

**This is a Rental Application for:****This property is for:****Family** (All ages, can be a 1-person household or more)      **Elderly/Senior** (All household members must be 62 & older)**Elderly/RD** (Head of Household (HOH) or Co-Head of Household (CoHOH) is 62 & older or disabled at any age)**Elderly/HFOP** (HOH or CoHOH is 55 & older, none under 18)**Elderly/62+HOH** (HOH or CoHOH is 62, others any age)**Amenities include:**

Smoke-Free Housing Community

Reasonable Accommodations

Accessible Units

Housing Choice Vouchers Accepted when no other Rental Assistance is Available

Income Restrictions May Apply

*"This institution is an equal opportunity provider."*

TTY #711

**COMPLETING THE RENTAL APPLICATION**

Dear Applicant,

All members of the household, including minors, must be listed on the application.

Please provide the following:

Application- every question must be answered or indicated N/A (not applicable) and submitted with a \$ \_\_\_\_\_ application fee in check or money order. No cash accepted. Applications submitted without the application fee will be returned.

Social Security card for each household member- \*please provide copies

Birth Certificate for each household member- \*please provide copies

Returning your application in person is preferred as it can be reviewed with you to ensure that it is complete. However, you may also return your application using one of the following methods:

- Our office drop box at: \_\_\_\_\_  
(property name)
- USPS mail to: \_\_\_\_\_  
(street address) (city, state, zip code)
- Email to: \_\_\_\_\_ *Note: If you choose to email or fax, please retain the original for a possible future move-in, depending on eligibility & unit availability.*
- Fax to: \_\_\_\_\_

Upon receipt of the application and the above items, we will process and evaluate your application through our Resident Selection Plan criteria which is designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing this property. This specific information is found in our Resident Selection Plan which will be provided to you if requested. If you have any further questions or comments, please feel free to contact us.

Thank you for your consideration of our community,

\_\_\_\_\_  
Manager, \_\_\_\_\_ Phone #: \_\_\_\_\_

Office Hours: \_\_\_\_\_

For Office Use Only		
Date & Time Received:		Received By ( <i>Management Signature</i> ):
Unit:	Move-In Date:	

## Application for Rental Housing

Property Contact Information			
Property Name:			
Street Address:			
City:	State:	Zip:	
Phone:	Phone (TTY):	Fax:	
Email:		Website:	
Office Hours:			

*We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.*



## APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment?      Yes\*      No

*\*If Yes, please complete a **Special Unit Questionnaire**.*

**HOUSEHOLD COMPOSITION** - Complete one **Member Information Document** form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household (Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)	Phone Number (Recommended)
1			
2			
3			
4			
5			
6			
7			
8			

**ANTICIPATED ADDITIONS TO THE HOUSEHOLD** - Complete one **Anticipated Household Addition** form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type			
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster

**1. Do you anticipate any other change in household composition over the next 12 months?**      Yes      No  
(e.g. adding a new member or removing a current member)

*If Yes, please explain:*

### HOUSEHOLD QUESTIONS

**1. Is any household member temporarily absent, but under normal conditions would live in the unit?**      Yes      No

*If Yes, please explain:*

**2. Does/Will this household receive rent assistance?** (ex. Housing Choice Voucher, Rural Development RA, etc.)      Yes      No

*If Yes, please indicate the source:*

**3. Has any household member received a federal tax refund / refundable tax credit in the last 12 months?**      Yes      No

*If Yes, provide the total value of tax refunds/credits received by members of this household:*      \$ \_\_\_\_\_



## APPLICATION SUMMARY

### PENALTIES FOR MISUSING THIS FORM:

*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 are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).*

### REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

#### Application Package Documents:

- Application Summary (One Per Household)
- Member Information Document (One Per Member)
- Income & Asset Questionnaire (One Per Adult Member / One Per Household)

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

1.	Member Signature	Printed Name	Date Signed
2.	Member Signature	Printed Name	Date Signed
3.	Member Signature	Printed Name	Date Signed
4.	Member Signature	Printed Name	Date Signed
5.	Member Signature	Printed Name	Date Signed
6.	Member Signature	Printed Name	Date Signed
7.	Member Signature	Printed Name	Date Signed
8.	Member Signature	Printed Name	Date Signed



Preferred Language (optional):

## MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: \_\_\_\_\_

First Name

Middle Name

Last Name

### Optional Information:

Driver's License # / State ID #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female Male Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN): \_\_\_\_\_ (If you do not have a SSN please enter 999-99-9999)

### Complete Part A and Part B (as applicable), then sign and date the form.

**Part A:** This section is optional to household members who are *foster children, foster adults, or live-in aides*.

1. Student Status: Full-Time Student Part-Time Student Not a Student

2. Marital Status (optional): \_\_\_\_\_

**Part B:** Complete this section if the member is **under 18 years old and not emancipated**:

1. Will this member live in the unit at least 50% of the time? Yes No

2. Name of the parent/guardian who will sign paperwork on this member's behalf: \_\_\_\_\_

### MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature

Printed Name

Date

Check here if an adult signed for a child.



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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## INCOME & ASSET QUESTIONNAIRE

**For Office Use Only:**
**Certification Effective Date:**

This document reflects the sources of income &amp; assets received by:

**Individual Member:** \_\_\_\_\_

**All Members**

*If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.*

**OR**

*If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.*

### INCOME CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

<b>1. Employment Wages/Salaries</b> <span style="float: right;">Yes    No</span> <i>Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.</i>	<b>11. Military Pay</b> <span style="float: right;">Yes    No</span> <i>Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.</i>
<b>2. Self-Employment</b> <span style="float: right;">Yes    No</span> <i>Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i>	<b>12. Payments from Retirement Accounts</b> <span style="float: right;">Yes    No</span> <i>Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).</i>
<b>3. Public Assistance</b> <span style="float: right;">Yes    No</span> <i>Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.</i>	<b>13. Social Security Income</b> <span style="float: right;">Yes    No</span> <i>Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).</i>
<b>4. Payments from Annuities or Life Insurance Policies</b> <span style="float: right;">Yes    No</span>	<b>14. Supplemental Security Income (SSI) or State Supplemental Payments (SSP)</b> <span style="float: right;">Yes    No</span>
<b>5. Disability Benefits</b> <span style="float: right;">Yes    No</span>	<b>15. Veterans Benefits</b> <span style="float: right;">Yes    No</span>
<b>6. Recurring Monetary Contributions</b> <span style="float: right;">Yes    No</span> <i>Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.</i>	<b>16. Student Financial Assistance</b> <span style="float: right;">Yes    No</span> <i>Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.</i>
<b>7. Payments from Pensions</b> <span style="float: right;">Yes    No</span>	<b>17. Unemployment Benefits or Severance Pay</b> <span style="float: right;">Yes    No</span>
<b>8. Payments from Indian Trusts</b> <span style="float: right;">Yes    No</span>	<b>18. Death Benefits</b> <span style="float: right;">Yes    No</span>
<b>9. Alimony / Spousal Support</b> <span style="float: right;">Yes    No</span>	<b>19. Child Support</b> <span style="float: right;">Yes    No</span>
<b>10. Adoption Assistance Payments</b> <span style="float: right;">Yes    No</span>	<b>20. Other Income:</b> <span style="float: right;">Yes    No</span> If Yes, list source(s):



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## ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children.  
Any information provided is subject to verification.

<p><b>1. Checking Accounts</b> <span style="float: right;">Yes    No</span></p>	<p><b>11. Savings Accounts</b> <span style="float: right;">Yes    No</span></p> <p><i>Do not include qualified Education Savings Accounts or ABLA Accounts.</i></p>
<p><b>2. Prepaid Card Accounts</b> <span style="float: right;">Yes    No</span></p> <p><i>Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i></p>	<p><b>12. Payment Exchange Accounts</b> <span style="float: right;">Yes    No</span></p> <p><i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i></p>
<p><b>3. Certificate of Deposit (CD) Accounts</b> <span style="float: right;">Yes    No</span></p>	<p><b>13. Stocks</b> <span style="float: right;">Yes    No</span></p> <p><i>Do not include stock invested in retirement accounts.</i></p>
<p><b>4. Bonds</b> <span style="float: right;">Yes    No</span></p> <p><i>Do not include bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i></p>	<p><b>14. Trust Funds</b> <span style="float: right;">Yes    No</span></p> <p><i>Do not include irrevocable trusts or revocable trusts that are controlled by someone who does not/will not live in the unit.</i></p>
<p><b>5. Money Market Accounts</b> <span style="float: right;">Yes    No</span></p>	<p><b>15. Brokerage Accounts</b> <span style="float: right;">Yes    No</span></p>
<p><b>6. Real Estate / Real Property</b> <span style="float: right;">Yes    No</span></p>	<p><b>16. Capital Investments</b> <span style="float: right;">Yes    No</span></p>
<p><b>7. Crowdfunding Accounts</b> <span style="float: right;">Yes    No</span></p> <p><i>Including, but not limited to, GoFundMe, Kickstarter, Indiegogo, Fundly, etc.</i></p>	<p><b>17. Cryptocurrency</b> <span style="float: right;">Yes    No</span></p> <p><i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i></p>
<p><b>8. Receipt of Lump Sum Payments</b> <span style="float: right;">Yes    No</span></p> <p><i>Including, but not limited to, one-time payments received from inheritance, lottery winnings, capital gains, etc.</i></p>	<p><b>18. Personal Property Held as an Investment</b> <span style="float: right;">Yes    No</span></p> <p><i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i></p>
<p><b>9. Cash</b> <span style="float: right;">Yes    No</span></p> <p><i>Include any cash that is held as savings. To avoid duplicating reported assets, do not include cash that has already been invested in any of the accounts reported on this form.</i></p>	<p><b>19. Other Asset(s):</b> <span style="float: right;">Yes    No</span></p> <p>If Yes, list source(s):</p>
<p><b>10. Life Insurance Policies</b> <span style="float: right;">Yes    No</span></p> <p><i>Do not include term life insurance policies.</i></p>	

### Assets Disposed Of For Less Than Fair Market Value

**20.** I/We hereby certify that I/we **HAVE** **HAVE NOT** sold or given away assets for less than their fair market value within the last 2 years. (*Excluding items lost in bankruptcy, divorce, or foreclosure*)

**If Applicable:** Identify all assets sold or disposed of for less than fair market value in the last 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received



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## ASSET SOURCES

Please provide additional information for each asset owned. If an asset is owned by more than one person, the record should reflect only amounts owned by and accessible to the member.

Member Name	Asset Type	Asset Source	Cash Value*	Annual Income from Asset	Jointly Owned? (If Yes, indicate your % of ownership)	If Asset has Joint Ownership	
						Will the other owner(s) of the asset reside in the household?	
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No
			\$	\$	Yes _____% No	Yes	No

\*Cash value is the market value of the asset less reasonable expenses that would be incurred in selling or converting the asset to cash.

### Adult Household Members - Review the information provided and initial below

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:								
	#1	#2	#3	#4	#5	#6	#7	#8



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Housing History Disclosure

Property Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Please provide the last \_\_\_\_\_ months of housing history. All adult household members must complete this form.

Check this box if you had no established housing during this timeframe and provide a brief explanation below.

Explanation: \_\_\_\_\_

Current Address

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Move-In Date (Month/Year): \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

(Check One) Rent Own Other \_\_\_\_\_ Monthly Rent (if applicable): \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Previous Addresses

1. Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Move-In Date (Month/Year): \_\_\_\_\_ Move-Out Date (Month/Year): \_\_\_\_\_

(Check One) Rent Own Other \_\_\_\_\_ Monthly Rent (if applicable): \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Move-In Date (Month/Year): \_\_\_\_\_ Move-Out Date (Month/Year): \_\_\_\_\_

(Check One) Rent Own Other \_\_\_\_\_ Monthly Rent (if applicable): \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

3. Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Move-In Date (Month/Year): \_\_\_\_\_ Move-Out Date (Month/Year): \_\_\_\_\_

(Check One) Rent Own Other \_\_\_\_\_ Monthly Rent (if applicable): \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Signature Required:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of admission or termination of a lease agreement.

Applicant Signature

Printed Name

Date Signed



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## Emergency Contact Form

Property Name: \_\_\_\_\_

**Instructions:** As part of your application for housing, you have the option of providing 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.

I decline to provide emergency contact information.

**Name of Emergency Contact Person or Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email 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 (if applicable) | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit                               | <input type="checkbox"/> Late payment of rent                |
| <input type="checkbox"/> Other Reason: _____                              |  |

*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.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed



# Certification of Student Status

Please complete one form per household

Property Name \_\_\_\_\_ GA ID # \_\_\_\_\_

Head of Household \_\_\_\_\_ Co-Head \_\_\_\_\_

Unit Number \_\_\_\_\_ Move in Date \_\_\_\_\_ Effective Date \_\_\_\_\_

**All Adults must read:** A full-time student is **any** individual who is currently enrolled in **any** educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for more than four months (need not be consecutive) out of the current calendar year.

## Section One: Household Members and Status

Please list **all** household members **regardless of age**. Indicate student status.

Name	Date of Birth	Age	Student Status					
			Full-Time		Part-Time		Verified*	
1			Yes	No	Yes	No	Yes	No
2			Yes	No	Yes	No	Yes	No
3			Yes	No	Yes	No	Yes	No
4			Yes	No	Yes	No	Yes	No
5			Yes	No	Yes	No	Yes	No
6			Yes	No	Yes	No	Yes	No
7			Yes	No	Yes	No	Yes	No
8			Yes	No	Yes	No	Yes	No

\* No verification needed for self certified full-time students. Verify part time status only when everyone in household is a student.

Did anyone graduate from school/college/university during calendar year? ..... Yes No If Yes, when? \_\_\_\_\_

Are all residents of the household full time students? ..... Yes No If No, skip to section 3

Is at least 1 household member (listed above) a part of the original qualifying household? Yes No

## Section Two: Exceptions

When all household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:

Yes No	At least one member of the household receives assistance under title IV of the Social Security Act (i.e.. payments under AFDC or TANF). Please provide a third-party verification of AFDC/TANF award.
Yes No	At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. Please provide a verification of enrollment & mission statement of the program if not JTPA.
Yes No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependent by someone other than a parent. Please provide a signed copy of most recent tax return.
Yes No	The members of the household are married and eligible file a joint federal tax return. Please provide a signed copy of most recent tax return or marriage license.
Yes No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). Please provide court documents, state agency documentation or Social Security verification.

## Section Three: Signatures and Acknowledgement

\_\_\_\_\_ I agree to notify management immediately if any household members' student status changes including, but not limited to my own. (All Adult Residents Initial)

I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties and IRS investigation.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency**

## HOME STUDENT CERTIFICATION

The HOME program has enacted student rules which apply to all apartments which received HOME program funding. Certain students are not allowed to live at this community unless they meet one of the applicable exceptions.

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_  
Property \_\_\_\_\_ Apt \_\_\_\_\_

To be completed by each household member 18 years of age or older at **every** initial or annual or interim certification.

Are you a student at an institution of higher education\*, full or part time?

Yes ☐ No ☐

If not now, do you plan to attend an institution of higher education\*, full or part time?

☐ ☐

\*During the upcoming year - Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.

If you answered no to both questions above then you are not considered a student for HOME program purposes, skip the following questions and sign below, otherwise, continue.

Exceptions	Yes	No
1. Are you over 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a veteran?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a dependent child living with you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a person with a disability and was receiving Section 8 assistance as of 11/30/05?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the questions above, skip the next set of questions and sign below. Otherwise, continue.

6. Are you and your parents eligible for Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you independent from your parents?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you receiving any financial assistance to help pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>

If you or another member of your household is found to be an ineligible student now or in the future, you may not be eligible to continue residency at the community. If HUD updates program rules, and as a result we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing at least a 60-day notice, or the notice as stated in your lease agreement, whichever is greater, that your ability to live at the community has changed.

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(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant / Resident

\_\_\_\_\_  
Printed Name of Applicant / Resident

\_\_\_\_\_  
Date

DCA HOME Student Form effective 3/1/2016

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 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).



CAHEC Management, Inc.  
TENANT RELEASE AND CONSENT

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 \_\_\_\_\_  
\_\_\_\_\_  
(owner or agent)  
for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

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; 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 a Qualified Tenant.

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

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement System
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	Medical and Child Care Providers	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 a year and one month from the date signed.  
I/We understand I/we have a right to review this file and correct any information that is incorrect.

---

***SIGNATURES***

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

# Household Demographic Reporting Form

Page 1 of 2

Property Name: \_\_\_\_\_

The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign and date the second page of this form as proof that the option to disclose this information was made available.

**Household Members** (Please write the first and last names of all household members)

1:	2:	3:	4:
5:	6:	7:	8:

**RACE** (Select all that apply)

Member:	1	2	3	4	5	6	7	8
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian (Select all applicable subcategories below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander (Select all applicable subcategories below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guamanian or Chamorro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Continue on Next Page**



ETHNICITY (Select one)								
Member:	1	2	3	4	5	6	7	8
<b>Hispanic or Latino</b> (Select all applicable subcategories below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican, Mexican American, or Chicano/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Hispanic, Latino/a, or Spanish Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not Hispanic or Latino</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Decline to Report</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are any household members disabled per the Fair Housing Act's definition of disability?								
<p>The Fair Housing Act defines disability as:</p> <ul style="list-style-type: none"> <li>A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.</li> </ul>								
Member:	1	2	3	4	5	6	7	8
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED SIGNATURES - All adult household members sign and date below.	
Member Signature	Date Signed
Member Signature	Date Signed
Member Signature	Date Signed
Member Signature	Date Signed
Member Signature	Date Signed
Member Signature	Date Signed
Member Signature	Date Signed



## **Notice of Occupancy Rights under the Violence Against Women Act<sup>2</sup>**

### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that housing programs as listed in the 4350.3 are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

### **Protections for Applicants**

If you otherwise qualify for assistance under housing programs as listed in the 4350.3, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### **Protections for Tenants**

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under housing programs as listed in the 4350.3, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under housing programs listed in the 4350.3 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

CAHEC Management, Inc. may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If CAHEC Management, Inc. chooses to remove the abuser or perpetrator, CAHEC Management, Inc. may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CAHEC Management, Inc. must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, CAHEC Management, Inc. \_\_\_\_\_ must follow Federal, State, and local eviction procedures. In order to divide a lease, CAHEC Management, Inc. \_\_\_\_\_ may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, CAHEC Management, Inc. \_\_\_\_\_ may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, CAHEC Management, Inc. \_\_\_\_\_ may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CAHEC Management, Inc. will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

CAHEC Management, Inc.'s emergency transfer plan provides further information on emergency transfers, and CAHEC Management, Inc. must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

CAHEC Management, Inc. can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from CAHEC Management, Inc. must be in writing, and CAHEC Management, Inc. must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. CAHEC Management, Inc. may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to CAHEC Management, Inc. as documentation. It is your choice which of the following to submit if CAHEC Management, Inc. asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by CAHEC Management, Inc. with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that CAHEC Management, Inc. has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days,

CAHEC Management, Inc. does not have to provide you with the protections contained in this notice.

If CAHEC Management, Inc. receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), CAHEC Management, Inc. has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, CAHEC Management, Inc. does not have to provide you with the protections contained in this notice.

### **Confidentiality**

CAHEC Management, Inc. must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

CAHEC Management, Inc. must not allow any individual administering assistance or other services on behalf of CAHEC Management, Inc. (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

CAHEC Management, Inc. must not enter your information into any shared database or disclose your information to any other entity or individual. CAHEC Management, Inc., however, may disclose the information provided if:

- You give written permission to CAHEC Management, Inc. to release the information on a time limited basis.
- CAHEC Management, Inc. needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires CAHEC Management, Inc. or your landlord to release the information.

VAWA does not limit CAHEC Management, Inc. 's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, CAHEC Management, Inc. cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CAHEC Management, Inc. can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If CAHEC Management, Inc. can demonstrate the above, CAHEC Management, Inc. should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD field office.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, CAHEC Management, Inc. must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your local HUD office at:

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact any of the below listed organizations.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact any of the resources shown below as appropriate.

Victims of stalking seeking help may contact any of the resources shown below as appropriate.

The National Domestic Violence Hotline	800-799-7233 (SAFE)	<a href="http://www.ndvh.org">www.ndvh.org</a>
National Dating Abuse Helpline	866-331-9474	<a href="http://www.loveisrespect.org">www.loveisrespect.org</a>
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	<a href="http://www.866uswomen.org">www.866uswomen.org</a>
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	<a href="http://www.childhelp.org">www.childhelp.org</a>
National Sexual Assault Hotline	800-656-4673 (HOPE)	<a href="http://www.rainn.org">www.rainn.org</a>
National Center for Victims of Crime	202-437-8700	<a href="http://www.victimsofcrime.org">www.victimsofcrime.org</a>
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	<a href="http://www.polarisproject.org">www.polarisproject.org</a>
National Resource Center on Domestic Violence	800-537-2238	<a href="http://www.nrcdv.org">www.nrcdv.org</a> and <a href="http://www.vawnet.org">www.vawnet.org</a>
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	<a href="http://www.futureswithoutviolence.org">www.futureswithoutviolence.org</a>
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	<a href="http://www.nationalcenterdvtraumamh.org">www.nationalcenterdvtraumamh.org</a>
Domestic Violence Initiative	303-839-5510 877-839-5510	<a href="http://www.dvforwomen.org">www.dvforwomen.org</a>
Deaf Abused Women's Network (DAWN)	202-559-5366	<a href="mailto:Hotline@deafdawn.org">Hotline@deafdawn.org</a> <a href="http://www.deafdawn.org">www.deafdawn.org</a>
Women of Color Network	800-537-2238	<a href="http://www.wocninc.org">www.wocninc.org</a>
INCITE! Women of Color Against Violence		<a href="mailto:incite.natl@gmail.com">incite.natl@gmail.com</a> <a href="http://www.incite-national.org">www.incite-national.org</a>
Alianza	505-753-3334	<a href="http://www.dvalianza.org">www.dvalianza.org</a>
Casa de Esperanza	651-772-1611	<a href="http://www.casadeesperanza.org">www.casadeesperanza.org</a>
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	<a href="http://www.apiidv.org">www.apiidv.org</a>
Committee Against Anti-Asian Violence (CAAHV)	212-473-6485	<a href="http://www.caaav.org">www.caaav.org</a>
Manavi	732-435-1414	<a href="http://www.manavi.org">www.manavi.org</a>
Institute on Domestic Violence in the African American Community	877-643-8222	<a href="http://www.dvinstitute.org">www.dvinstitute.org</a>
The Black Church and Domestic Violence Institute	770-909-0715	<a href="http://www.bcdvi.org">www.bcdvi.org</a>
The Audre Lorde Project		<a href="http://www.alp.org">www.alp.org</a>
LAMBDA GLBT Community Services	206-350-4283 178-596-0342	<a href="http://www.qrd.org/qrd/www/orgs/avproject/main.htm">http://www.qrd.org/qrd/www/orgs/avproject/main.htm</a>
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	<a href="http://www.ncavp.org">www.ncavp.org</a>
National Gay and Lesbian Task Force	202-393-5177	<a href="http://www.nglftf.org">www.nglftf.org</a>
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	<a href="http://www.nwnetwork.org">www.nwnetwork.org</a>
National Clearinghouse on Abuse in Later Life	608-255-0539	<a href="http://www.ncall.us">www.ncall.us</a>
National Center for Elder Abuse	855-500-3537	<a href="https://ncea.acl.gov/">https://ncea.acl.gov/</a>
American Bar Association Commission on Domestic Violence	202-662-1000	<a href="http://www.abanet.org/domviol">www.abanet.org/domviol</a>
Battered Women's Justice Project	800-903-0111	<a href="http://www.bwjp.org">www.bwjp.org</a>
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		<a href="http://www.victimsofcrime.org/our-programs/stalking-resource-center">www.victimsofcrime.org/our-programs/stalking-resource-center</a>
The National Organization for Victim Assistance	800-879-6682	<a href="http://www.trynova.org">www.trynova.org</a>
iSafetyNet		<a href="http://www.isafetynet.org/">http://www.isafetynet.org/</a>

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

# VAWA Acknowledgement of Receipt

**Property name**  
**Unit number**

**Household Name**

I/We have received a copy of the following documents:

1. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act
2. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

I hereby state that everything on this statement is true to the best of my knowledge.

1.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
2.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
3.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
4.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
5.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
6.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
7.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
8.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
9.	<b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>

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 are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)\*\*



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