The Meadows

Thank you for your interest in *The Meadows*, a property owned by *NeighborWorks Blackstone River Valley* (NWBRV), a developer of high-quality affordable housing. The award-winning Meadows is located in North Smithfield, RI and is an affordable development for people older than 62 with boasting spacious, bright units with access to on-site community services and amenities.

If your application is successful, you can take advantage of the following:

- On-site laundry facilities
- Community gardens and courtyard
- Whirlpool tub
- Community events and an active Resident Association
- On-site supportive services; hair & nail services, exercise classes
- Friendly, on-site maintenance staff

The Meadows also offers services to the community-at-large. A senior activity schedule, which includes Wellness Preventative Sessions, Senior Fitness, and other activities, may be picked up at The Meadows by calling Lucy Goulet, Resident Service Coordinator, at (401) 762-2333 or email lgoulet@nwbrv.org.

For additional information about NWBRV and programs, please visit www.NeighborWorksBRV.org.

Please be sure to fill out the application in its entirety. If a question does not apply to your situation, then please mark N/A; do not just leave it blank. Also, please do not forget to sign and date where required. Please print clearly with ink pen and do not use white-out. If you need assistance completing the application, please contact Erin Pepin, Property Manager, at (401) 762-0600 or email meadows@firstrealtymgt.com or info@themeadowsrentals.com.

The completed application should be mailed to:

The Meadows Management Office, Two Village Way, North Smithfield, RI 02896

Or, please schedule an appointment by calling (401) 762-0600 to drop off an application.

Sincerely,

Erin L. Pepin, COS, ARM® | Property Manager

This is an important document. Please contact the management office for free language assistance.
Este es un documento importante. Por favor, póngase en contacto con la oficina de manejo para recibir asistencia lingüística gratis.

The use of white out, black out, or alterations of original information will void this application. Please answer all questions.
The application will be considered incomplete if all questions are not answered.

Application may be submitted in person, by mail, or by fax to:
The Meadows
2 Village Way
North Smithfield, RI 02896
Ph: (401) 762-0600 (TTY/TRS Relay: #711)
Fax: (401) 762-1864

How did you hear about us? _____

Reviewed & Accepted by:	Date & Time Received: (must be stamped)

Bedroom size desired: ☐ Studio ☐ One ☐ Two ☐ Three ☐ Four
Is the head, co-head or spouse of this household handicapped or disabled? ☐Yes ☐ No

The following questions are asked solely to assist applicants with disabilities who may need an accommodation under Section 504. Answering these questions is optional. Information provided regarding a S.504 accommodation request will be kept confidential and used exclusively for this purpose.

- Does any household member require alternative ways to communicate with us (e.g., TTY/TRS Relay: #711) during the application process? □ YES □ NO If yes, please provide a written or verbal explanation.
- Does any household member have an accessibility or reasonable accommodation request that we should be made aware of (e.g. wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance)? □ YES □ NO If yes, please provide a written or verbal explanation.

Do you receive Federal or State Rental Assistance? ☐Yes ☐ No If yes, please identify the agency_____
Approved Unit Size _____ Current Approved Voucher Amount $_____

This household is listed with _____ as Head of Household (First, Middle Initial, Last)
Present address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

HEAD OF HOUSEHOLD (Applicant):

Full Name				*			☐Yes ☐ No	☐ Part time ☐ Full time
	First	M.I.	Last	Social Security # (SSN)	Birth date	Age	Student?	Student Status

CO-APPLICANT:

				*			☐Yes ☐ No	☐ Part time ☐ Full time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

OTHER OCCUPANTS:

				*			☐Yes ☐ No	☐ Part time ☐ Full time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status
				*			☐Yes ☐ No	☐ Part time ☐ Full time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status
				*			☐Yes ☐ No	☐ Part time ☐ Full time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status
				*			☐Yes ☐ No	☐ Part time ☐ Full time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status
				*			☐Yes ☐ No	☐ Part time ☐ Full time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

*All applicant household members must disclose and provide verification of their SSN except for 1) those individuals who do not contend eligible immigration status or 2) those who were age 62 or older as of 1/31/2010, and whose initial determination of eligibility began before 1/31/2010.

- Does any applicant household member fall into category 2? Yes / No *(circle)*
- If yes, which Applicant? _____
- Where did the applicant's initial determination of eligibility begin (property name and address)? _____
  _____

Have there been (or do you anticipate) any changes in household composition in the past twelve months? ☐Yes ☐ No
If yes, please explain: _____

Present Landlord: _____ Phone: _____
Address: _____ Fax: _____
How long have you lived there? _____ Monthly Rent: _____
Do you have a financial interest in the property? ☐Yes ☐ No
Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other _____ Average Monthly Cost: _____

Previous address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Previous Landlord: _____ Phone: _____
Landlord's Address: _____ Fax: _____
How long did you live there? _____ Monthly Rent: _____
Do you have a financial interest in the property? ☐Yes ☐ No
Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other _____ Average Monthly Cost: _____

EMPLOYMENT DATA ***for all Household Members:***
Person Employed: _____ Phone: _____
Current Employer: _____ Fax: _____
Address: _____
Length of employment: _____ **Gross** monthly wage $ _____

Person Employed: _____ Phone: _____
Current Employer: _____ Fax: _____
Address: _____
Length of employment: _____ **Gross** monthly wage $ _____

Person Employed: _____ Phone: _____
Current Employer: _____ Fax: _____
Address: _____
Length of employment: _____ **Gross** monthly wage $ _____

OTHER SOURCES OF INCOME ***for all Household Members*** ***(please list household recipient and GROSS monthly amount being received):***

Income Source	Yes	No	Gross Monthly Amount Received	Household Member(s) Name
Social Security (SS)? ***(ONLY list SS amount here)***			$	
SSI/SSDI? ***(ONLY list SSI/SSDI amount here)***			$	
SS State Supplement? ***(Only list State Supplement amount)***			$	
Pension/Annuity?			$	
Short Term/Long Term Disability?			$	
Veterans Benefits?			$	
Welfare/TANF/Public Assistance			$	
Adoption Subsidy?			$	
Do you have a court order to receive Alimony?			$	
Do you have another agreement to Receive Alimony?				
Do you receive Alimony?				
Do you have a court order to receive Child Support?			$	
Do you have another agreement to receive Child Support?			$	
Do you receive Child Support?			$	
Unemployment or Worker's Compensation?			$	
Contributions to the Household (Monetary or Not)?			$	
Net Income from Business?			$	
Military Pay?			$	
Other Income?			$	
Grants, Scholarships or other type of Financial Aid?*			$	
Are any of the incomes listed above paid through a Debit Card? i.e. SS,SSI- Direct Express Debit Card			$	

**The treatment of financial assistance is dependent on whether the student is receiving Section 8 assistance. If the:*

- ***Student is receiving Section 8 assistance,*** *all financial assistance received* ***in excess of tuition and any other required fees and charges*** *is* ***included*** *in income, unless the student is over the age of 23 with dependent children, or the student is living with his/her parents who are applying for or receiving Section 8 assistance.*
- ***Student is not receiving Section 8 assistance,*** *all forms of financial assistance, no matter how it is used, are* ***excluded*** *from annual income. It does not matter whether the assistance is paid to the student or directly to the educational institution.*

Do you file tax returns? ☐Yes ☐ No
What was the total household gross income from the ***previous*** year? _____
If this differs from the ***current*** year, please explain. _____

Do you anticipate any changes in this income in the next 12 months? ☐Yes ☐ No
If Yes, please explain: _____

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 1? ☐ ☐Yes ☐ ☐No
If Yes, please explain: _____

ASSETS ***for all Household Members:***

Checking Accounts

Household Member	Financial Institution	Account Number	Balance

Savings Accounts

Household Member	Financial Institution	Account Number	Balance

Certificates of Deposit, Stocks, Bonds, Mutual Funds, Trust Funds, Whole Life Insurance, 401K, Retirement Fund

Type of Account	Value	Annual Income

Real Estate Income/Mobile Homes:
Do you own or have any financial interest in any Real Estate? ☐Yes ☐ No
Description/Address: _____
Estimated Value: _____ Balance Due on Mortgage: _____

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.?) ☐Yes ☐ No
If Yes, please explain: _____

Other Current Assets (Cash, etc.)? *If Yes*, please explain: _____

During the past 2 years, have you given away more than $1000 or disposed of other assets for less than fair market value?
☐Yes ☐ No *If Yes*, please explain: _____

Does any member of the household have an asset(s) owned jointly with a person who is not a member of the household listed on page 1?
☐Yes ☐ No *If Yes*, please explain: _____

MISCELLANEOUS INFORMATION:

Are you or any member of your household currently using an illegal substance? ☐Yes ☐ No

Have you or any member of your household ever been convicted of a felony? ☐Yes ☐ No

If yes, describe: _____

Are you or any member of your household subject to a state lifetime sex offender registration program in any state? ☐Yes ☐ No

If yes, describe: _____

Have you or any member of your household ever been under eviction from any housing? ☐Yes ☐ No

If yes, describe: _____

Have you or any member of your household ever filed for bankruptcy? ☐Yes ☐ No

If yes, describe: _____

Please provide a complete list of all states in which any household member has resided:

_____

If the tenant or co-tenant is under the legal age of 18, have you provided proof of emancipation? ☐Yes ☐ No

The Housing and Economy Recovery Act (HERA) directs the US Department of Housing and Urban Development (HUD), to obtain demographic and economic information on residents residing in Low Income Housing Tax Credit (LIHTC) financed Properties from the tax credit monitoring agent. The data collected must include tenant race and ethnicity. By completing this section, the owner/agent will be able to collect the needed information and provide it to the monitoring agency. There is no penalty for persons who do not complete this portion of the application.

National Origin	Check One
Hispanic	
Not of Hispanic Origin	

Race	Check One
White	
Asian	
Black or African American	
American Indian or Alaska Native	
Native Hawaiian or Pacific Islander	
Other	

Check here if you do not wish to supply this information	

This Section is for Low Income Housing Tax Credit (LIHTC) Purposes
STUDENT STATUS ELIGIBILITY

Will ALL of the persons in your household be or have been full-time students during five calendar months of the certification year? ☐ Yes ☐ No

If YES, then is anyone in your household:

- Married and filing a joint tax return? ☐ Yes ☐ No
- In a job-training program under the Job Training Partnership Act (federal, state or local)? ☐ Yes ☐ No
- Receiving AFDC/TANF? ☐ Yes ☐ No
- A single parent living with his/her minor child and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? ☐ Yes ☐ No
- Previously in a foster care program under Part B or Part E of title IV of the Social Security Act? ☐ Yes ☐ No

Were any <u>adult</u> household members (18 years or older) enrolled in an educational institution within the past 12 months? ☐Yes ☐ No

- ***If yes***, identify the household member, last date of enrollment and if they were FT or PT_____ _____
- **School Name**_____

Are any <u>adult</u> household members (18 years or older) anticipating on enrolling in an educational institution within the upcoming 12 months? ☐Yes ☐ No

- ***If yes***, identify the household member, last date of enrollment and if they were FT or PT_____ _____
- **School Name**_____

This Page is for Section 8 and Section 202 Purposes

STUDENT STATUS ELIGIBILITY

Section 8 assistance will **NOT** be provided to any resident/applicant who meets **ALL** of the criteria listed below:

- Is enrolled as a full-time or part-time student at an institution of higher education.
- Is under 24 years of age.
- Is not married.
- Is not a veteran of the United States Military.
- Does not have a dependent child.
- Is not a person with disabilities, as such term is defined in the United States Housing Act of 1937 and was not receiving Section 8 assistance as of November 30, 2005.
- Is not living with his or her parents who are receiving Section 8.
- Is not individually eligible to receive Section 8 assistance **and** has parents, individually or jointly, who are not income eligible to receive Section 8 assistance.

*For a student under the age of 24 who is not married, not a veteran, does not have a dependent child, is not a person with disabilities and was not receiving Section 8 as of November 30, 2005, is not living with her/her parents who are receiving Section 8 and who is seeking Section 8 assistance, Section 327(a) of the Act sets up a two-part income **eligibility** test. Both parts of this test must be affirmatively met. That is, both the student and the student's parents (the parents individually or jointly) must be income eligible for the student to receive Section 8 assistance. If it is determined that the parents are not income eligible, the student is ineligible to receive Section 8 assistance.*

Do any household members listed on page 1 meet ALL of the criteria listed above: ☐Yes ☐No

Are any household members, full or part-time Students who are applying for rental assistance separate from their parent or guardian? ☐Yes ☐No

Are any household members Independent Students (definition: an orphan, in foster care, ward of the court at age 13, emancipated minor, unaccompanied homeless youth or at risk of being homeless)? ☐Yes ☐No

ALLOWANCE FOR CHILD CARE COSTS (IF APPLICABLE)

Child Care costs are an allowable deduction for children under age 13 if there is no other adult household member able to care for the child, if the expense is not paid to a household member and the amount is reasonable per HUD Occupancy Handbook 4350.3 Rev-1, Section 5-10(b)

Do you pay for the care of a child under age 13 and this care enable a family member to work, seek work or further his/her education? ☐Yes ☐No ☐N/A

If yes, list Name and address of Child Care Provider: _____

ALLOWANCE FOR DISABILITY ASSISTANCE COSTS (IF APPLICABLE)

Disability Assistance cost is an allowable deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities. These expenses must be reasonable and necessary to enable any family member 18 years of age or older who may or may not be a person with disabilities to be employed per HUD Occupancy Handbook 4350.3 Rev-1, Section 5-10(c)

Have you incurred expenses that may be allowable as a disability assistance expense? ☐Yes ☐No ☐N/A

If yes, list Name and address of Insurance Company: _____	Monthly Premium Amount $

ALLOWANCE FOR MEDICAL COSTS (IF APPLICABLE)

Medical expenses apply to household in which the head, spouse or co-head is at least 62 years of age or is a person with disabilities per HUD Occupancy Handbook 4350.3 Rev-1, Section 5-10(b).

Do you pay out-of-pocket medical insurance premiums other than Medicare? ☐Yes ☐No ☐N/A

If yes, list Name and address of Insurance Company: _____	Monthly Premium Amount $

Examples including but are not limited to services by a medical professional, cost for prescription and non-prescription medications, transportation to medical appointments, dental treatments, eyeglasses, contact lenses, hearing aid, medical equipment.

Do you have additional, un-reimbursed medical expenses? ☐Yes ☐No ☐N/A

Note: Deductions/allowances do not apply to Low Income Housing Tax Credit units unless the unit also has Project Based Section 8 or Section 202 assistance.

PLEASE READ – IMPORTANT HOLD DEPOSIT INFORMATION
The applicant is to provide a hold deposit equal to his/her share of one month's rent at the time an apartment is assigned to (held for) the applicant. The hold deposit is to be applied to the applicant's rent for the first month of his/her occupancy. If the hold deposit is in excess of the applicant's rent for the first month of his/her occupancy, the balance shall be returned to the applicant by the Lessor. In the event the applicant cancels said application and the Lessor has reserved or set aside an apartment for the applicant, the hold deposit shall be applied to actual damages sustained by the Lessor after 72 hours of acceptance by the applicant. However, the hold deposit shall be refunded if the application is not accepted by the Lessor.

CERTIFICATIONS

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. to any matter within its jurisdiction. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of subsidy and/or lease agreement.

I/We hereby certify that I/We Do Not/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURES (EVERY ADULT (18 years and older) MUST SIGN):

Signature of Head of Household	Date
Signature of Co-Head	Date
Signature of Other Adult Family Member	Date
Signature of Other Adult Family Member	Date

First Realty's 504 Coordinator coordinates First Realty's compliance with all nondiscrimination requirements, including Section 504. Contact the Coordinator with any questions or concerns relating to First Realty Properties: Phone #617-423-7000 / TTY/TRS Relay #711 or 151 Tremont St, PH #1, Boston, MA, 02111.

First Realty Management does not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability, or any other protected class. Furthermore, First Realty does not discriminate based on any of the following additional factors: age, ancestry, marital status, sexual orientation, gender identity, genetic information, being a veteran or member of the Armed Forces, or receiving welfare, housing subsidies or other governmental benefits.

RESIDENT/APPLICANT RELEASE AND CONSENT

Ref: ©First Realty Mgt. OPS/FF-MA-56/EF-19 (c)/FF-RI-28 – Rev. 05/14/19

I/We, **_____,** the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to The Meadows for purposes of verifying information on my/our apartment rental application and at recertification.

TYPES OF INFORMATION*

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

- Previous landlords (including Public Housing Agencies)
- Legal background check
- Obtaining a consumer credit report
- Past and present employers
- Support and alimony providers
- Medical and child care providers
- Veterans Administration
- Welfare agencies
- Social Security Administration
- Retirement systems
- State unemployment agencies
- Banks and other financial institutions
- Educational Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for fifteen months from the date signed**. I/We understand that I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years of age and older must sign this form.**

Applicant/Resident	Print Name	Date
Co-Applicant/Co-Resident	Print Name	Date
Adult Member	Print Name	Date
Adult Member	Print Name	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 is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**[1]

* Note: This general consent may not be used to request a copy of a Tax Return. If a copy of a Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.

[1] Citation: HUD Occupancy Handbook; 4350.3 Rev-1 Change 2; Appendix 6A: Guidance for Development of Individual Consent Forms.

**4350.3 REV-1 Change 2

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) ☐ Emergency ☐ Assist with Recertification Process ☐ Unable to contact you ☐ Change in lease terms ☐ Termination of rental assistance ☐ Change in house rules ☐ Eviction from unit ☐ Other: _____ ☐ Late payment of rent
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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)

“I Speak” Card

Please select the primary language spoken by Household Member over 18 years of age on the attached list.

Please also indicate if English is spoken by any adult Household members in Box 11 of the attached list.

Please print the name of each adult household member who is 18 years of age and older below. The information requested above is solely for compliance with Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency and is limited to such use.

Applicant/Resident	Date
Applicant/Resident	Date
Applicant/Resident	Date
Applicant/Resident	Date
Applicant/Resident	Date
Applicant/Resident	Date

2004 Census Test

United States Census 2010

LANGUAGE IDENTIFICATION FLASHCARD

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ។	4. Cambodian
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
☐ 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
☐ 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
☐ Mark this box if you read or speak English.	11. English
☐ اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi

DB-3309

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

☐ Cocher ici si vous lisez ou parlez le français.	13. French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
☐ Marchi questa casella se legge o parla italiano.	21. Italian
☐ 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

DB-3309

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

☐ Assinale este quadrado se você lê ou fala português.	26. Portuguese
☐ **Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.**	27. Romanian
☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
☐ **Обележите овај квадратић уколико читате или говорите српски језик.**	29. Serbian
☐ Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
☐ Marque esta casilla si lee o habla español.	31. Spanish
☐ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
☐ **ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.**	33. Thai
☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
☐ Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
☐ **באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.**	38. Yiddish

DB-3309

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU