



This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir.
 Este es un aviso importante. Sirvase mandarlo traducir.
 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.

本通知很重要。請將其譯成中文。

នេះគឺជាសំណើសុំបកប្រែសំខាន់

Это очень важное сообщение обязательно переведите

Massachusetts Department of Housing and Community
 Development Resident Notice and Consent Form for
 State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, The Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including state-aided public housing) and recipients of state or federal rental assistance. DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and regulations at 760 CMR 61.00, DHCD is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to DHCD. Much of this information is already collected pursuant to separate authority. DHCD will annually report to the state legislature on its data collection efforts and may provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other (specify)_____

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? _____

3) Is the head of household Hispanic/Latino (yes or no)? _____

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? _____

5) What is the number of children under 6 years of age in the household that reside in the unit?

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? _____

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you voluntarily provided the information above, that you understand that there are no penalties if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date
