\$
MISCELLANEOUS		
CIRCLE ONE	<p>The following questions pertain to yourself and every member of your household who will occupy the unit. Circle either Y or N in response to each question. An explanation must be provided below if the answer is YES. Use additional sheets, if necessary.</p>	
Y N	51. Will any household member, including children, live in the unit on a less than full time basis?	
Y N	52. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	
Y N	53. Does any adult member of the household have zero income?	
Y N	54. Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.)	
Y N	55. Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?	
Y N	56. Do you or anyone else in your household qualify for housing because of a disability?	
Y N	57. Do you have sole legal and physical custody of your children? If no, explain:	
Y N	58. Are you now living or have you lived in a government-subsidized development? If yes, when? Name of Development: _____	
Y N	59. Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain:	
Y N	60. Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic	
Y N	61. Are you or any member of your household subject to a lifetime sex offender registration requirement in any State?	
Y N	62. Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?	
Y N	63. Do you or any member of your household use an illegal drug or other illegal controlled substance?	
Y N	64. Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?	
Y N	65. Have you or any member of your household ever used different names from the names given on this application?	
Y N	66. Have you or any member of your household ever used social security numbers different from those listed on this application?	
Y N	67. Are you or any member of your household a Veteran of the US Military? If yes, who:	
Y N	68. Are you or any member of your household being temporarily housed due to a Presidentially Declared Disaster? If yes, who:	
Y N	69. Have you or any member of your household ever lived in any other state? If yes, which ones?	
Explanation:		





From 1 – 50 above, provide further information for all “YES” circled items. All information must be verified. (If a household member has more than one source of income, assets and/or allowances, use a separate line for each source.) Use additional sheets, if necessary.

[illegible]

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).



SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the Owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

All household members age 18 or older (and under age 18 if head, spouse, or co-head of household) must sign and date below:

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

☐ Check here if this applicant/resident required assistance in completing the eligibility application due to:

Assistance in completing this application was provided by: _____ Date: _____

"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 are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



Optional and Supplemental 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.

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

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.			

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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.

Form HUD- 92006 (05/09)



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status

Village at Franklin Station

Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence,

Sexual Assault, or Stalking

Emergency Transfers

Village at Franklin Station (acronym HP for purposes of this model plan) is concerned

about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against

Women Act (VAWA),¹ HP allows tenants who are victims of domestic violence, dating

violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender

identity, or sexual orientation.² The ability of HP to honor such request for tenants currently

receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that **Section 8/Tax Credit** is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as

provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer,

if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to **location to determine at time incident**. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

Village at Franklin Station

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8/Tax Credit** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **Section 8/Tax Credit**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants If you are receiving assistance under **Section 8 /Tax Credit**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Section 8/Tax Credit** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for

documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

Form HUD-5380
(12/2016)

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

Form HUD-5380
(12/2016)

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident.
- The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

Form HUD-5380
(12/2016)

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

Form HUD-5380
(12/2016)

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD Office, 920 Second Ave, Suite 1300 Minneapolis MN 55402.

For Additional Information

You may view a copy of HUD's final VAWA rule at

https://www.hud.gov/press/press_releases_media_advisories/2016/HUDNo_16-134.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Michelle Doyal**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Domestic Abuse Project 612-874-7063**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Domestic Abuse Project 612-874-7063**

Victims of stalking seeking help may contact **Domestic Abuse Project 612-874-7063**

Attachment: Certification form HUD-5382

VAWA Acknowledgement Sign Off

Head of Household _____

Unit # _____

I acknowledge that I received the following forms:

Notice of Occupancy Rights under the Violence Against Women Act

Model Emergency Transfer Plan for Victims of Domestic Violence,
Dating Violence, Sexual Assault, or Stalking

The following forms are located in the office and will be available upon request:

VAWA Form 5382

VAWA Form 5383

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Manager Signature

Date



We encourage and support the nations' affirmative housing program in which there are no barriers to obtain housing because of race, color, religion, sex, national origin, handicap, or familial status.

CITIZENSHIP DECLARATION

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

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ ALIEN REGISTRATION NO.: _____

ADMISSION NUMBER: _____ if applicable, (this is an 11 digit number found on INS Form I-94, Departure Record).

NATIONALITY: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE VERIFICATION NO. _____
(To be entered by owner if and when received.)

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

DECLARATION

I, _____ hereby declare, under penalty of perjury,
that I am: _____

(print or type first name, middle initial, last name)

☐ 1. a citizen or national of the United States

If you check this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: ☐ _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status

2. a noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format

AND

- b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status

☐ 3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

FAMILY SUMMARY SHEET

Mbr. No.	Last Name of Family Member	First Name	Relationship to HOH	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(to be filled out by family)

Current Living Situation: Long-Term Homelessness

Households experiencing long-term homelessness: means persons including individuals, unaccompanied youth and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization, incarceration or transitional housing shall be excluded when determining the length of time a household has been homeless.

_____ **Yes**, I do meet the definition of long-term homelessness and yes my household is extremely low Income. Income guidelines are listed below.

_____ **No**, I do not meet the definition of long-term homelessness.

Income Limits

HUD, 4/14/17 Subject to change without notice

Number in Household	Extremely low Income 30% of median income (annual) Homeless
1	19,000
2	21,700
3	24,400
4	27,100
5	29,300
6	32,960
7	37,140
8	41,320

Name _____

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Village at Franklin Station

2100 Bloomington Ave

Name of Property

Project No.

Address of Property

Volunteers of America Minnesota

Section 8/Tax Credit

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 in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

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

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

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

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