



# APPLICATION COVER LETTER



Property \_\_\_\_\_

Location (City & State) \_\_\_\_\_

This property has a total of \_\_\_\_ units, \_\_\_\_ 1 bedroom units, \_\_\_\_ 2 bedroom units and \_\_\_\_ 3 bedroom units.

A completed Rental Application is required. Additionally, you are required to sign an Authorization for Release of Information form to provide written permission to allow the Management Representative to verify all household income. Please find these forms enclosed hereto.

Rents may be based on a percentage of adjusted family income or household income.

Residents must meet all eligibility guidelines as established by USDA Rural Development, HUD, and Section 42 of the Internal Revenue Code as applicable to this property.

All pages of the application must be completed in full. For any items that do not apply, please list Not Applicable (N/A).

*At the time the application is received, it will be reviewed and processed. You will be notified if the application is approved and your name has been placed on the Waiting List(s) or if the application is incomplete and what items are necessary to complete it.*

If any information on your application has changed while your name is on the Waiting List, please inform the Management Representative. You are required to update your application every six (6) months to remain on the Waiting List. While your name is on the Waiting List, you have the right to make inquiries regarding the status of your application. However, due to Federal Regulation prohibitions, the Waiting List is not open for review.

In order to prevent eligible applicants from unnecessary delays in obtaining housing, we purge our Waiting List every six (6) months. This enables the property to maintain an updated list. Any applicant removed from the list will be notified in writing at the last known address and will be afforded appeal rights.

When an apartment is available, you will be notified. If you choose to accept the vacancy, you will be required to:

1. Sign a Lease Agreement.
2. Pay a Security Deposit in advance, except if you will receive Rental Assistance or HUD (Section 8 Subsidy) and cannot pay the full amount of the Security Deposit. Payment arrangements may be made, and you will be required to sign a payout agreement.
3. Pay the first month's rent in advance.
4. Have the utility companies turn the utilities on in your name and provide a receipt to management.
5. Complete a Move-In Inspection of the unit with management.

**WARNING:** Section 1001 of Title 18, U.S. Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years, or both."

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider and employer.*



# COST SHEET FOR ACUTRAQ CREDIT CHECK



PROPERTY: \_\_\_\_\_

## COST OF ACUTRAQ

For Tax Credit and Rural Development Properties

### \$15.37 Per Person

Person must be 18 years of age or older.

The cost of \$15.37 for Credit Check, National Criminal Background Check, Social Security Number Trace and Score Card **is required in the form of cash or a money order and must be paid when an apartment is made available to you.**

A personal check will not be accepted.

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# ACKNOWLEDGEMENT

## Rural Development Fact Sheet



Applicant's Name: \_\_\_\_\_

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

I, \_\_\_\_\_ have received and read  
(Printed Name)

"Things You Should Know About USDA Rural Rental Housing" Fact Sheet.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Name Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Manager Date

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## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

| A complaint may not be filed with the owner/management if:                                                                                                                                                                                                                                                      | A complaint may be filed with the owner/management if:                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| USDA has authorized a proposed rent change.                                                                                                                                                                                                                                                                     | There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA. |
| A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management. | The owner or management fails to maintain the property in a decent, safe, and sanitary manner.         |
| The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.                                                                                                                                                                                          | The owner violates a lease provision or occupancy rule.                                                |
| USDA has required a change in the rules and proper notices have been given.                                                                                                                                                                                                                                     | A tenant is denied admission to the complex.                                                           |
| The tenant is in violation of the lease and the result is termination of tenancy.                                                                                                                                                                                                                               |                                                                                                        |
| There are disputes between tenants that do not involve the owner/management.                                                                                                                                                                                                                                    |                                                                                                        |
| Tenants are displaced or other adverse effects occur as a result of loan prepayment.                                                                                                                                                                                                                            |                                                                                                        |

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



# PROFESSIONAL PROPERTY MANAGEMENT, INC. TENANT SELECTION PLAN



## **GENERAL REQUIREMENTS**

The objective of a Tenant Selection Plan ("Plan") is to consolidate relevant policies and procedures affecting the selection of tenants for housing units, pursuant to applicable federal and state laws. The Plan sets out a procedure for processing and selecting applicants for housing units, including the establishment of preferences and priorities, occupancy standards, rejection standards, reviews and appeals of rejection decisions, and notice requirements. The Plan may not, however, include all the policies and procedures affecting the selection of tenants.

The Plan may not be applicable to the processing of applications or selection of tenants for non-subsidized (or "market") units.

Professional Property Management ("PPM") privately manages affordable housing communities, some of which receive funding through one or more federal, state, or local housing programs, which may include HUD, HOME, NHTF, LIHTC, USDA Rural Development, or other sources that require a Tenant Selection Plan.

## **FAIR HOUSING AND EQUAL OPPORTUNITY STATEMENTS OF NONDISCRIMINATION**

It is the PPM's Policy to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, Fair Housing Amendments Act of 1988, and any legislation protecting the individual rights of residents, applicants, or staff which may subsequently be enacted.

In accordance with the Fair Housing Amendments Act of 1988, Management does not discriminate on the basis of race, color, creed, national origin, religion, sex, age (except eligibility requirements), familial status, or person with disabilities in any phase of the occupancy process. The occupancy process includes, but is not necessarily limited to, application processing, leasing, transfers, delivery of management and services, access to common facilities, and termination of occupancy.

The terms "disability" and "persons with disabilities" are used in two contexts for civil rights protections and for program eligibility purposes. Each use has specific definitions:

1. When used in the context of protection from discrimination or improving the accessibility of housing, the civil rights-related definitions apply.
2. When used in the context of eligibility under multifamily subsidized housing programs, the program eligibility definitions apply.

In accordance with Title VI of the Civil Rights Act of 1964, PPM will not discriminate on the basis of race, color, or national origin in any program or activity receiving federal financial assistance.

Any applicant/tenant who thinks their rights have been violated under the Fair Housing and Equal Opportunity laws should contact the HUD Regional Office, Attn.: Fair Housing and Equal Opportunity, PO Box 2778, Little Rock, AR 72203, or call toll-free 1-800-424-8590.

PPM will seek to identify and eliminate situations or procedures that create a barrier to equal housing opportunity for all. In accordance with Section 504, PPM will make reasonable accommodations for individuals with handicaps or disabilities (applicants or residents). A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job. Such accommodations may include changes in the method of administering policies, procedures, or services.

In reaching a reasonable accommodation with or performing structural modification for an otherwise qualified individual with disabilities, PPM is not required to:

- Make structural alterations that require the removal or alteration of a load-bearing structure,
- Provide support services that are not already part of its housing programs,
- Take any action that would result in a fundamental alteration in the nature of the program or service, or
- Take any action that would result in an undue financial and administrative burden on PPM, including structural impracticability as defined in the Uniform Federal Accessibility Standards (UFAS).

## **REASONABLE ACCOMMODATION / MODIFICATION POLICY**

PPM is an equal housing opportunity provider and does not discriminate based on disability in the admission or access to, or treatment of, or employment in, its federally assisted programs and activities. It is our policy to provide reasonable accommodations and/or modifications to applicants or residents who have a disability and because of that disability need a change or exception to our usual rules or policies or a structural modification to be able to fully use and enjoy their apartment and the apartment community.

A resident or an applicant for housing makes a reasonable accommodation request whenever it is clear that an exception, change, or adjustment to a rule, policy, practice, or service is needed due to a disability.

An applicant or resident is not entitled to receive a reasonable accommodation unless it is requested. The Fair Housing Act does not require that a request be made in a particular manner or at a particular time, but it is helpful if the request is made in writing to prevent misunderstandings regarding what is being requested. If such request is given orally or by other means other than in writing, Management will put its understanding of any such request in writing and, if such request is stated correctly and fully by Management, Applicant must sign or otherwise provide objective, verifiable evidence of agreement that the request as written by Management is correct and complete.

Management will notify you in writing of the determination of your request.

- If you are requesting an assistive or service animal, you will need to sign the lease addendum form that describes your responsibilities concerning the animal, if your request is granted.
- If you need assistance in this process, please contact:

**Professional Property Management  
315 W. 6<sup>th</sup> St, Ste.1  
Mountain Home, AR 72653  
870-425-6076**

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

**Kristi Gentry, VP & General Manager  
Professional Property Management  
315 W. 6<sup>th</sup> St, Ste.1  
Mountain Home, AR 72653  
870-425-6076**

In order to assist in optimum communications with applicants, tenants, and members of the public that have sight or hearing impairments, the Management Agent will utilize the state relay service operated by "Arkansas Relay Service." The Management Agent will provide sign language interpreters for the hearing impaired if requested. Other accommodations will be available for the visually impaired, inclusive of audiotapes of company/project policies and forms. Assistance will be given for completing the application. The Management Agent provides handicapped accessible interview rooms.

## **ACCESSIBLE UNIT OCCUPANCY**

Accessible units will be offered first to persons with disabilities who require the accessibility features. Listed herewith is the priority order used to lease accessible units.

1. Leased to a current occupant who requires accessibility features.
2. Leased to the next eligible qualified applicant on the waiting list who requires accessibility features.
3. If an accessible unit is available and there are no applicants on the waiting list who require the features additional outreach will be made and documented by PPM
4. Last, leased to non-disabled person(s) on waiting list.

If the applicant does not have a person in the household that needs the special design feature of the accessible unit, applicant is permitted to occupy the rental unit until Management issues a 30 (thirty) day notice that a priority applicant is on the waiting list, at which time the ineligible tenant must move out of the rental unit within thirty (30) days of the notice.

## **PRIVACY POLICY**

It is the policy of PPM to guard the privacy of individuals conferred by the Federal Privacy Act of 1974 and to ensure the protection of such individuals' records maintained by PPM. Therefore, neither PPM nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom the information is requested shall give written consent to such disclosure.

The Privacy Policy in no way limits PPM's ability to collect such information as it may need to determine eligibility, compute rent, or determine a family's suitability for residency. Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained on handicap or disability will be treated in a confidential manner.

## **VIOLENCE AGAINST WOMEN ACT (VAWA) PROTECTIONS**

PPM (PPM) supports victims of domestic violence, dating violence or stalking and protects victims, as well as members of their family, from being denied housing or from losing their HUD-assisted housing as a consequence of domestic violence, dating violence or stalking.

- PPM provides all tenants notice of their rights and obligations under VAWA.
- PPM provides tenants the option to complete the Certification of Domestic Violence, Dating Violence, or Stalking form HUD-5382. The certification form is available to all families upon their acceptance as tenants.

## **SOCIAL SECURITY NUMBER (SSN) REQUIREMENTS**

Arkansas Development Finance Authority ("ADFA"), other monitoring agencies, and PPM require SSN for all household members prior to move-in.

### **Timeframe for Providing Social Security Numbers – Applicants**

Applicants do not need to disclose or provide verification of SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of SSN for all non-exempt household members before they can be housed.

If all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit.

### **Timeframe for Providing Social Security Numbers – Residents**

All residents, (except excluded residents as noted above) and those individuals who do not contend eligible immigration status, must disclose and provide verification of their SSN at the time of their next annual recertification if:

1. They have not previously disclosed a SSN.
2. Previously disclosed an SSN that HUD or the Social Security Administration (SSA) determined was invalid; or
3. Been issued a new SSN.

### **SSN Not Previously Disclosed**

The head of household must bring SSN verification, through one or more of the documents, to the recertification meeting for any household member who has not disclosed and provided verification of their SSN.

### **Assignment of a New SSN**

If a resident or any member of a resident's household is or has been assigned a new SSN, the resident must provide the SSN and documentation to verify the SSN to PPM at:

1. The time of receipt of the new SSN; or
2. The next regularly scheduled recertification; or
3. Such earlier time as specified by PPM.

### **Adding a Household Member**

When adding new household members, SSN are required.

### **Rejection of Documentation – Applicant or Resident**

If an applicant or resident submits documentation to verify SSN and the documentation is determined by Management to be invalid, altered, illegible, or otherwise unacceptable, the documentation will be rejected.

Examples of unacceptable documentation include, but are not limited to:

- A photocopy or scanned image of a Social Security card that is blurry, illegible, or cut off;
- A Social Security card that appears altered (e.g., corrections made by hand, laminated in a way that obscures features, or with mismatched fonts or formatting);
- A Social Security card that is clearly marked "NOT VALID FOR EMPLOYMENT" and no other acceptable documentation is provided;
- A document that lists an incorrect or unverifiable SSN (e.g., one that does not match federal verification databases or conflicts with other tenant file information);
- An SSA-issued letter with visible tampering or missing authentication features;
- Any document that does not include both the SSN and the full legal name of the individual.

PPM is required to explain to the applicant or resident the reason(s) why the document(s) is not acceptable and request the individual obtain acceptable documentation of the SSN and submit it to PPM within a reasonable time frame.

### **ELIGIBILITY**

Applicants will be eligible for residency in properties managed by Professional Property Management, Inc. when the following requirements are met and all eligibility requirements set forth by USDA Rural Development, HUD, HOME, Tax Credit, or other subsidy program are met, if applicable:

1. Applications must be completed in full. Persons who submit incomplete applications will be given notice of incompleteness and will be required to complete the application within seven (7) calendar days of the notice in order for applicant's application to remain under consideration for housing. Applicants with zero income will not be considered for occupancy.
2. Applicant must demonstrate the ability to pay rent, utilities, and reasonable living expenses. The following guidelines will be used to determine minimum income needed:
  - a. Rent and utilities not to exceed 50% of monthly income of the household; or
  - b. Applicant must have adequate cash on hand or an available balance in a bank account to demonstrate the ability to pay basic rent, utilities and adequate living expenses for twelve (12) months.
3. Applicant must fill out all forms. Each household member must sign his/her own signature as requested on each form. Forged signatures or someone else signing for the specified household member may be grounds for ineligibility of an application or eviction of a tenant.
4. Applicants will be required to furnish verification of persons with disability status if they wish to deduct expenses related to their disability from their income and/or if they wish to be considered eligible for occupancy in apartments designated as Elderly housing. Management's policy for verifying an individual's disability is as follows:
  - a. The Rental Application requires the applicant(s) to indicate whether they or anyone in the family would benefit from special features for persons with disabilities.
  - b. If yes, the applicant is advised that Management requires a document verifying disability such as a Social Security Statement or a statement from an independent third person, such as a physician, clergyman, or other person who has knowledge of the disability.
5. Any person wishing to join an existing household must make separate application and must be eligible for housing in this property as a separate household.
6. The Head of Household and the Co-Tenant (if any) must be legally of age and able to enter into a Lease Agreement. The property will void any Lease Agreement entered into by a person not of majority age or otherwise legally unable to enter into a binding contract under state law. If the property for which Applicant(s) submits an application for residency is an age-restricted elderly property, Applicant(s) must be the required age either at time submits an application for residency except as otherwise provided herein. If Applicant is placed on a waiting list, Applicant must be the required age at the time that an available unit is offered to Applicant. If Applicant is not the required age at the time that an available unit is offered to Applicant, Applicant may remain at the same position on the waiting list. If the Applicant is not the required age at the time that an available unit is offered to Applicant a second time, the applicant will be removed from the waiting list. Applicant may resubmit an application requesting placement on the waiting list, but such placement will be in accord with all policies and procedures herein and Applicant's' previous position on the waiting list shall have no effect.
7. Rental assistance will be assigned in accordance with Exhibit 8-2 of HB-2-3560, when applicable. For properties with rental assistance, the household must be eligible to receive the rental assistance. If you receive in house rental assistance as outlined in Exhibit 8-2 of HB-2-3560 during your tenancy and subsequently become ineligible, a 30-day notice of lease termination may be issued if the unit of rental assistance cannot be utilized elsewhere on the property.
8. Applicants may be ineligible if:
  - a. Application is incomplete.
  - b. Family composition does not conform to units available on property unless the property for which Applicant is applying is a market rate project (project is market rate if project has no form of subsidy, including but not limited to USDA Rural Development, low-income housing tax credits, or HUD).

- c. Household income exceeds USDA Rural Development, HUD or Tax Credit "income limits" for the programs available on the property (inapplicable if a market rate project).
- d. Applicant provided false information necessary in the determination of eligibility.
- e. Past performance in meeting financial obligations, including past rent and credit history, and past performance shows inability to fulfill a one (1) year lease or a poor history of job stability (minimum six (6) months).
- f. Applicant has a credit score of less than 500.
- g. Applicant has no present guaranteed income.
- h. Anyone of the Applicant's household has a record of the disturbance of neighbors, destruction of property, living or housekeeping habits which adversely affect the health, safety, or welfare of other tenants.
- i. Anyone of the Applicant's household has a felony conviction involving physical violence, or potential violence, to persons or property, destruction of property, human trafficking, terrorist activities, weapons charges, illegal distribution or manufacture of an illegal or controlled substance, or other criminal acts which adversely affect, or potentially affect, the health, safety, or welfare of themselves or other tenants or the viability of the property. Extenuating circumstances, if any, will be considered upon request if the conviction or exit from incarceration (whichever is later) occurred ten (10) or more years prior to the date of Application and no additional criminal activity is indicated.
- j. Anyone of Applicant's household has other felony convictions if either the conviction or exit from incarceration occurred within ten (10) years of the date of Application. Extenuating circumstances, if any, will be considered upon request if no additional criminal activity is indicated.
- k. Anyone of Applicant's household has a record of three (3) or more separate instances of criminal conduct resulting in a felony conviction, regardless of when the instances occurred.
- l. Anyone of the Applicant's household has misdemeanor convictions involving violence, potential violence, to persons or property, destruction of property, human trafficking, terrorist activities, weapons charges, or the illegal distribution or manufacture of an illegal or controlled substance within five (5) years of conviction or exit from incarceration, whichever is later. Extenuating circumstances, if any, will be considered upon request if the conviction or exit from incarceration (whichever is later) occurred at least three (3) years before the date of the Application and no additional criminal activity is indicated.
- m. Anyone of the Applicant's household has other misdemeanor conviction(s) and such conviction(s) or exit from incarceration, whichever is later, is within three (3) years of the date of the Application. Extenuating circumstances, if any, will be considered upon request when no additional criminal activity is indicated.
- n. A record of three (3) or more separate instances where the applicant has misdemeanor convictions where the last conviction or exit from incarceration, whichever is later, is within five (5) years.
- o. Any member of the Applicant family is currently subject to registration under a state sex offender registration program.
- p. If a criminal or sexual offender screening cannot be completed due to failure of anyone of the Applicant's household to provide required information or release forms, the Applicant family will be rejected.
- q. If a resident or applicant has requested VAWA protections and such protections have been justified based upon the owner or owner agent's investigation, the alleged abuser/perpetrator will not be approved to live on the property.

If extenuating circumstances are considered in deciding whether to exercise discretion to admit an individual or applicant family that is ineligible based upon the foregoing, the owner or owner's agent will, upon request, consider relevant circumstances, including but not necessarily limited to:

- i. the seriousness of the offending action;
  - ii. The effect that denial of the entire applicant family would have on family members not involved in the criminal activity
  - iii. Extent to which the applicant has taken all reasonable steps to prevent or mitigate the criminal activity
9. Additionally, when specifically considering denial of admission for illegal drug use by a household member who is no longer engaged in such activity, the owner or owner's agent will, upon request, consider whether the household member is participating in or has successfully completed a drug rehabilitation program, or has otherwise been rehabilitated successfully.
10. If, after move-in, the owner or owner's agent discovers that there was criminal history that would have resulted in rejection, the owner or owner's agent will contact the resident to ascertain the accuracy of the criminal report. If the resident would have been rejected had the information been known at the time of the eligibility determination, the owner or owner's agent will pursue termination of tenancy (eviction).

### **Income**

You and your household's annual income cannot exceed the current Income guidelines for all funding sources in the project as determined by HUD. These income limits are adjusted periodically. For more information about current income requirements, please speak with Management.

### **Live-in Aide/Attendant**

A person who lives with an elderly or disabled individual and is essential to that individual's care and well-being, not obligated for the individual's support and not living in the unit except to provide support services may be eligible for occupancy as a live-in aide/attendant. A live-in aide/attendant qualifies for occupancy only as long as the individual needing supportive services qualifies and may not qualify for continued occupancy as a remaining family member

## **HARDSHIP EXEMPTIONS**

In accordance with the Housing Opportunity Through Modernization Act (HOTMA) and USDA Rural Development (RD) Handbook HB-2-3560, the property will grant hardship exemptions to eligible households under the following circumstances. All hardship exemptions are subject to USDA RD verification, documentation, and approval requirements, and will be administered as described below.

### **Childcare Expense Hardship Exemption**

The property may grant a single 90-day hardship exemption for eligible childcare expenses when a family demonstrates an inability to pay rent due to qualifying childcare costs. No extensions will be granted beyond the initial 90-day period.

1. Eligibility Criteria
  - The household is unable to pay rent due to increased or sustained childcare expenses.
  - The expenses meet HUD's definition of allowable deductions for dependent care necessary to enable a family member to work, seek work, or attend school.
2. Verification Requirements
  - Third-party verification of the family's inability to pay rent due to childcare expenses is required.
  - If third-party verification cannot be obtained, the file must include:
    - Documentation explaining why verification could not be obtained, and
    - A record of all attempts made to obtain verification.
3. Notice Requirements
  - Written notice will be provided to the household approving or denying the hardship exemption.
  - If approved, the notice will include the start and end date of the 90-day exemption period.
  - If denied, the notice will state the reason(s) for denial.
  - At the end of the 90-day period, the household will receive written notice of the exemption's expiration and any resulting rent change, in accordance with USDA RD requirements for rent change notices.

### **Medical/Disability Expense Hardship Exemptions**

#### **1. Phased-In Medical/Disability Expense Relief**

For households receiving a medical or disability expense deduction as of January 1, 2025:

- Year 1: Deduction applies to unreimbursed eligible expenses exceeding 5% of annual income.
- Year 2: Deduction applies to unreimbursed eligible expenses exceeding 7.5% of annual income.
- After 24 months: Deduction applies to unreimbursed eligible expenses exceeding 10% of annual income, as required by HOTMA.

#### **2. General Medical/Disability Hardship**

The property may grant a single 90-day hardship exemption when:

- Unreimbursed eligible medical or disability-related expenses exceed 5% of annual income, and
  - The household experiences financial hardship as a result.
- No extensions will be granted beyond the initial 90-day period.

##### **a. Verification Requirements**

- Third-party verification of the family's inability to pay rent due to medical/disability expenses is required.
- If third-party verification cannot be obtained, the file must include:
  - Documentation explaining why verification could not be obtained, and
  - A record of all attempts made to obtain verification.

##### **b. Notice Requirements**

- Written notice will be provided to the household approving or denying the hardship exemption.
- If approved, the notice will include the start and end date of the 90-day exemption period.
- If denied, the notice will state the reason(s) for denial.
- At the end of the 90-day period, the household will receive written notice of the exemption's expiration and any resulting rent change, in accordance with USDA RD requirements for rent change notices.

### **Administrative Processing**

Hardship exemption requests will be processed in accordance with USDA RD Handbook HB-2-3560 and any subsequent USDA RD guidance. All related verification, documentation, and notices will be retained in the tenant file for compliance review.

## **STUDENT STATUS**

All college students will be required to furnish proof of whether they are a full-time (five (5) months per year, twelve (12) credit hours per semester) or part-time student. Student status for HOME/NHTF, LIHTC, HUD, Rural Development, etc., has several exceptions. Contact a Management Representative to discuss your specific situation.

### **Student Status – HOME/NHTF (or Section 8)**

To be eligible for occupancy in a HOME/NHTF unit, ANY household member who attends an institute of *higher learning* (full-time OR part-time) must meet at least one of the following qualifiers. They must be:

- A dependent of the household living with a parent
- Over age 23
- A veteran
- Married
- A parent with a dependent child
- A disabled individual who was receiving Section 8 assistance prior to November 30, 2005

If they do not meet one of the above, the student must be either:

- Independent from parents -OR-
- Have parents who are income-eligible

Student status eligibility will be verified at Move-in (MI), Annual Recertification (AR), and Initial Certification (IC)

### **Student Status – LIHTC**

The IRS Code prohibits tax credit units being used as dormitories. Generally, households made up entirely of full-time students do not qualify.

A full-time student is defined as any individual of any age who:

- Attends a school with facilities and regular student body (including online-based learning).
- Attends all or parts of any 5 months out of the calendar year (not necessarily consecutively).
- Is considered full-time by the school that they attend, based on that school's definition of a full-time student.

There are five exceptions to the student rule prohibiting households made up entirely of full-time students. Full-time student households must meet one of the exceptions continually to live in a LIHTC unit for the period of time that everyone is a full-time student.

- All adults are married and entitled to file a joint tax return.
- An adult member is a single parent with a minor child in the unit, the adult is not a tax dependent of any third party, and the children are not claimed as a tax dependent by anyone other than one of their parents (even if the other parent is not in the unit).
- The household includes a member who receives welfare assistance in the form of Temporary Assistance to Needy Families (TANF).
- The household includes a member who formerly received foster care assistance (that means they were a foster child or adult).
- The household contains a member who gets assistance from the Job Training Partnership Act (JTPA) or similar programs. (NOTE: The "Workforce Investment Act" has replaced JTPA).

### **Student Status – LIHTC and HOME/NHTF or Section 8**

For households applying for a unit that is both a LIHTC and HOME/NHTF and/or Section 8 unit, both student status standards must be applied separately, and the household member has to qualify under both programs.

## **CRIMINAL BACKGROUND CHECK**

**CREDIT HISTORY** – A credit report will be run on each individual 18 years of age or older who will be residing in the apartment. A national credit-reporting agency will be processing the credit application. All credit reports will be evaluated on a percentage system based on all trade lines.

Your APPLICATION FEE (non-refundable) will be: \$15.37 per person.

**CRIMINAL BACKGROUND** – A criminal background check will be run on each individual 18 years of age or older who will be residing in the apartment, and will be considered by Management in regard to eligibility for residency as described in Section 17 herein

### **RENTAL HISTORY AND LANDLORD REFERENCE:**

Applicant will be required to provide past landlord history for minimum of two (2) years. Applicant must provide full names of landlord, addresses, telephone numbers, and dates of occupancy on the Rental Application or the application will be considered incomplete.

1. If there is no past landlord history, a notarized handwritten statement must accompany the application stating this information. It must be signed by the applicant and person(s) residing with the applicant.
2. If applicant's past residency has been as a homeowner, Management reserves the right to request a credit reference from the mortgage holder of the past residency property.

### **HOUSING OCCUPANCY, WAITING LIST, AND PREFERENTIAL SELECTION**

Applicants will be placed on the waiting list according to the date and time applications are received, except as otherwise stated herein. Should an applicant have a Letter of Priority Entitlement (LOPE) issued by USDA Rural Development that applicant will be given priority over other non-priority applicants. Additionally, Applicants who have a need for, and have requested, "special design features" of accessible units, will be given priority for units designed for persons with disabilities as against applicants without such need and request. Applicants will be notified in writing of their placement on the waiting list.

All adult household members must be present when Management requests a personal interview and must show positive identification when requested. Birth certificate or other proof of parental relationship or guardianship may be requested in order to verify eligibility for deductions for a minor child. Application may be made by other than personal appearance when written request is made to the property by persons currently residing more than fifty (50) miles from the property or from persons physically incapacitated at the time. Such condition shall require documentation.

An applicant will be offered an apartment of appropriate size and type upon availability of such unit. If more than one such apartment is vacant, the applicant will be given a choice. If the applicant turns down the vacancy offered, the applicant may remain at the same position on the waiting list to be offered an apartment again. If the applicant turns down the second vacancy offered, for reasons other than documented health problems or that the rent exceeds 30% of applicant's monthly income, the applicant will be placed at the bottom of the waiting list. The new eligibility date is the date the applicant turned down the second offer.

### **OCCUPANCY STANDARDS – MAXIMUM # PERSONS PER UNIT**

Maximum household size allowed is two (2) people per bedroom plus an additional person per 50 sq. feet of living space (living space excludes closets, stairways, kitchen, dining room, hallways and bathrooms).

Rental units specially designed for persons with disabilities. If the applicant does not have a person in the household that needs the special design feature of the accessible unit, applicant is permitted to occupy the rental unit until Management issues a 30 (thirty) day notice that a priority applicant is on the waiting list, at which time the ineligible tenant must move out of the rental unit within thirty (30) days of the notice.

### **UNIT TRANSFER**

Approved transfers require an additional Security Deposit on the new apartment. Any required painting, cleaning, and shampooing of carpets in the old apartment will be deducted from the initial Security Deposit and the balance refunded. Transfers will be handled like a move-out (from the old apartment) and a move-in (to the new apartment). Resident may be required to requalify.

### **ACCEPTANCE FOR AN AVAILABLE UNIT**

When an apartment is available, you will be notified. If you choose to accept the offer and are determined to be eligible, you will be required to:

1. Sign a Lease Agreement.
2. Pay a Security Deposit in advance, except if you will receive Rental Assistance or HUD (Section 8 Subsidy) and cannot pay the full amount of the Security Deposit. Payment arrangements may be made, and you will be required to sign a payout agreement.
3. Pay the first month's rent in advance.
4. Have the utility companies turn the utilities on in your name and provide a receipt to management.
5. Complete a Move-In Inspection of the unit with management.

## **SECURITY DEPOSITS**

It is agreed that Resident is required to pay to Landlord a Security Deposit. Landlord shall hold such deposit in trust for resident as security for Resident to fulfill his obligations as outlined herein. Such deposit is not advance rent and cannot be applied to rent by Residents. Within thirty (30) days following termination and delivery of possession to Landlord, the Security Deposit will be refunded only after all of the following conditions have been met:

1. Full term of Lease Agreement must have expired or terminated without default by Resident.
2. A thirty (30) day written notice must have been properly given to Landlord prior to vacating the apartment.
3. Resident's forwarding address or addresses have been provided to Landlord.
4. Resident's apartment has been cleaned thoroughly. Any required additional cleaning will be charged as per the cleaning charges on the Security Deposit form (Form 301). (List is estimates only.) All apartments must have the carpet professionally cleaned after the Resident has vacated. Any required carpet cleaning may be arranged and paid by the resident, providing Landlord with a receipt. Or Landlord may arrange carpet cleaning and the charges will be deducted from the Security Deposit. Rates to be charged for carpet cleaning may be obtained from the Management Representative.
5. If other work is required due to damage and/or excessive wear (beyond reasonable wear), appropriate charges as reflected on the Security Deposit form will be withheld from the Security Deposit to make the necessary repairs, at cost. To determine the Resident's obligation for such excessive wear, the Landlord will provide Resident with a Move-In Inspection, indicating the condition of the unit at initial occupancy and when Resident vacates the premises, Landlord will perform a Move-Out Inspection with the resident. Resident must be present at these inspections.
6. Keys to all locks must be returned by Resident. \$12.50 will be deducted from the Security Deposit for each non-returned key.
7. (If applicable) Upon vacating, Resident is responsible for leaving the electricity/gas to the unit on for at least seventy-two (72) hours in order to allow for normal cleaning. If Resident has the electricity/gas disconnected prior to seventy-two (72) hours, a \$32.50 charge will be withheld from the Security Deposit.
8. Security Deposit cannot be applied to last months rent.

It is specifically understood and agreed that the entire Security Deposit shall be automatically forfeited as liquidated damages should the Resident vacate or abandon the premises before the expiration of this Lease Agreement.

## **TERMINATION OF RESIDENCY**

PPM is a landlord like any other. Your residency may terminate upon violation of any of the following conditions, subject to the Uniform Landlord and Resident Act contained in the Arkansas Code:

### **18-17-601. Tenant to maintain dwelling unit.**

A tenant shall:

1. Comply with all obligations primarily imposed upon tenants by applicable provisions of building and housing codes materially affecting health and safety.
2. Keep the dwelling unit and that part of the premises that he or she uses reasonably safe and reasonably clean.
3. Dispose from his or her dwelling unit all ashes, garbage, rubbish, and other waste in a reasonably clean and safe manner.
4. Keep all plumbing fixtures in the dwelling unit or used by the tenant reasonably clean.
5. Use in a reasonable manner all electrical, plumbing, sanitary, heating, ventilating, air conditioning, and other facilities and appliances, including elevators in the premises.
6. Not deliberately or negligently destroy, deface, damage, impair, or remove any part of the premises or knowingly permit any person to do so who is on the premises with the tenant's permission or who is allowed access to the premises by the tenant.
7. Conduct himself or herself and require other persons on the premises with the tenant's permission or who are allowed access to the premises by the tenant to conduct themselves in a manner that will not disturb other tenant's peaceful enjoyment of the premises; and
8. Comply with the lease and rules that are enforceable pursuant to this subchapter.

### **18-17-602. Access.**

- (a) A tenant shall not unreasonably withhold consent to the landlord to enter into the dwelling unit in order to inspect the premises, make necessary or agreed repairs, decorations, alterations, or improvements, supply necessary or agreed services, investigate possible rule or lease violations, investigate possible criminal activity, or exhibit the dwelling unit to prospective or actual purchasers, mortgagees, tenants, workers, or contractors.
- (b) A tenant shall not change locks on the dwelling unit without the permission of the landlord.

**18-17-603. Tenant to use and occupy.**

Unless otherwise agreed, a tenant shall occupy his or her dwelling unit only as a dwelling unit and shall not conduct or permit any illegal activities thereon.

**18-17-401. Terms and conditions of rental agreement.**

- (a) A landlord and a tenant may include in a rental agreement terms and conditions not prohibited by this chapter or other rule of law, including, but not limited to, rent, term of the agreement, and other provisions governing the rights and obligations of the parties.
- (b)(1) Rent is payable without demand or notice at the time and place agreed upon by the parties.
- (2) Unless the tenant is otherwise notified in writing, rent is payable at the dwelling unit and periodic rent is payable at the beginning of any term of one (1) month or less and otherwise in equal monthly installments at the beginning of each month.
- (c) Unless the rental agreement fixes a definite term, the tenancy is week to week in case of a roomer who pays weekly rent and in all other cases month to month.

Either party to this Lease may terminate this Lease by giving the other written notice of at least thirty (30) days prior to date of termination. Landlord may terminate Lease for breach of any or all terms or other good cause, giving Resident thirty (30) days notice in writing. Notice to Resident shall be considered properly served by (a) sending a letter by first class mail, return receipt requested, properly stamped and addressed, to the Resident at his or her address at the project with a prior return address; and (b) either serving a copy of the notice on any adult person answering the door at the leased apartment unit, or if no adult responds, by placing the notice under or through the door.

PPM will not discriminate against any person regarding the application of its policies and procedures for housing. This means that no resident or applicant will receive any significant and unreasonable difference in treatment, including segregation, because of age, race, religion, creed, color, sex, sexual orientation, national origin, ancestry, disability, familial status or because of their association with another person of a different age, race, religion, creed, color, sex, sexual orientation, national origin, ancestry, disability, familial status, or gender identify.

**REMOVAL FROM THE WAITING LIST**

Applicants will be removed from the Waiting List for failing to respond to requests for additional information in the time frame allotted. However, the applicant will be reinstated to the Waiting List if their name was removed due to management error or a disability prevented the applicant from responding in a timely manner.

**OPENING AND CLOSING THE WAITING LIST**

The property maintains a waiting list for prospective applicants in accordance with applicable federal, state, and local housing program requirements. The waiting list may be opened or closed at the discretion of Management based on current occupancy levels, anticipated vacancies, and the number of applicants on the list.

When opening a waiting list, a public notice will be published in accordance with HUD and Fair Housing requirements. Notice will be provided at least 10 days in advance and will be made available in accessible formats upon request. The notice will include:

- The date the waiting list will open;
- Where and how to apply;
- Eligibility criteria;
- Any preferences or priorities being used;
- Contact information for requesting reasonable accommodations or language assistance.

When closing the waiting list, applicants already on the waiting list at the time of closure will continue to be processed in accordance with established procedures. Management will periodically review the waiting list size and occupancy turnover to determine when reopening is warranted.

**REJECTION PROCESS**

When rejecting an application, management will:

- Provide notification in writing of reasons for rejection
- Inform the applicant that they may submit in writing ten (10) days of the date of the rejection notice, a request for an informal hearing with the Management Representative to discuss the reasons for the decision of ineligibility.
- Provide a written determination to the application within 5 business days of the meeting.

- Inform the application that if an agreement cannot be reached, they have the right to a hearing on this matter pursuant to the USDA Rural Development Tenant Grievance and Appeals Procedure (7 CFR 3560.160).

### **RECORD KEEPING**

- Owner must retain current applications as long as their status on the waiting list is active.
- Once the application is taken off the waiting list, the owner must retain the application, initial rejection notice, applicant reply, copy of the owner's final response, and all documentation supporting the reason for removal from the list for three years.
- When an applicant moves in and begins to receive assistance, the application must be maintained for three years after the tenant leaves the property.

### **ADDITIONAL OWNER POLICIES AND PROCEDURES**

All Project buildings and offices shall be smoke-free. Smoking is prohibited in all living units, including any associated balconies, decks, or patios, and in the common areas of the buildings, including, but not limited to, community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, and elevators. Smoking is prohibited anywhere on the grounds of the Project, including but not limited to entryways, patios, parking lots, gazebos, green space, and patios.

Additional occupancy rules, regulations, and policies have been established by Management. These will be fully reviewed with you at the time of lease signing. If you would like more information beforehand, please feel free to contact Management for further details.

\*\*\* All approved applications must be updated every six (6) months to remain on the waiting list. \*\*\*

**I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS THAT PERTAIN TO THE TENANT SELECTION POLICY. I/WE BY SIGNING BELOW CERTIFY THAT WE HAVE READ AND RECEIVED A COPY OF THESE GUIDELINES.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711(voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider and employer.*

# Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204

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.
2. **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.
3. **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."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



# AUTHORIZATION FOR RELEASE OF INFORMATION



## CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low Income Public, and Indian Housing assistance programs. I understand that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing rules and policies. I also consent for HUD, credit bureaus, collection agencies, or future landlords to release information which includes records on my payment history and any violations of my Lease or Occupancy Policies.

I give my full consent to Professional Property Management to obtain a Credit Report through ACUTRAQ. I understand and agree that this report will become the property of the named apartment complex herein and will not be discussed with anyone, including myself. In the event I am declined due to the information found in the Credit Report, I will receive notification from the apartment complex, by mail, including instructions how to obtain a free copy of my credit report. Professional Property Management or the property is not in any way responsible for the findings on the credit report.

## INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status  
Medical or Child Care Allowances  
Residences and Rental Activity

Employment, Income and Assets  
Credit and Criminal Activity

## GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (Including Public Housing Agencies)  
Courts and Post Offices  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies  
Credit Providers and Credit Bureaus

Past and Present Employers  
State Employment Security Divisions  
Social Security Administration  
Child Support and Alimony Providers  
Veterans Administration  
Banks and other Financial Institutions  
Schools, Universities, and Colleges

## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the Management office and will stay in effect for one year and one month from the date signed. I have a right to review my file and correct any information that I can prove is incorrect.

## SIGNATURES

|                            |                       |                        |
|----------------------------|-----------------------|------------------------|
| _____<br>Head of Household | _____<br>(Print Name) | ____/____/____<br>Date |
| _____<br>Spouse            | _____<br>(Print Name) | ____/____/____<br>Date |
| _____<br>Adult Member      | _____<br>(Print Name) | ____/____/____<br>Date |
| _____<br>Adult Member      | _____<br>(Print Name) | ____/____/____<br>Date |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.



# RENTAL APPLICATION



Property Name

FOR MANAGEMENT USE ONLY

Date Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_:\_\_\_\_:\_\_\_\_

Application Number: \_\_\_\_

**\*\*PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate. \*\***

Bedroom size requested: ☐ Studio ☐ One Bedroom ☐ Two Bedroom ☐ Three Bedroom ☐ Other: \_\_\_\_\_

Current Telephone(s) # \_\_\_\_\_ Receive text messages at this number: YES ☐ NO ☐

Email Address: \_\_\_\_\_ Receive emails at this address: YES ☐ NO ☐

Current Address: \_\_\_\_\_

(Address)

(City)

(State)

(Zip Code)

## PART I – HOUSEHOLD COMPOSITION - To be completed by applicant

**Directions to Applicant:** Please complete the table below for each member of your household, whether or not those members are related, including all members who you anticipate will live with you at least 50% of the time during the next 12 months. All unmarried adults must complete a separate rental application.

| Name <u>ALL</u> People to Occupy Unit<br>Full name (exactly as on driver's<br>license or another govt. document) | DOB | Age | Sex | Relationship                                                                                              | *Marital Status*<br>(Single/Never<br>Married, Married,<br>Divorced,<br>Separated,<br>Widowed) | Last 4<br>digits of<br>your<br>Social<br>Security<br>number | Student?<br>Yes or No |
|------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------|
| 1.                                                                                                               |     |     |     | HEAD                                                                                                      |                                                                                               |                                                             |                       |
| 2.                                                                                                               |     |     |     | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                                                                                               |                                                             |                       |
| 3.                                                                                                               |     |     |     | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                                                                                               |                                                             |                       |
| 4.                                                                                                               |     |     |     | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                                                                                               |                                                             |                       |
| 5.                                                                                                               |     |     |     | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                                                                                               |                                                             |                       |
| 6.                                                                                                               |     |     |     | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                                                                                               |                                                             |                       |

1. Are any of the above-listed household members foster children or adults?

YES ☐ NO ☐

If yes, please list name: \_\_\_\_\_

**\*\* If Divorced/Separated list the date(s), city/county & state where filed: \_\_\_\_\_ \*\***

If any member of the household has used another name, please list this below (maiden name, former name, etc.)

|                  |                   |
|------------------|-------------------|
| Former name used | Current name used |
| Former name used | Current name used |

2. Do you expect any changes in the household composition over the next twelve months? YES ☐ NO ☐

If yes, check the following that applies:

☐ Baby due on (date): \_\_\_\_\_ ☐ Adopting a child(ren) on (date): \_\_\_\_\_

☐ Obtaining custody of child(ren) on (date): \_\_\_\_\_ ☐ Receiving a foster child(ren) on (date): \_\_\_\_\_

☐ Obtaining joint custody of a child(ren) on (date): \_\_\_\_\_

3. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e., seeking employment, expecting child support/alimony, expecting a promotion, etc.)? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

4. Are there any household members who reside in the unit less than 100% of the time? YES ☐ NO ☐

If yes, please list household members and why: \_\_\_\_\_

**PART II – HOUSEHOLD INCOME (continued) - To be completed by applicant**

For questions (5) through (28), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

**Do you or anyone in your household have:**

| Income                                                                                                                                                                                                                                              | Applicant #1                                             | Applicant #2                                             | Monthly Amount:              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------|
| 5. Wages or Salaries (gross income)                                                                                                                                                                                                                 | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 6. Child Support                                                                                                                                                                                                                                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | Amount Received:<br>\$ _____ |
| 7. Alimony                                                                                                                                                                                                                                          | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | Amount Received:<br>\$ _____ |
| 8. Social Security (gross amount)                                                                                                                                                                                                                   | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 9. Railroad Pension (gross amount)                                                                                                                                                                                                                  | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 10. Supplemental Security Income (SSI) (gross amount)                                                                                                                                                                                               | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 11. Public Assistance – AFDC, TANF, General Assistance (excl. Food Stamps)                                                                                                                                                                          | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 12. Veterans Administration Benefits                                                                                                                                                                                                                | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 13. Pensions                                                                                                                                                                                                                                        | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 14. Are any periodic withdrawals being made from a retirement account?<br><br>If yes how much and how often?<br>(such as IRA's, 401K, Keogh, etc.)                                                                                                  | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 15. Annuities (regular periodic payments)                                                                                                                                                                                                           | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 16. Unemployment Compensation                                                                                                                                                                                                                       | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 17. Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends                                                                                                                                                                 | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 18. Net Income from a Business<br>(Self-Employment, including Uber or Lyft driver, Door Dash, Uber Eats, Independent contractor (cash pay, odd jobs) or similar types of positions, rental property, land contracts, or other forms of real estate) | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 19. Regular Contributions and/or Gifts                                                                                                                                                                                                              | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |
| 20. Interest / Dividends                                                                                                                                                                                                                            | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$ _____                     |

| Income                                                                                                                                                                                                            | Applicant #1                                             | Applicant #2                                             | Monthly Amount: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-----------------|
| 21. Lottery Winnings or Inheritances                                                                                                                                                                              | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$              |
| 22. All regular pay paid to members of Armed Forces                                                                                                                                                               | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$              |
| 23. Education, Grants, Scholarships or other Student Benefits                                                                                                                                                     | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$              |
| 24. Long Term Medical Care Insurance Payments in Excess of \$180.00 per day                                                                                                                                       | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$              |
| 25. Do you receive funding from a State Medicaid agency (including through a managed care entity) or other State or Federal Agency to a family to enable a family member who has a disability to reside with you? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$              |
| 26. I am claiming zero income and will be required to complete a separate zero-income certification form.                                                                                                         | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$              |
| 27. Other Income                                                                                                                                                                                                  | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$              |
| 28. Does any minor in the household have unearned income? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></span>                                |                                                          |                                                          | \$              |
| If yes, please explain: _____                                                                                                                                                                                     |                                                          |                                                          |                 |
| <b>Monthly Total (Add totals in lines 5 through 28)</b>                                                                                                                                                           |                                                          |                                                          | \$              |
| <b>TOTAL Gross Annual Income (Monthly Total x 12)</b>                                                                                                                                                             |                                                          |                                                          | \$              |
| <b>Total Gross Annual Income from <u>previous year</u> (separate out if <u>unrelated</u> adults)</b>                                                                                                              |                                                          |                                                          | \$              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29. Are any food and toiletry needs met by a food bank or similar organization? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| List these organization (s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Please note that the following income sources are considered “nonrecurring” and do not need to be reported. Please report all other income and we will help you determine what needs to be counted.</b></p> <ul style="list-style-type: none"> <li>a. Payments from the U.S. Census Bureau for employment (relating to the decennial census or the American Community Survey) lasting no longer than 180 days and not culminating in permanent employment.</li> <li>b. Federal or State stimulus or recovery payments.</li> <li>c. Amounts for State or Federal refundable tax credits or tax refunds.</li> <li>d. Gifts for holidays, birthdays, or other significant life events or milestones (e.g., wedding gifts, baby showers, anniversaries).</li> <li>e. Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization</li> </ul> |

| <b>PART III – ASSET INCOME - To be completed by applicant</b>                                                                                                                                                                                                    |                                                          |                                                          |                   |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-------------------|-----------------------------|
| <b>CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.</b> |                                                          |                                                          |                   |                             |
| <b>Do you or anyone in your household have:</b>                                                                                                                                                                                                                  |                                                          |                                                          |                   |                             |
| Asset                                                                                                                                                                                                                                                            | Applicant #1                                             | Applicant #2                                             | Cash Value Amount | Name of Bank or Institution |
| 30. Savings Account / 529 College Savings Plan                                                                                                                                                                                                                   | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 31. Checking Account                                                                                                                                                                                                                                             | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 32. Chime Account – checking or savings                                                                                                                                                                                                                          | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 33. Certificate of Deposit                                                                                                                                                                                                                                       | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 34. Safe Deposit Box                                                                                                                                                                                                                                             | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 35. Stock of Securities                                                                                                                                                                                                                                          | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 36. Treasury Bills                                                                                                                                                                                                                                               | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |

| Asset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Applicant #1                                             | Applicant #2                                             | Cash Value Amount | Name of Bank or Institution |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-------------------|-----------------------------|
| 37. Annuities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 38. Mutual Funds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 39. Savings Bonds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 40. Money Market Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 41. Cash on Hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 42. Internet Accounts – Venmo, Square, Cash App, PayPal, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 43. Prepaid Card (Direct Express, NetSpend, Citibank, Relia Card, reloadable Wal-Mart cards, red or green dot cards, Etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | \$                |                             |
| 44. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If yes, please list Company Name: _____<br>Cash Value \$ _____                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                          |                   |                             |
| 45. Has any Personal Property been held as an investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/> Cash Value \$ _____                                                                                                                                                                                                                                                                                                                                |                                                          |                                                          |                   |                             |
| 46. Have you received any Lump Sum Receipts? YES <input type="checkbox"/> NO <input type="checkbox"/><br>(Include inheritances, capital gains, lottery winnings, insurance settlements, and other claims)<br>When _____ Cash Value _____ Where are Funds Held? _____                                                                                                                                                                                                                                                                                                                  |                                                          |                                                          |                   |                             |
| 47. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? YES <input type="checkbox"/> NO <input type="checkbox"/><br>a. If yes, type of property: _____<br>b. Location of Property: _____<br>c. Appraised Market Value: _____<br>d. Mortgage or Outstanding loan balance due: _____<br>e. Amount of Annual Insurance Premium: _____<br>f. Amount of most recent tax bill: _____ |                                                          |                                                          |                   |                             |
| 48. Have you sold or disposed of any other assets in the last 2 years? YES <input type="checkbox"/> NO <input type="checkbox"/><br>(given money away, set up Irrevocable Trust Account, property, etc.)<br>If yes, type of asset: _____<br>Market Value when sold or disposed: _____<br>Amount sold or disposed for: _____<br>Date of Transaction: _____                                                                                                                                                                                                                              |                                                          |                                                          |                   |                             |
| 49. Do you have any other assets not listed above (excluding personal property)? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If yes, please list: _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                          |                   |                             |
| 50. Has anyone in the household received a tax refund in the last 12 months that was deposited into an account listed above?(Depending on applicable household assets, verification of the return may be needed). YES <input type="checkbox"/> NO <input type="checkbox"/><br>If yes: _____<br>Amount of the return: \$ _____ Into which account was the return deposited? _____                                                                                                                                                                                                      |                                                          |                                                          |                   |                             |
| 51. Does your household benefit from a trust account? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If yes, please complete the below.<br>Is trust in control of the family (can any family member change or cash in the trust)? YES <input type="checkbox"/> NO <input type="checkbox"/><br>Are any distributions being received from the trust? YES <input type="checkbox"/> NO <input type="checkbox"/><br>Contact info for the administrator of the trust: _____                                                                                                    |                                                          |                                                          |                   |                             |

**Part IV – STUDENT QUESTIONS - To be completed by applicant**

52. Are all occupants full-time students? If yes, please answer the following listed below:

- a. Are the students married and entitled to file a joint tax return (attach marriage certificate or tax return)  
YES ☐ NO ☐
- b. Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? YES ☐ NO ☐
- c. Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? YES ☐ NO ☐
- d. Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.) YES ☐ NO ☐
- e. Is any student(s) part of the foster care program? YES ☐ NO ☐

53. Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?

YES ☐ NO ☐ If yes, who: \_\_\_\_\_

Name of School(s): \_\_\_\_\_ Location: \_\_\_\_\_

When do you plan to attend: \_\_\_\_\_

54. Has any adult household member been a full-time student five (5) months or more out of the current calendar year (months need not be consecutive)? YES ☐ NO ☐

If yes, who: \_\_\_\_\_

Name of School(s): \_\_\_\_\_ Location: \_\_\_\_\_

55. Is the household composed entirely of full-time students enrolled in an institution of higher education?

YES ☐ NO ☐

56. Are any household members attending an institute of higher education? YES ☐ NO ☐

If yes, who: \_\_\_\_\_

How is school paid for (each)? \_\_\_\_\_

57. Are you receiving, or applying to receive, Housing Choice Voucher assistance/Section 8 Rental Assistance?

YES ☐ NO ☐

58. If yes, what process have you taken for rental assistance? Applied ☐ Waitlist ☐ Receiving ☐

**Part V – RESIDENTIAL HISTORY - To be completed by applicant**

59. Residential History: List all applicants' residential history for the past 2 years: (current & previous landlords)

| Applicant(s) Name | Residence Address | Landlord/Address/Telephone<br>(if owned, indicate) | From (mm/yyyy) | To (mm/yyyy) |
|-------------------|-------------------|----------------------------------------------------|----------------|--------------|
|                   |                   |                                                    |                |              |
|                   |                   |                                                    |                |              |
|                   |                   |                                                    |                |              |
|                   |                   |                                                    |                |              |

60. Will this be your only place of residence? YES ☐ NO ☐

If no, please explain: \_\_\_\_\_

61. What is the condition of your current housing?

Standard ☐ Sub-Standard ☐ Living with family or friends ☐ Conventional Public Housing ☐

Lacking a Fixed Nighttime Residence ☐ Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking (as defined by VAWA) ☐

62. Have you ever been evicted? YES ☐ NO ☐  
 If yes, explain: \_\_\_\_\_

63. Have you notified your present landlord that you are moving? YES ☐ NO ☐

64. May we contact your present landlord for a reference? YES ☐ NO ☐  
 If no, please explain: \_\_\_\_\_

65. Reason for moving: \_\_\_\_\_

66. Are you now in a government-subsidized rental unit or receiving other rental assistance? YES ☐ NO ☐

67. Has your rental assistance ever been terminated for fraud, non-payment of rent, or failure to recertify?  
 YES ☐ NO ☐ If yes, explain: \_\_\_\_\_

68. If you were 62 or older as of 1/31/2010 and do not have a Social Security Number, were you receiving HUD rental assistance at another location on 1/31/10? Yes ☐ No ☐ Not Applicable ☐

69. List all U.S. states where each household member has lived. Please include the household member's name and all states of prior residence. \_\_\_\_\_

70. Is any member of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes ☐ No ☐  
 If yes, please list the name(s) of the household member(s): \_\_\_\_\_

**Part VI – EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:**

71. Head of Household **PRESENT** Employer: **\*Must list and verify any employment terminated within the last 90 days\***  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you have a 2<sup>nd</sup> job? YES ☐ NO ☐ If yes, please list information below:  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

72. Head of Household **PREVIOUS** Employment:  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

73. Co-Head of Household **PRESENT** Employer: **\*Must list & verify any employment terminated within the last 90 days\***  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you have a 2<sup>nd</sup> job? YES ☐ NO ☐ If yes, please list information below:  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

74. Co-Head of Household **PREVIOUS** Employment: **\*Must list & verify any employment terminated within the last 90 days\***  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Part VII – OTHER - To be completed by applicant**

75. Do you have full custody of your child(ren)? YES ☐ NO ☐ N/A ☐ *If no, please explain the custody arrangements:*  
Custody Arrangement of any children in the household: ☐ Full ☐ Joint ☐ Not Applicable  
☐ Other \_\_\_\_\_

76. Would you or any members of your household benefit from a unit with special features for persons with disabilities?  
YES ☐ NO ☐  
*If yes, what features are needed:* \_\_\_\_\_

77. Are you applying for persons with disabilities status? YES ☐ NO ☐  
*Management will provide reasonable accommodations to persons with disabilities unless doing so would cause undue administrative/financial burden.*

78. Do you have a household member who is absent from the home? YES ☐ NO ☐  
*If yes, check the following that applies:*  
☐ Employment ☐ Military Service ☐ Placement in foster care ☐ Temporarily in nursing home or hospital  
☐ Permanently confined to a nursing home ☐ Away at school  
☐ Other (please explain): \_\_\_\_\_

78. Do you have a live-in attendant? YES ☐ NO ☐

79. Do you have an animal? YES ☐ NO ☐ *If yes, will the animal be staying with you? YES ☐ NO ☐*

**PART VIII - HEALTHCARE RELATED EXPENSES (AGE 62 OR OLDER OR PERSON WITH DISABILITIES) - To be completed by applicant**  
**\*FOR HUD and USDA Rural Development Properties ONLY\***

80. Does any household member qualify for an elderly deduction (age 62 or older or a person with disabilities)?  
YES ☐ NO ☐

81. Do you have disability expenses that are not paid for by an outside source? YES ☐ NO ☐  
*If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?*  
YES ☐ NO ☐

82. Do you have attendant care expenses? YES ☐ NO ☐  
*If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?*  
YES ☐ NO ☐

83. Do you take prescriptions which are not paid by insurance? YES ☐ NO ☐  
*If yes, give an estimated amount you pay: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_*

84. Do you have the Medicare Premium deducted from your Social Security? YES ☐ NO ☐  
*If yes, amount: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_*

85. Do you pay a Premium for Supplementary Insurance? YES ☐ NO ☐  
*If yes, amount: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_ or Qtrly. \_\_\_\_\_*

86. Do you ANTICIPATE any healthcare related expenses for the next 12 months, which are NOT covered by health insurance (eye care, dental, in-home health care)? Include over-the-counter medical supplies (Depends, needles, etc.).  
YES ☐ NO ☐ *If yes, complete the following:*  
Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_  
Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_  
Use this space for any additional information you feel necessary to report: \_\_\_\_\_

**PART IX – CHILDCARE EXPENSES - To be completed by applicant****\*FOR HUD and USDA Rural Development Properties ONLY\***

87. Do you currently pay for childcare services for any children under the age of 13 residing in your household?  
YES ☐ NO ☐ *If yes, is this service necessary in order for you to be employed or to attend school? YES ☐ NO ☐*  
*If yes, are any of these expenses reimbursed by an outside source? YES ☐ NO ☐*  
Care Provider's Name: \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Use this space for any additional information you feel necessary to report: \_\_\_\_\_

**PART X – RESIDENT’S STATEMENT - To be completed by applicant**

88. Do you have a legal right to be in the United States: (check one that applies)?

☐ Yes, because I am a United States Citizen

☐ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)

☐ No

If you answered yes because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

89. Are you a veteran? YES ☐ NO ☐

Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves, or National Guard, may be eligible for additional benefits and services. For more information, please visit your local Veterans Area website.

**PART XI – IN CASE OF EMERGENCY, NOTIFY - To be completed by applicant**

| Name | Relationship | Best Contact Information |
|------|--------------|--------------------------|
|      |              |                          |
|      |              |                          |
|      |              |                          |

**\*\* Before you complete this section of the application, were all questions above completely answered? All blanks filled in. If not, please go back through the application and complete the sections that were left blank. \*\***

**PART XII – RESIDENT STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/We, the applicant(s), certify that the housing I/we will occupy is/will be my/our permanent residence. I/We further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.

I/We, the applicant(s), agree to give management/owner the authority to investigate my / our credit rating, my/our current and past rental record, my/our police record, and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**\*\* This Section must be completed even if assistance is not needed.\*\***

|                                                                                                                                                                                      |                                                                                                                    |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Has anyone helped and assisted you in filling out this application?</b>                                                                                                           |                                                                                                                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> Signature of Head of Household                                                                | <div style="text-align: center; border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;">/ /</div> Date |                                                          |
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> Signature of Co-Head of Household                                                             | <div style="text-align: center; border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;">/ /</div> Date |                                                          |
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> Signature of person who assisted with the application and their relationship to the applicant | <div style="text-align: center; border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;">/ /</div> Date |                                                          |
| Reason for assistance:                                                                                                                                                               |                                                                                                                    |                                                          |

**NOTE:** Applicant(s) will be notified in writing whether or not they have been selected for immediate occupancy, placed on a waiting list, or ineligible.

I/We understand in order to remain active on the waiting list, I/we will be required to update my application every six (6) months upon notification from management. \_\_\_\_\_ (Initials)

**FINAL STATUS OF APPLICATION:**

**This application was (Check One):**      **Accepted** ☐      **Ineligible** ☐

|                           |      |  |
|---------------------------|------|--|
|                           | / /  |  |
| Management Representative | Date |  |

**WARNING:** Title 18, U.S. Code, Section 1001, makes it a crime to knowingly and willfully make materially false, fictitious, or fraudulent statements or representations to the federal government. Section 1010 provides criminal penalties for knowingly making false statements or misrepresentations to obtain FHA-insured loans or other HUD-related assistance. Section 1012 provides criminal penalties for knowingly making false statements or misrepresentations to influence actions of the Department of Housing and Urban Development. Applicants who make false statements or misrepresent information to obtain housing benefits may be subject to fines, imprisonment, or both.

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider and employer.*



# ACKNOWLEDGEMENT



HUD Form 5380, Notice of Occupancy Rights &  
HUD Form 5382, Certification of Domestic Violence and Alternate Documentation

Applicant's Name: \_\_\_\_\_

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

I, \_\_\_\_\_ have received and read the following forms:  
(Printed Name)

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

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595*

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### **Professional Property Management<sup>1</sup>**

### **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 Section 515/538 is 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 Section 515/538, 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**

If you are receiving assistance under Section 515/538, 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 Section 515/538 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Professional Property Management 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 Professional Property Management chooses to remove the abuser or perpetrator, Professional Property Management 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, Professional Property Management 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.

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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.



NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 06/30/2017



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.

In removing the abuser or perpetrator from the household, Professional Property Management must follow Federal, State, and local eviction procedures. In order to divide a lease, Professional Property Management 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, Professional Property Management 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, Professional Property Management 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.

Professional Property Management 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.

Professional Property Management's emergency transfer plan provides further information on emergency transfers, and Professional Property Management 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**

Professional Property Management 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



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Professional Property Management must be in writing, and Professional Property Management 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. Professional Property Management 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 Professional Property Management as documentation. It is your choice which of the following to submit if Professional Property Management 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 Professional Property Management 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 Professional Property Management has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, Professional Property Management does not have to provide you with the protections contained in this notice.

If Professional Property Management 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), Professional Property Management 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, Professional Property Management does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Professional Property Management 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. Professional Property Management must not allow any individual administering assistance or other services on behalf of Professional Property Management (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. Professional Property Management must not enter your information into any shared database or disclose your information to any other entity or individual. Professional Property Management, however, may disclose the information provided if:



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U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 06/30/2017



- You give written permission to Professional Property Management to release the information on a time limited basis.
- Professional Property Management 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 Professional Property Management or your landlord to release the information.

VAWA does not limit Professional Property Management'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, Professional Property Management 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 Professional Property Management 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 Professional Property Management can demonstrate the above, Professional Property Management 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 your RD State Office located at:

U.S. Department of Housing and Urban Development  
Little Rock Field Office Region VI  
425 West Capitol Avenue, Suite 1000  
Little Rock, AR 72201-3488

Phone: 501-918-5700  
Fax: 501-324-6142  
TTY: 800-877-8339



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U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 06/30/2017



**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, Professional Property Management must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact Professional Property Management at 870-425-6076.

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). For local law enforcement contact information, please contact the rental office or Professional Property Management at 870-425-6076.

For help regarding sexual assault, you may contact the Rape, Abuse & Incest National Network's National Sexual Assault Hotline, 1-800-656-HOPE (4673) or <https://ohl.rainn.org/online>. For local law enforcement contact information, please contact the rental office or Professional Property Management at 870-425-6076.

Victims of stalking seeking help may contact the National Center for Victims of Crime's Stalking Resource Center, 855-4-VICTIM (855-484-2846), or <http://victimsofcrime.org/our-programs/stalking-resource-center/help-for-victims>. For local law enforcement contact information, please contact the rental office or Professional Property Management at 870-425-6076.

**Attachment:** Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation Form, HUD-5382

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider and employer.



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

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**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.



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
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**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): \_\_\_\_\_  
\_\_\_\_\_
9. 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.



**CERTIFICATION OF  
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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.

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