



# Application for Residence



"This Institution is an Equal Opportunity Provider"



The undersigned hereby makes application for lease of:

**Property:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Received By: \_\_\_\_\_

Thank you for showing an interest in this residence. Please help us speed your application by completing this information. It will be treated as confidential and retained in your private file. Please return the completed application to the above listed property. All applications will be processed according to the Resident Selection Plan for this property. An application fee of \$ \_\_\_\_\_ is required to accompany this application. Incomplete applications will not be processed.

**Bedroom size requested:**      Studio      1-Bedroom      2-Bedroom      3-Bedroom

## RENTAL APPLICATION

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

## INSTRUCTIONS TO APPLICANT

- Each household member 18 years of age and older must complete a **separate application**.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your completed application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our screening criteria, your application will be declined and you will receive a notice from this office.
- We will process your application according to our standard procedures which are summarized in the Resident Selection Plan, posted in the Management Office. If your application is approved and accepted, the unit for which the household is applying must be your only residence.

## HOUSEHOLD INFORMATION

Full Name of Household Members as listed with SS Administration	Relationship	Student	Age	Date of Birth	City and State of Birth	Social Security No. or Alien Registration No.
		Y/N				
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

- If you are 62 years of age or older as of 1/31/2010 and do not have a Social Security Number were you receiving HUD assistance at another location prior to 1/31/2010?  Yes or  No
- Are you currently receiving Section 8? EIV Existing Tenant Report will be pulled to verify.  Yes or  No
- Will any of the above household members live anywhere other than in your apartment?  Yes or  No
- Are there any other persons who will live in your apartment on a less than full-time basis?  Yes or  No
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using?  Yes or  No
- Are any of the above household members US Military Veterans? If yes, list all veterans below.  Yes or  No
- Do you hold a USDA Rural Development "Letter of Priority Entitlement"?  Yes or  No
- If you answered "YES" to any question above, please explain: \_\_\_\_\_

We are required by HUD/RD to request the following information for the purpose of determining eligibility for admission to our subsidized program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you. Head of Household and/or Spouse is:

62 years of age or older       Handicapped       Disabled



**If you checked one of the boxes above, complete this section. Use a separate sheet if necessary.**

List Payments Made on Outstanding Medical Bills	Cost of Medical Insurance Premiums	Do You Have a Medicare Prescription Card? Yes / No	Do You Have Medical and Dental Costs Not Covered by Insurance? Yes / No

**REASONABLE ACCOMMODATION/MODIFICATION**

Do you or any household member need a reasonable accommodation/modification including companion or service animal, accessible features or accessible unit?  Yes or  No  
 If so, please ask for the Reasonable Accommodation/Modification request form for you to complete.

**PETS**

How many pets do you own? \_\_\_\_\_

Please Describe:

**STUDENTS**

Do you or any household member (18 years or older) attend or plan to attend an institution of higher learning - full or part time?  Yes or  No

List all members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time. Use additional sheet if necessary.

Member Name:	Member Name:
Institution:	Institution:
City, State:	City, State:
Full or Part Time:	Full or Part Time:

**RESIDENCE HISTORY**

**You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.**

<b>Present Address</b>	Street Address:			From: ___/___/___	Landlord Name:		
	City:	County:	State: Zip:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State	Zip:
<b>Previous Address</b>	Street Address:			From: ___/___/___	Landlord Name:		
	City:	County:	State: Zip:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State	Zip:
<b>Previous Address</b>	Street Address:			From: ___/___/___	Landlord Name:		
	City:	County:	State: Zip:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State	Zip:
<b>Previous Address</b>	Street Address:			From: ___/___/___	Landlord Name:		
	City:	County:	State: Zip:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State	Zip:

**DISPLACEMENT STATUS CODES**

Are any of the above household members seeking to be housed temporarily as a result of displacement from subsidized housing as a result of a declared disaster?

1 = Government Action    2 = Natural Disaster    3 = Private Action    4 = Not Displaced    Reason Code: \_\_\_\_\_

**PREVIOUS HOUSING CODES**

1 = Substandard                      4 = Conventional Public Housing  
 2 = Without or soon to be without housing    5 = Lacking a fixed nighttime residence  
 3 = Standard                              6 = Fleeing/attempting to flee violence  
 Reason Code: \_\_\_\_\_



	No	Yes	If 'Yes' you must answer the following:
• Have you or any member of your household ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	From _____ Where? _____ When? _____ Why? _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From _____ Where? _____ When? _____ Why? _____
• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To _____ Whom? _____ How Much \$ _____
• Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____ _____
• Have you or any member of your family had subsidy for housing terminated?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____ _____
• Have your or any member of your family ever lived on this property before?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____ _____

### ASSET INFORMATION

**You must report ALL ASSETS below. Use an additional sheet if necessary. Do you have any of the following assets?**

Checking Account	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Savings Account	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Savings Certifications	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Certificates of Deposit	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Individual Retirement Account (IRA)	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Keogh Accounts	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Money Market Accounts	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Mutual Funds	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Insurance Policies	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Treasury Bills	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Stocks	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Bonds	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Savings Bonds	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Trusts	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Retirement/Pension Fund (while still employed)	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Real Estate	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Rental Real Estate	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Mortgage Deed/Deed of Trust/Land Contract/Loan	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Mobile Home	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Personal Property Held as an Investment (gems, jewelry, antique cars, etc.)	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Inheritances	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Cash on hand which you have elected not to put into a bank account	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Sums held in Safety Deposit Boxes	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Other Accounts not listed above	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Have you disposed of any assets, for less than Fair Market Value, in the past two years (past 24 months)? If so, provide proof of disposition.	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Are any assets held jointly with another person or persons who may or may not be part of your household? If so, please describe.	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No

**Total Asset Income From All Sources**

\$

### INCOME INFORMATION

**You must report ALL INCOME below. Use an additional sheet if necessary. Do you have any of the following income?**

Wages, salaries, tips or bonuses	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Public Assistance (TANF or AFDC)	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Regular Pay as a member of the Armed Forces	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Ownership of a business OR Self Employed	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No



Unemployment Compensation	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Disability Compensation / Income	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Worker's Compensation / income	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Pension / Retirement / VA Benefits	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Social Security Benefits	<input type="checkbox"/> Yes or <input type="checkbox"/> No
SSI Benefits	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you receive alimony?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you receive child support?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you have a child support court order?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is that child support court order being enforced?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Strike Benefits	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Severance Pay	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Adoption Assistance	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Death Benefits	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Inheritance or Lottery Winnings	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Total Annual Income From All Sources</b>	<b>\$</b>

<b>Have you received any lump sum payments, such as:</b>	
Insurance Settlements (Health, Accident, Worker's Compensation, etc.)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Capital Gains from transfer of ownership of any type of asset	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Social Security Benefits, Unemployment Compensation, etc.	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Total Amount of Lump Sum Payments</b>	<b>\$</b>

<b>Do you regularly receive monetary (cash, check, money order) gifts or non-cash contributions from persons outside of your household for items including, but not limited to:</b>	
Rent?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Car payment or car insurance?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Utilities, cable, or telephone bills, etc?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Utility assistance from sources other than HUD?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Personal care or hygiene items such as diapers, shampoo, toothpaste, etc.?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Household items or cleaning products?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Total Amount of Gifts or Non-Cash Contributions</b>	<b>\$</b>

<b>Do you or any member of your household receive any type of income that might be excluded from the total household income; such as:</b>	
Income under title V of the Older Americans Act? (such as RSVP, Green Thumb, Senior Aides, Older American Community Service Employment Program, Foster Grandparents Program, etc.)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Reimbursement for medical expenses	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Payments for care of foster children or foster adults	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Income from a state or local employment training program	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Income from employment of children under age 18 (including foster children)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Adoption Assistance Payments in excess of \$480	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Earnings in excess of \$480 for each full-time student 18 years of age or older (not the head of household or spouse)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Total Amount of Income that Might Be Excluded</b>	<b>\$</b>

**DRIVERS LICENSE / MOTOR VEHICLE INFORMATION**

**List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.**

Make and Model Number:	Plate Number:	State:	Insurance Agent/Phone Number:	Policy No:
Color:	Year:	Plate Expiration Date:	Street Address:	Drivers License Number:
Name on Registration:	VIN #	City:	State:	Zip:
Expiration Date:				
Make and Model Number:	Plate Number:	State:	Insurance Agent:	Policy No:
Color:	Year:	Plate Expiration Date:	Street Address:	Drivers License Number:



Name on Registration:		VIN #	City:	State:	Zip:	Expiration Date:
Make and Model Number:		Plate Number:	State:	Insurance Agent:		Policy No:
Color:	Year:	Plate Expiration Date:		Street Address:		Drivers License Number:
Name on Registration:		VIN #	City:	State:	Zip:	Expiration Date:

**CRIMINAL BACKGROUND CHECK**

**This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. HUD requires criminal background and state sex offender registry checks to be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household may have resided. A criminal background check will be completed on all applicants eighteen years and older. A sex offender registration check will be completed on all applicant household members to the extent as allowed by state and local law. You are required to report ALL states you and all household members have resided in below.**

State	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:

	<u>No</u>	<u>Yes</u>	<u>If 'Yes' you must answer the following:</u>
• Have you or any member of your household ever been arrested for or convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ _____
• Have you or any member of your household ever been arrested for or convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____ _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ _____



	No	Yes	If 'Yes' you must answer the following:
<ul style="list-style-type: none"> <li>Is there reasonable cause to believe that the behavior of any member of the household, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ _____
<ul style="list-style-type: none"> <li>Have you or any member of your household ever been on parole or are now on parole?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ _____
<ul style="list-style-type: none"> <li>Have you or any member of your household currently or in the past used illegal drugs?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ _____
<ul style="list-style-type: none"> <li>Are you or any member of your household subject to registration under a State sex offender registration program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Where? _____ _____

### CHILDCARE EXPENSES

**If you pay for Child Care, please list name of provider(s) below.**

Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone:	City:	State:	Zip:
Amount you pay: \$ _____ per _____			
Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone:	City:	State:	Zip:
Amount you pay: \$ _____ per _____			

### RENTERS INSURANCE

**We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance.***  
**If you have coverage, please provide information below.**

Insurance Agent:	Phone:		
Street Address:	Policy No:		
City:	State:	Zip:	Expiration Date:

### EMERGENCY CONTACT

**Provide the name of the person and an alternate we should contact in case of an emergency.**

Name	Address:		
Phone No:	Relationship	City:	State: Zip:
Name	Address:		
Phone No:	Relationship	City:	State: Zip:

### PERSONAL REFERENCES

**List three (3) references (*Not related to you*).**

Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:



**APPLICANT CERTIFICATION**

Read each statement below and initial that you understand and agree.

(Initial)

I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

(Initial)

I have read and understand the Resident Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

(Initial)

I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

(Initial)

I understand that **ALL CHANGES in the income** of any member of the household, as well as any **changes in the household members** must be reported to Management **in writing immediately.**

(Initial)

I understand that if I or any household member needs a reasonable accommodation or reasonable modification, I must inform management of our needs.

(Initial)

If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

(Initial)

If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

(Initial)

Agency Disclosure: In accordance with the Real Estate Commission, Knudson Management Co., Inc. and its representatives are acting in a limited capacity as the Landlord's Agent and provide services to all Lessees as a customer, not as their agent.

(Initial)

I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

(Initial)

I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

(Initial)

I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

**For USDA Rural Development properties:**

(Initial)

USDA Rural Development has an agreement with the Department of Labor to provide wage matching information for the purpose of detection of fraudulent statements regarding income. I consent to the release of wage matching data to RHS and the borrower.

(Initial)

I certify that the unit will serve as my household's primary residence.

(Initial)

I certify that I am a U.S. Citizen or a qualified alien as defined in S3560.11.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Acknowledgement: Receipt of completed application**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date/Time**

Photo ID verified by management if applicable



For marketing purposes, how did you hear about our property? \_\_\_\_\_

**Updating Application**

As of \_\_\_\_\_ all of the above information is still correct and accurate to the best of my ability.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Applicant Signature**

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap and regardless of sexual orientation or gender identity or marital status of applicants and residents.

"O/A" 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. It is the policy of "O/A" to provide housing on equal opportunity basis.

The person named below has been designated to coordinate compliance with the nondiscrimination against persons with disabilities.

Mari Dau, Section 504 Coordinator \* Knudson Mangement Company  
29 South Main \* Council Bluffs, IA 51503  
Phone: (712) 328-2222 \* Fax: (712) 322-8972  
IA Relay System: 1-800-735-2943 / TDD 711

**Race/Ethnicity Disclosure**

The Information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

- Race:**  American Indian or Alaska Native      **Ethnic Group:**  Hispanic or Latino      **Sex:**  Female  
 Asian       Not Hispanic or Latino       Male  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White       Check this box if you choose not to provide the information

**USDA Rural Development Nondiscrimination Statement**

In Accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (Not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.htm](http://www.ascr.usda.gov/complaint_filing_cust.htm) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider, employer and lender.

