

## BELLINGHAM WHATCOM COUNTY HOUSING AUTHORITIES

Position Applying for:

## **Applicant Data Sheet**

Website: www.bellinghamhousing.org

We take pride in a diverse workforce and are committed to Equal Employment Opportunity & Diversity. In accordance with the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act, no employee or qualified person applying for employment will be discriminated against in our employment programs and services because of a disability. Please give us at least 24 hours advanced notice (when possible) if you require any disability accommodation.

| Full Legal Last Name   |  |  | Full Legal First Name |  | Full Legal Middle Nan | ne or Initial |  |
|--|--|--|-----------------------|--|-----------------------|---------------|--|
| PLEASE READ CAREFULLY BEFORE COMPLETING INFORMATION BELOW.  For the purpose of complying with Executive Order 11246 as a Federal Contractor EEO-4 reporting, and the HUD Act of 1968 Section 3 reporting, the Bellingham Whatcom County Housing Authority is required to maintain statistical records on its applicants. The following information is voluntary, confidential and will be used for statistical records and reports only. This sheet will be detached and kept separate from your application and will not be used in a discriminatory manner. Please note that if you are hired, this information will be required and may be subject to verification.     |  |  |                       |  |                       |               |  |
| Yes  | No   | BWCHA Resident Status  |                       |  |                       |               |  |
|  |  | Are you currently a resident in any of the Bellingham Whatcom County Housing Authority's housing programs? If yes, community name/program name |                       |  |                       |               |  |
|  |  | Have you ever been a resident in any public housing programs? If yes, location and approximate dates   |                       |  |                       |               |  |
| Yes  | No   | Household & Income Information – HUD Act of 1968 Section 3   |                       |  |                       |               |  |
| □ □ Do you live in the Bellingham/Whatcom County Region?   |  |  |                       |  |                       |               |  |
| Do you fall under the individual income amount listed in the following table?   Yes   No  If YES, please check the applicable box:   |  |  |                       |  |                       |               |  |
|  | ual Incor  |  |                       |  |                       |               |  |
|  |  |  |                       |  |                       |               |  |
| Income   | e amoun  | t Under<br>59,150 □  |                       |  |                       |               |  |
| HUD FY2024 Income Limits for Bellingham, WA MSA  |  |  |                       |  |                       |               |  |
| (Metropolitan Statistical Area, which includes all of Whatcom County).   |  |  |                       |  |                       |               |  |
| ☐ I prefer to not provide this information at this time but understand it will be required if I am hired for the job.  |  |  |                       |  |                       |               |  |
| The information requested in the following questions is intended for use solely in connection with the agency's affirmative action reporting obligations. Answering these questions is entirely voluntary. Choosing to disclose, or not, will not subject an applicant to any adverse treatment during the recruitment or hiring process. Should you choose to answer, the information you provide will kept confidential and used only in accordance with the law. For more information, you may visit <a href="http://www.eeoc.gov/eeoc/publications/ada_veterans_employers.cfm">http://www.eeoc.gov/eeoc/publications/ada_veterans_employers.cfm</a> .                  |  |  |                       |  |                       |               |  |
| Ethnic & Cultural Background – EEOC - Civil Rights Act - 1964  |  |  |                       |  |                       |               |  |
| Please indicate the ethnic background origin from which you most closely identify:  African American/Black - Persons of Black African descent (not Hispanic)  Asian/Pacific Islander - Persons of Far Eastern, Indian subcontinent, or Pacific Islands descent (not Hispanic)  Caucasian/White - Persons of European, Middle Eastern, or North African descent (not Hispanic)  Hispanic/Latino - Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race  Native American/Alaska Native - Persons from the original peoples of the Americas, and who maintain tribal affiliation or community attachment |  |  |                       |  |                       |               |  |
| Yes No ADA – Americans with Disabilities Act of 1990   |  |  |                       |  |                       |               |  |
| ☐ ☐ Are you disabled? (Impairment which substantially limits one or more of a person's life activities)  The ADA prohibits all public entities, regardless of the size, from discriminating in employment against qualified individuals with disabilities.   |  |  |                       |  |                       |               |  |
| Other Information  |  |  |                       |  |                       |               |  |
| Gender: Male Female  |  |  |                       |  |                       |               |  |
| Yes No Veteran Status  |  |  |                       |  |                       |               |  |
|  |  |  |                       |  |                       |               |  |
|  | ☐ ☐ If yes, are you a veteran of the Vietnam conflict era or the Persian Gulf conflict? If yes, please specify |  |                       |  |                       |               |  |
|  | If you have served in the Armed Forces do you self-identify as a "disabled veteran"?                           |  |                       |  |                       |               |  |
| Signature Date:  |  |  |                       |  |                       |               |  |