



**Lutheran Senior Services of Southern Chester County (PA), Inc.
Luther House II, Inc.
Luther House III, Inc.
Luther House IV, Inc.**

Thank you for your interest in Luther House. There are a total of 256 apartments in Luther House I, II, III, and IV, and there is a waiting list for these units. As vacancies occur, the people whose applications have been approved and who are on the waiting list are contacted in the order that their applications were received. So although there may be vacancies when you apply, these apartments must be offered to persons who are already on the waiting list.

We are delighted that you are interested in an apartment at Luther House, and invite you to complete the attached information so that we can determine if you are eligible to live here and be placed on our waiting list. If you need assistance completing the application or understanding the requirements, you might want to ask for help from relatives or others you trust. You are always welcome to contact our office at 610-869-4240 with questions or to request assistance.

Please answer every question on the attached application. If a question does not apply to you, write "None" or "N/A" (Not Applicable). Incomplete applications will be returned. **Please remember to sign and date the application and pay special attention to the areas highlighted in yellow. We often find the need to return applications because applicants have not completed these areas.**

You will also notice Form HUD-92006 attached to the application. **This form must be signed and dated, and you should either provide emergency contact information, or check the box by your signature if you choose not to provide this information.** It can be very helpful if you provide a contact because if we can't reach you when there is an apartment available for you, or if there is a problem with your application, the information on this form gives Luther House a way to reach someone in your family or a friend who might be able to help.

Although many personal questions are asked, all answers will be kept in strict confidence. It is very important that you provide accurate information. If it is determined that you qualify for occupancy and are placed on the waiting list, you will be contacted approximately one hundred twenty (120) days maximum of moving into Luther House and final processing of your application will be completed. *However*, sometimes circumstances and apartment availability may dictate that you be contacted within a shorter period of time for final processing. Your financial data will be verified through written requests to all individuals, financial institutions, and federal agencies you list on the application. Discrepancies may delay your move.

Applications will receive a cursory review when received. Applicants that meet existing eligibility criteria will be recorded, given a sequence number, and placed on the waiting list in the order they were received. Eligible applicants will receive a letter indicating

that they have been placed on the waiting list. Applicants who are deemed ineligible for occupancy will be given a full explanation in writing as to why they cannot be placed on the waiting list.

ELIGIBILITY FOR OCCUPANCY IS AS FOLLOWS:

1. At least one member of the applicant household must be a person who is 62 years of age or older.
2. The household's total gross income must be at or below the U.S. Department of Housing and Urban Development (HUD) limits in effect at the time the completed application is received. Currently the annual very low-income limit for Chester County is **\$30,600** for an individual and **\$35,000** for a two person household. These income limits are not defined by Luther House. They are defined and periodically adjusted by HUD.
3. Applicants must disclose social security numbers for all household members and provide proof of the numbers reported.
4. All adults in each applicant household must sign an Authorization for Release of Information prior to receiving assistance and annually thereafter.
5. The unit for which the household is applying must be the household's only residence once a lease is signed.
6. The applicant must agree to pay the rent required by the program under which the applicant will receive assistance.
7. The applicant must be a U.S. citizen or eligible non-citizen.
8. The applicant must not be subject to a Lifetime Sex Offender Registration requirement.

PLEASE RETURN THIS COMPLETED APPLICATION BY MAIL OR IN PERSON
TO: Luther House, 122 Jenners Pond Road, West Grove, PA, 19390.

Thank you for taking the time to read this information thoroughly and to carefully complete all parts of the application.

Sincerely,

Luther House Management

Enclosures





Lutheran Senior Services of Southern Chester County (PA),
 Inc.
 Luther House II, Inc.
 Luther House III, Inc.
 Luther House IV, Inc.

APPLICATION FOR LUTHER HOUSE APARTMENT...Page 1 of 4

OFFICE USE ONLY: DATE RECEIVED _____ **APPLICATION #** _____

Name (Head of Household) _____ **M or F**
 First M.I. Last

Present Address _____
 Street Address Apt. #, if applicable

 City State Zip Code

Number of years living at present address _____ **Telephone#** _____

Email Address _____

Date of Birth _____ **Social Security #** _____

Marital Status: (Circle One) Single Married Divorced Separated Widow Widower

Building Preference? LH I __ LH II __ LH III __ LH IV __ No Preference _____

*You will only be placed on the waitlist for the building(s) you have checked

Do you need an accessible unit? Yes _____ No _____

If yes, considers self: (circle all that apply)

Mobility Impaired Vision Impaired Hearing Impaired Impaired

Place of Birth _____ **Citizenship:** USA Canada Mexico

The Information Requested Below is for Federal Reporting Only and is Voluntary:

Race: (Please circle all that apply)

American Indian/Alaskan Native Asian Black/African American Native
 Hawaiian or Other Pacific Islander White Other Elect Not to Answer

Ethnicity: (Please circle all that apply)

Hispanic or Latino Not Hispanic or Latino Elect Not to Answer



**Lutheran Senior Services of Southern Chester County (PA),
 Inc.
 Luther House II, Inc.
 Luther House III, Inc.
 Luther House IV, Inc.**

APPLICATION FOR LUTHER HOUSE APARTMENT...Page 2 of 4

If Applicable:

Second Occupant _____ **M or F**
 First M.I. Last (Circle One)

Present Address _____
 Street Address Apt. #, if applicable

 City State Zip Code

Number of years living at present address _____ **Telephone#** _____

Email Address _____

Date of Birth _____ **Social Security #** _____

Relationship to Head of Household: Adult Co-Head___ Dependent___ Spouse___
 Foster Child___ Live in Aide___ Minor Child___ Other Adult Family Member___
 Roommate___ None of the Above___

Marital Status: Single Married Divorced Separated Widow Widower

The Information Requested Below is for Federal Reporting Only and is Voluntary:

Race: (Please check all that apply)

American Indian/Alaskan Native___ Asian___ Black/African American___ Native
 Hawaiian or Other Pacific Islander___ White___ Other___ Elect Not to Answer___

Ethnicity: (Please check all that apply)

Hispanic or Latino___ Not Hispanic or Latino___ Elect Not to Answer___

Place of Birth _____ **Citizenship:** USA Canada Mexico



**Lutheran Senior Services of Southern Chester County (PA),
Inc.
Luther House II, Inc.
Luther House III, Inc.
Luther House IV, Inc.**

APPLICATION FOR LUTHER HOUSE APARTMENT...Page 3 of 4

ESTIMATED GROSS MONTHLY INCOME:

| | Resident #1 | Resident#2 | | Resident#1 | Resident#2 |
|-----------------|-------------|------------|------------------------|------------|------------|
| Social Security | \$ | \$ | Interest on Savings | \$ | \$ |
| SSI | \$ | \$ | Interest on CD | \$ | \$ |
| Annuities | \$ | \$ | Income from Bonds | \$ | \$ |
| Pensions | \$ | \$ | Int. Rec'd on Mort. | \$ | \$ |
| VA Benefits | \$ | \$ | Dividends on Stock | \$ | \$ |
| Salary/Wages | \$ | \$ | Dividends on Life Ins. | \$ | \$ |
| Rental Income | \$ | \$ | Tax Credits | \$ | \$ |
| Regular Income | \$ | \$ | Interest on Checking | \$ | \$ |
| from Assets | | | TOTAL INCOME | \$ | |

VALUE OF ASSETS OWNED:

| | | | |
|------------------------------|----|---------------------|----|
| Checking Account Balance | \$ | Stock | \$ |
| Certificate of Deposit | \$ | Real Estate | \$ |
| Savings Account | \$ | Bonds | \$ |
| Money Market Account | \$ | Other | \$ |
| Cash Value on Life Insurance | \$ | TOTAL ASSETS | \$ |

Have you or second occupant given assets away (money or property) in the last twenty-four (24) months? Yes ___ No ___

Have you or second occupant ever been convicted of a felony? Yes ___ No ___

If "Yes" What Year? _____ Identify Felony _____

Are you or second occupant on any State Lifetime Sex Offender Registry?

Yes ___ No ___ (Luther House will perform a criminal background and Sex Offender search on a National database. If any member of the household is subject to the State sex offender registration program, admission to Luther House will be prohibited.)

Have you or second occupant ever been evicted? Yes ___ No ___ If "Yes" What Year? _____

Reason for Eviction _____



**Lutheran Senior Services of Southern Chester County (PA),
 Inc.
 Luther House II, Inc.
 Luther House III, Inc.
 Luther House IV, Inc.**

APPLICATION FOR LUTHER HOUSE APARTMENT...Page 4 of 4

Will you have a pet? Yes _____ No _____ If "Yes", what type? _____

Does your current dwelling have bedbugs? Yes _____ No _____

****PLEASE NOTE: ONLY ONE (1) PET IS PERMITTED PER APARTMENT****

Person to Contact in Case of Emergency:

Name: _____
 Address: _____
 Telephone: _____

Present Landlord:

Name: _____
 Address: _____
 Telephone: _____

Previous Landlord:

Name: _____
 Address: _____
 Telephone: _____

Two Character References (Not Relatives) and Addresses:

1. _____
2. _____

SIGNATURE: _____ DATE: _____
 (Head of Household)

_____ DATE: _____
 (Second Occupant)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; civil or criminal actions, rental history, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 3 (three) years after I vacate the premises.

SIGNATURE: _____ DATE: _____
(Head of Household)

_____ DATE: _____
(Second Occupant)

Revised 3/2017

The following document titled "Tenant Declaration Format" is required by the U.S. Department of Housing and Urban Development (HUD). If you are a United States citizen, or a "national" of the United States, you only need to complete the highlighted portions. If you are not a citizen or "national" of the United States, you must complete the rest of the form. Please return this form with your application.

TENANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet. You may copy the following forms for the second occupant to complete.

LAST NAME: _____

FIRST NAME: _____ **MIDDLE NAME:** _____

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

SOCIAL SECURITY # _____ **ALIEN REGISTRATION #** _____

ADMISSION # _____ 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 # _____
(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
(print or type first name, middle initial, last name)
of perjury, that I am:



_____ **Block 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**

_____ **Block 2.** a non-citizen with eligible immigration status in the category checked below:

- _____ (i) A non-citizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15), of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively) (*immigrants*) (This category includes a non-citizen admitted under section 210 or 210 A of the INA (8 U.S.C. 1160 or 1161), (*special agricultural worker*), who has been granted lawful resident status;
- _____ (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).
- _____ (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) (*refugee status*); pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) (*asylum status*); or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution because of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- _____ (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) (*parole status*);
- _____ (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) (*threat to life or freedom*); or
- _____ (vi) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) (*amnesty granted under INA 245A*).



If you checked the above block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:

Signature

Date

OR

If you checked the above block and you are under 62 years of age, you must submit the following documents:

- a. Verification Consent Format /AND/
- b. One of the following documents:
 - (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
 - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (i) “Admitted as Refugee Pursuant to section 207”;
 - (ii) “Section 208” or “Asylum”
 - (iii) “Section 243 (h)” or “Deportation stayed by Attorney General”;
 - (iv) “Paroled pursuant to Section 212 (d)(5) of the INA”
 - (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding of deportation; or
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990)
 - (4) Form I-688, Temporary Resident Card, which must be annotated “section 245A” or “section 210”;
 - (5) Form I-688 B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12 (11)” or “Provision of Law 274a.12”;
 - (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant’s entitlement to the document has been verified.



If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format. If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen 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

Block 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



Supplemental and Optional 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.

| | |
|--|--|
| 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) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 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. | |

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

| | |
|--|--|
| | |
|--|--|

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**



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

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.
 3. **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
 4. **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."
 5. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 6. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.