Florence V. Hodges Apartments
Tenant Selection Plan
July 2016

Thank you for your interest in an apartment managed by The Hodges Companies. Enclosed you will find your application package. Please complete all documents entirely. Return all “OFFICE COPY” documents along with copies of the social security cards for each person who will reside in the apartment, or another legal document with the number on it.

LIST OF DOCUMENTS INCLUDED IN THIS PACKAGE:
1. Application for Assisted Housing. Please complete in full. If a question does not apply to you; please mark the answer space with a N/A. All household members over the age of 18 must sign and date the application (Project Eligibility).
2. Selection Criteria for Housing. Please review the criteria for more information on our selection process and become familiar with it (Project Eligibility).
3. Notice and Consent for the Release of Information, HUD 9887 & HUD 9887-A. All applicants over the age of 18 must sign (Program Eligibility).
4. Attachment 5: Family Summary Sheet. Please list all members of the household who will reside in the apartment (Program Eligibility).
5. Attachment 7: Applicant Declaration Format. Please complete one for each household member listed on the application and Attachment 5 (Program Eligibility).
6. Race and Ethnic Data Reporting Form. Please complete one for each household member listed on the application (Program Eligibility).
7. EIV & You and Things You Should Know: Please sign the “OFFICE COPY” receipt and return it with your completed application.

Note: Pets are limited to one per household, dogs less than 45 pounds (at maturity) only. Faxed applications will not be accepted.


Please feel free to call us at 603-224-9221 or TDD 1-800-545-1833 Extension 118 if you have any questions. Applications can be obtained in person at 201 Loudon Road, Concord, NH 03301, by calling 603-224-9221 or by e-mail us at housing@hodgesdevelopment.com. Application can be dropped off at the office or mailed to the address above. No faxed applications. (Dec 2013)

Our office hours are Monday through Friday, 8:00 AM to 4:30 PM. If you’d like an appointment, please call to set up a convenient time.

In compliance with HUD's Final Rule - Equal Access to Housing in HUD Programs regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

201 Loudon Road □ Concord, New Hampshire 03301-6000 □ (603) 224-9221 □ Fax (603) 228-1387 □ TDD (800) 545-1833 X118
201 Loudon Road □ Concord, New Hampshire 03301-6000 □ (603) 224-9221 □ Fax (603) 228-1387 □ TDD (800) 545-1833 X118
Equal Opportunity Provider and Employer
Project Eligibility

Florence V. Hodges Apartments is located on 205 Loudon Road, Concord, New Hampshire. The project was designed for individuals at least 62 years of age or older, handicap, or disabled (Section 8 definition of Elderly or Disabled; 24 CFR 5.403).

Current Residents will be given priority for a vacant unit once a request for such unit has been submitted. Transfers will be permitted for medical and household composition changes only. An applicant will be permitted to refuse an offer on a unit and keep their position on the Waiting List. If a refusal is made after the second offer, the applicant will be placed at the bottom of the Waiting List (5/9/06).

The Hodges Companies may reject an applicant, if at any time during the selection process, any negative information is received from any source that would indicate that the applicant would interfere with the other residents (such as disturbances, police reports, criminal record, etc) (07/10), diminish their right to quiet enjoyment of the premises, affect their health or safety, welfare, comfort, or financial stability of the property.

The Hodges Companies may close the waiting list when the expected wait for a unit is more than a year. All potential applicants will be notified (i.e. public notice) that the waiting list is closed. When the waiting list is reopened, an announcement will be published in the same manner of the closing of the waiting list.

Family or household size must meet and/or not exceed the following criteria:

<table>
<thead>
<tr>
<th>Size</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Bedroom</td>
<td>1 person</td>
<td>2 people</td>
</tr>
</tbody>
</table>

Citizenship/immigration status requirements – Assistance in subsidized housing is restricted to U.S. citizens or nationals; and non-citizens who have eligible immigration status (Dec 2013).

The owner will require the applicant to provide verification of citizenship/immigration status. Assistance will not be denied to applicants who submit their immigration documentation in a timely manner, but for whom the DHS verification or appeals process has not been completed. Pro-rated assistance will be provided to the family until the owner has received and verified the immigration status of any remaining non-citizen family members.
The owner will remove an applicant from the waiting list for the following reasons:
1) The applicant no longer meets the eligibility requirements for the property or program;
2) The applicant fails to respond to a written notice for an available unit;
3) The applicant is offered and rejects three offers to a unit in the property;
4) Notices sent to the applicant’s last known address is returned as undeliverable; or
5) If no appropriate size unit is available at the property (using family size as the basis) (5/9/06).
6) Failure to respond to written correspondence within the time frame specified (4/09).

The Hodges Companies must follow the published Section 8 (pre-1981) Income Limits to determine eligibility of a household. The limit is determined based on household size at the time of move-in (24 CFR 5.659). The Hodges Companies must comply with Federal, State, and local fair housing and civil rights laws, tenant-landlord laws, zoning restrictions, and HUD’s Equal Opportunity and nondiscrimination requirements under HUD’s administrative procedures.

In accordance with current statutory Section 8 Guidelines, The Hodges Companies must following the criteria below for admission of applications:
1) The Owner will make at least 40% of Assisted Units that become available each year of the project’s fiscal year available for leasing to families whose income does not exceed 30% of the Area Median Income (“Extremely Low Income, ELI”).
2) Not more that 25% of the units available for occupancy prior to October 1, 1981 shall be rented to Low Income families, other than Very Low Income families.
3) Not more than 15% of the units available for occupancy on or after October 1, 1981 shall be rented to Low Income families, other than Very Low Income families.

Eligibility of Applicants Applying for Section 8 Assistance Who are Enrolled in an Institute of Higher Education (5/9/06)

The new eligibility restrictions imposed on students enrolled at institutions of higher education and seeking section 8 assistance are set out in two parts: Section 327 (a) and section 327 (b) of the Act.
1. Requirements of Section 327(a) of the Act and 24 CFR 5.612 of the Final Rule. The new eligibility restrictions of section 327(a) are implemented and codified in HUD’s regulation at 24 CFR 5.612 and provide as follows:
No assistance shall be provided under section 8 of the 1937 ACT to any individual who:

- Is enrolled as a full or part-time student at an institution of higher education, as defined under section 103 of the Higher Education Act of 1965 (20 U.S.C. 1002);
- Is under 24 years of age;
- Is not a veteran of the United States Military;
- Is unmarried;
- Does not have a dependent child, and
- Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under section 8 of the 1937 Act.

Note-Exception: If any member of the household has been in foster care, the household qualifies (07/10).

For a student under the age of 24 who is not a veteran, is unmarried, does not have a dependent child and who is seeking section 8 assistance, section 327(a) of the Act sets up a two-part income eligibility test. Both parts of this test must be affirmatively met.

That is, both the student and the student’s parents (jointly or individually) must be income eligible for the student to receive section 8 assistance. If it is determined that the parents are not income eligible, the student is ineligible to receive section 8 assistance.

As noted earlier in this guidance, based on program practices and criteria already in place, a student under the age of 24 who meets the additional criteria of section 327 of the Act may become income eligible for assistance in circumstances where an examination of the income of the student’s parents may not be relevant or where the student can demonstrate the absence of, or his or her independence from, parents. These practices and criteria include but are not limited to consideration of all of the following:

1. The individual must be of legal contract age under state law.
2. The individual must have established a household separate from parents of legal guardians for at least one year prior to application for occupancy or the individual meets the U.S. Department of Education’s definition of an independent student.
3. The individual must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations.
4. The individual must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required event if no assistance will be provided.
Public Housing Authorities, Owners and Managers of section 8 assistance will need to verify a student’s independence from his or her parents to determine that the student’s parents’ income is not relevant for determining the student’s eligibility for assistance by taking into consideration all of the following:

1. Reviewing and verifying previous address information to determine evidence of a separate household, of verifying the student meets the U.S. Department of Education’s definition of “independent student”; and
2. Reviewing prior year income tax returns to verify if a parent of guardian has claimed the student as a dependent (except if the student meets the Department of Education definition of “independent student”); and
3. Verifying income provided by the parent by requiring a written certification from the individual providing the support. Certification is also required if the parent is providing no support to the student. Financial assistance that is provided by persons not living in the unit is part of annual income.

As also noted earlier in this guidance, the new law and HUD’s rule do not affect students residing in a section 8 assisted unit with his or her parents or who reside with parents who are applying to receive section 8 assistance. The law and HUD’s rule focus on a student under the age of 24 who meets the additional eligibility requirements of section 327 of the Act and who is already residing in a section 8 assisted unit without his or her parents, or who is seeking on his or her own to reside in a section 8 assisted unit.

Income Targeting- To comply with 24 CFR 5.653 Admission – Income-eligibility and income-targeting, the first available unit will be made available to an applicant whose income is at or below the Extremely Low Income (ELI) limit. Subsequent units will be alternated from Very Low or Low Income, then ELI on a first come, first serve basis, determined by the waiting list. If, after actively marketing these units within a reasonable time period of not less than two weeks or 14 days, The Hodges Companies is unable to fill the vacant units with Extremely Low Income households, we will rent to other eligible households in accordance with the statutory regulations.

Social Security Disclosure Requirements (08/11)

The regulation at 24 CFR 5.216 now requires that assistance applicants and tenants, excluding tenants age 62 and older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and those individuals who do not contend eligible immigration status, to disclose and provide verification of the complete and accurate SSN assigned to them. The requirement to disclose and provide verification of a SSN is no longer limited to those assistance applicants and tenants six years of age and older. In addition, the process of having an applicant household certify they have a SSN for each household member six years of age and older, and continuing with the recertification process until the time of their move-in certification is no longer applicable.
Exceptions to Disclosure of SSN
The SSN requirements do not apply to: (a) Individuals who do not contend eligible immigration status. (1) Mixed Families: For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant’s Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN. NOTE: The O/A may not deny assistance to mixed families due to nondisclosure of a SSN by an individual who does not contend eligible immigration status. (2) For Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC and Section 811 PRAC properties, the restriction of assistance to noncitizens does not apply. Individuals living at one of these properties who do not contend eligible immigration status must sign a certification, containing the penalty of perjury clause, certifying to that effect. The certification will support the individual not being subject to the requirements to disclose or provide verification of a SSN. The certification must be retained in the tenant file.(See Handbook 4350.3 REV-1, Paragraphs 3-12 N, O and P for more information on mixed families and proration of assistance.)
NOTE: HUD regulations do not prohibit an individual (head of household with other eligible household members) with ineligible immigration status from executing a lease or other legally binding contract. However, if your state law prohibits this, the family must not be admitted into the program.

(b) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility determination is based on participation in either a Public and Indian Housing or Multifamily HUD assisted program. The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.

c) Existing tenants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined their SSN to be valid.

Applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed. An applicant has 90-days from the date they are first offered an available unit to disclose and/or verify their SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.
Owners’ and Agents’ are required to use HUD’s Enterprise Income Verification (EIV) System; which became mandatory January 31, 2010. This is used as a third-party source to verify tenant employment and income information during the mandatory recertifications of family composition and income, to conduct Existing Tenant Searches as part of the applicant screening process, and to reduce administrative and subsidy payment errors (07/10).

The EIV Existing Tenant Search identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application processing at another location. The Hedges Companies uses this report when processing an applicant for admission to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or Public and Indian Housing (PIH) location. The Hedges Companies will discuss with the applicant if the report identifies that the applicant or a member of the applicant’s household is residing at another location, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. This may be a case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child. The Hedges Companies will follow up with the respective PHA or O/A to confirm the individual’s program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. The report gives the O/A the ability to coordinate move-out and move-in dates with the PHA or O/A of the property at the other location (Dec 2013).

Information provided on the application must be true and accurate. Any false, misleading, or incomplete information will result in rejection.

1). An applicant’s past and present performance in meeting financial obligations. The following will be considered as examples of unfavorable credit references and will serve as the basis for rejection of an application:
   a). Any outstanding account or public record with a utility company or another landlord or management company, excluding financial hardship (documentation will be required) (07/10).

2). All persons listed on the application 18 years and older are required to complete a state Criminal Record Release form for each state they resided in. The following will be the basis for rejection:
   a). Any misdemeanors within 3 years from the date of application; excluding driving offenses (07/10)
   b). Any drug-related criminal activity
   c). Any sexual offense criminal activity
   d). Any hate crime or violent criminal activity
e). 2 or more convictions for crimes against persons or property within the previous 7 years; excluding driving offenses; or an extensive criminal history record, or a combination of criminal convictions that would signify the Applicant has a disregard of local, state and/or federal laws; (07/10)

f). Other criminal activity that would threaten the health, safety, security, or right to peaceful enjoyment of the premises by other residents or of the Owner’s or any employee, contractor, subcontractor or agent of the Owner who is involved with the property.

g). Any felony record on the applicant’s criminal record (10/10)

3). An applicant’s ability to comply with the terms of the Lease or Rental Agreement from past or current landlords. An applicant will be required to provide a minimum of three years rental history (Note: Landlords who are related will not meet the definition of a past or current landlord). If an applicant cannot meet the minimum requirement, at least one of the following criteria must be met in order to determine eligibility:

a). The applicant owned his/her own home within the last three years,

b). The landlord is no longer in business and is not able to be found (documentation will be required)

c). The applicant must demonstrate good payment history (receipts) and a letter of recommendation from the landlord will be required.

d). The applicant will be required to have a Co-signer on the lease. Rental payments must be made directly by the applicant themselves. If the applicant demonstrates a good payment history in the first year, they may have the Co-signer removed. The Co-signer must meet the credit criteria outlined in the Tenant Selection Plan.

An application will be rejected based on the following criteria:

a). History of non-payment or late payment of rent,

b). One or more violations of the Lease or Rental Agreement,

c). A history of living or housekeeping habits that would pose a threat to the health and safety of the other residents,

d). A history of disturbances or right to peaceful enjoyment,

e). A history of violations or non-compliance that resulted in an eviction or termination from housing or rental programs. Management will reject an application for three (3) years from the date of eviction or termination.

f). Refusal of the landlord to provide a written landlord reference. Several attempts will be made to obtain this information and a phone reference will be attempted before rejection.

g). Failure to provide documentation of social security numbers for all household members within the time required (07/10)

h). Failure to respond to a written correspondence within the time specified.
4). Financial ability to meet monthly credit obligations, rental payments, utilities, and other basic living expenses. Financial ability is determined as having resources to meet any outstanding financial obligations and a rental payment of 30% of adjusted household income.

5). An applicant households whose members include as either a full or part-time student enrolled in an institute of higher education are not eligible for assistance (Section 8)(8/22/06), (5/09).

In accordance with HUD Handbook 4350.3, change 5221 REJECT APPLICANTS, you are hereby notified that you may appeal the decision of this office by contacting us in writing within 14 CALENDAR DAYS from receipt of this notice. You may request a meeting to go over the reason for rejection in accordance with HUD procedures. You may also request a reasonable accommodation, which is a request that a change be made in our policies or procedures to help a disabled applicant meet the site’s admission criteria. A member of the owner’s staff who was not involved in the initial decision to deny admission or assistance will conduct the meeting. Within 5 business days of the owner response or meeting, the owner will advise the applicant in writing of the final decision on eligibility.

The Hodges Companies must prohibit admission of an applicant if any member has been evicted from any federally assisted housing for drug-related criminal activity, if it is determined that any household member is currently engaging in illegal use of a drug, or if it is determined that we have reasonable cause to believe that a households member’s illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005 (5/09).**

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.

3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.
The VAWA protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence or stalking is not grounds for terminating the victim's tenancy. O/As may bifurcate a lease in order to evict, remove, or terminate the assistance of the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.

Citizenship/immigration status requirements – The owner will require the applicant to provide verification of citizenship/immigration status. Assistance will not be denied to applicants who submit their immigration documentation in a timely manner, but for whom the DHS verification or appeals process has not been completed. Pro-rated assistance will be provided to the family until the owner has received and verified the immigration status of any remaining non-citizen family members.

The Hodges Companies must prohibit admission of an applicant if they are subject to a lifetime registration requirement under a State Sex Offender Registration Program.

If an applicant is rejected, you will be required to wait six (6) months from the time of rejection to reapply for housing with The Hodges Companies.

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, sexual orientation, and marital or familial status.

The Hodges Companies complies with Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD; The Fair Housing Act which prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of the presence of federal financial assistance and with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD (08/11).
Instructions: Please follow carefully - Incomplete applications will be returned

1. **Complete all areas.** If an item does not apply to you, mark “N/A” on that line.

2. **We need copies of Social Security Cards** Provide verification of Social Security Numbers for all household members or certify that they do not have Social Security numbers.

   Actual copies of the social security cards may be submitted at the time of application or when an apartment becomes available. **However, verification of all numbers must be submitted at the time of the application.** Please enclose copies of social security cards for each household member listed on the application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears in full on the document (Such as Driver’s License, Medicare Card, Medical Insurance Card, Bank Statement, Retirement benefit letter, Benefit letter from government agencies, Current Paystub, Tax Return, or any other legal document)

   **Note:** Copies of Metal Social Security Cards **are not** acceptable. It will be necessary that you certify to us that you have made application to the Social Security Office for a new card **prior to admission.**

3. **Proof of US Citizenship and Race/Ethnic Data** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms (Att 7) completed by EACH family member (including yourself) and one Family Summary Sheet (Att 5). Please make sure you follow the instructions on the Declaration Form. The Race and Ethnic Data Reporting form must be completed by EACH family member (including yourself)

4. **Signatures are required by all adult applicants**

5. **Return your application to:**

   Hodges Development Corporation  
   201 Loudon Road  
   Concord, NH  03301

   **Note:** Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.

Please return your application along with all the information requested if you want to be considered for Section 8 housing.
APPLICATION FOR ASSISTED HOUSING – (SECTION 8 HOUSING)

• If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant’s ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.

• All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Hodges Development Corp, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

• Hodges Development is a management company that provides low rent housing to eligible households, elderly households and single people. Hodges Development is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, sexual orientation, age, marital status, disability handicap, gender identity or familial status; regardless of actual or perceived. In addition, Hodges Development has a legal obligation to provide “reasonable accommodations” to applicants if they, or any household member, have a disability or handicap.

• A reasonable accommodation is some modification or change Hodges Development can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.

• If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.

• The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sexual, age, religion, disability, sexual orientation, gender identity, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

A. FAMILY SUMMARY –List all persons, including yourself, who will be living in the apartment. List head of household first.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Gender</th>
<th>Soc Sec #</th>
<th>Birth Date</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address: ______________________ City: ________ State: _____ Zip: ________

Physical Address: ______________________ City: ________ State: _____ Zip: ________
(if different than mailing address)

Telephone No. __________________ E-Mail Address __________________ REV 07/2018
Applying to Property(s): ________________________________  Requested Unit Size: _______ Bedrooms

How did you hear about the apartment for which you are applying? _____________________________________________

If you require a handicap-accessible unit, check here  

If you require any modifications to an apartment, check here and explain in a note to us

Have there been any changes in household composition in the last twelve months?

☐ Yes  ☐ No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months?

☐ Yes  ☐ No

If yes, explain:

Is anyone in your household a Full or Part-time Student at an institution of a higher education?

☐ Yes  ☐ No

Is yes, please list household member and status ____________________________________________

____________________________________________________________________________________________

REVISED 06/2016
B. **INCOME** - All sources of regularly received monies must be listed regardless of recipient's age.

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Sources of Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Security</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Social Security</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Pension</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Source:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pension Gross Monthly Amount</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Source:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regular Pay from Military or Armed Forces</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Source Address:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VA Benefits</td>
<td>(Claim #)</td>
</tr>
<tr>
<td></td>
<td>SSI/SSD/SSA Benefits</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Unemployment Compensation</td>
<td>Gross Monthly Amou</td>
</tr>
<tr>
<td></td>
<td>Disability/Worker's Compensation</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>TANF, OAA, APTD</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Wages</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alimony</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Child Support</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>Other Income</td>
<td>Gross Monthly Amount</td>
</tr>
<tr>
<td></td>
<td>(for example, business income, rental income, annuities, resident services stipend over $200/month, severance pay, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-Employment Income</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Education scholarships, grants</td>
<td>$</td>
</tr>
</tbody>
</table>
C. ASSETS:
Have you sold or disposed of any asset(s) valued over $1,000 in the last two years? Yes [ ] No [ ]
If yes, type of asset (e.g., money/land/house) ____________________________________________________________
Market value when sold/disposed $______  Amount sold/disposed for $______  Date of transaction _______

Provide the following information for all members of the household (use another sheet of paper if necessary).

<table>
<thead>
<tr>
<th>Checking, Savings Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Account No.</td>
</tr>
<tr>
<td>Int. Rate</td>
</tr>
<tr>
<td>Balance $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life Insurance (Whole or Universal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Policy No.</td>
</tr>
<tr>
<td>Cash Value $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificates of Deposit, Money Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Acct.#</td>
</tr>
<tr>
<td>Int Rate</td>
</tr>
<tr>
<td>Amt. $</td>
</tr>
<tr>
<td>Acct.#</td>
</tr>
<tr>
<td>Int Rate</td>
</tr>
<tr>
<td>Amt. $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Bank</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Value $</td>
</tr>
<tr>
<td>Div. Rate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IRA's/401-K's/Annuities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Value $</td>
</tr>
<tr>
<td>Div. Rate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings Bonds, T-Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company</td>
</tr>
<tr>
<td>Bank</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Cash Value $</td>
</tr>
<tr>
<td>Account No.</td>
</tr>
<tr>
<td>Interest rate</td>
</tr>
<tr>
<td>Int. Rate</td>
</tr>
<tr>
<td>Balance $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trust Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Account No.</td>
</tr>
<tr>
<td>Int. Rate</td>
</tr>
<tr>
<td>Balance $</td>
</tr>
</tbody>
</table>
C. **ASSETS** (continued)

**Real Estate**

Do you own any property?  Yes ☐  No ☐  If yes, type & location of property ______________________________

Appraised market value $_____________________  Mortgage or outstanding loan due $_______________________

Name & address of broker/realtor who would provide verification of market value:

<table>
<thead>
<tr>
<th>Broker/Realtor</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Cash on Hand, Safe Deposit Box, Property Held as an Investment**

Do you have any cash on hand, safe deposit box, or property held as an investment?  Yes ☐  No ☐

If yes, type & location of property ______________________________  Approx. Value $ __________________

D. **MEDICAL AND CHILD CARE EXPENSES**

**FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY**

Medical Costs - Complete only if head or spouse is 62 or older, handicapped or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

<table>
<thead>
<tr>
<th>Medicare</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly Amt. $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Insurance</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly Amt. $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anticipated prescription costs <strong>not covered by insurance</strong> - Monthly Amount $</td>
<td>Anticipated prescription costs <strong>not covered by insurance</strong> - Monthly Amount $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you seeing a physician <strong>REGULARLY</strong>? Yes ☐  No ☐</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anticipated costs <strong>not covered by insurance</strong> - Monthly Amount $</td>
<td>Anticipated costs <strong>not covered by insurance</strong> - Monthly Amount $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outstanding Medical Bills for which You are Making Monthly Payments</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Anticipated costs <strong>not covered by insurance</strong> - Monthly Amount $</td>
<td>Anticipated costs <strong>not covered by insurance</strong> - Monthly Amount $</td>
<td></td>
</tr>
</tbody>
</table>
Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care $__________

Name & Address of Person/Agency caring for children: ______________________________________________________
____________________________________________________________________________________________________________

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes [ ] No [ ] Subsidy Type? HUD USDA Section 8

F. APPLICANT INFORMATION

Do you have a Section 8 Voucher or any other type of voucher? Yes [ ] No [ ]
1. Have you been served a Notice to Quit or been asked to leave by a previous landlord? Yes [ ] No [ ]
2. Have you been served with lease violations from a previous landlord? Yes [ ] No [ ]
3. Have you been evicted? Yes [ ] No [ ]

Name of Landlord and date _________________________________________________________________________________

4. Have you or any household member been evicted from federally assisted housing for drug-related criminal activity? Yes [ ] No [ ]

Name of Landlord and date _________________________________________________________________________________

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & Landlord.

5. Have you or a household member been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes [ ] No [ ]

If yes, list all states, other than the one that you reside in now, in which you have lived in during the last seven years ________________________________________________

6. Have you or a household member been convicted of a misdemeanor or felony? Yes [ ] No [ ]

List the type, nature and date of criminal action _____________________________________________________________

7. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes [ ] No [ ]

If YES, please answer the following questions.

a. Are any full-time student(s) married and filing a joint tax return? Yes [ ] No [ ]

b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes [ ] No [ ]

c. Are any full-time student(s) a TANF or a Title IV recipient? Yes [ ] No [ ]

d. Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another’s tax return? Yes [ ] No [ ]
G. **REFERENCE INFORMATION (Please list at least 3 years)**

**Current Landlord** (Name, Mailing Address & Phone No.)

---

How long have you lived here? ________________ Is this landlord related to you? Yes □ No □
Are you required to give a 30-day notice? Yes □ No □ What is the amount of your current rent? ___________

**List all Previous Landlords for ALL Adults in Household. Attach a sheet of paper if more space is needed.** (Name, Mailing Address & Phone No.)

1. 2.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How long did you live there?</td>
<td>How long did you live there?</td>
</tr>
<tr>
<td>Is this landlord related to you? □ No □</td>
<td>Is this landlord related to you? □ No □</td>
</tr>
<tr>
<td>Current Rent Amount $</td>
<td>Rent Amount $</td>
</tr>
</tbody>
</table>

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship) Examples: teachers, principals, past/present employers, physicians, etc. Please do not list relatives or friends.

1. 2.

<table>
<thead>
<tr>
<th>Phone No.</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone No.</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

All information received by Hodges Development during the application process regarding the applicant or applicant’s household will be taken into consideration as part of the application.

**Other Information**

Please provide us with the name, address, & phone number of an emergency contact and relationship to you:

_Vehicles - List any vehicle owned_

Type ___________________________ Year/Make ___________________________
Color ___________________________ License Plate No. ___________________________
Do you own a pet? □ Yes □ No □ If yes, describe ___________________________
CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Hodges Development resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household____________________________________________       Date_______________________________

Spouse/Co-Tenant___________________________________________       Date________________________________

Other Adult Member____________________________________________       Date_____________________________

For Hodges Development _______________________________  Date_______________________________

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

Race: (mark one or more) □ American Indian or Alaskan Native  □ Black or African American □ Asian

□ Native Hawaiian or Other Pacific Islander □ White □ Other

Gender: □ Male     □ Female

(To be completed by Owner/Agent)

<table>
<thead>
<tr>
<th>Member #</th>
<th>Last Name of Family Member</th>
<th>First Name</th>
<th>Relationship to Head of Household</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Declaration Date Verified</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TENANT RELEASE AND CONSENT

I/We _____________________________________________________________, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it’s service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past and Present Employers  Criminal Checks  Veterans Administration
Support and Alimony Providers  State Unemployment Agencies  Retirement Systems
Educational Institutions  Social Security Administration  Medical Providers
Banks/Financial Institutions  Current and Previous Landlords  Child Care Providers
Public Housing Agencies  State and Federal Agencies  Credit Agencies

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for 15 months from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Head of Household (Print Name) Date

Co-Head/Spouse (Print Name) Date
Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. HUD-9887/A Fact Sheet describing the necessary verifications
2. Form HUD-9887 (to be signed by the Applicant or Tenant)
3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)
4. Relevant Verifications (to be signed by the Applicant or Tenant)

Please sign pages 3 & 6

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.
HUD-9887/A Fact Sheet
Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, OAs, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services’ (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, OAs, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson’s medical expenses will help determine the amount of rent she pays, the O/A is required to verify these expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant’s or tenant’s disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large print or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/A must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligence disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. HUD-9887/A Fact Sheet: Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.

2. Form HUD-9887: Allows the release of information between government agencies.

3. Form HUD-9887-A: Describes the requirement of third party verification along with consumer protections.

4. Individual verification consents: Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9878 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/A must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)
Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)
and an Owner and Management Agent (O/A) and to a Public Housing
Agency (PHA)

| HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multi-Family Division): Department of Housing & Urban Development, Norris Cotton Federal Bldg, 275 Chestnut St, 4th Floor Manchester, NH 03101-2487 | O/A requesting release of information (Owner should provide the full name and address of the Owner): David A. Hodges Sr, Florence V. Hodges Association C/O Hodges Development Corporation 201 Loudon Road Concord, NH 03301 | PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box): New Hampshire Housing Finance Authority PO Box 5687 Manchester, NH 03108 |

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C. 653(j). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify income and unemployment compensation claim information pertinent to the applicant or participant's eligibility or level of benefits. HUD, O/A, and the PHA may request certain tax return information from the Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the abovenamed O/A, and the PHA to request information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to verify wage, net hire (W-4), and employment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

| (✓) | (✓) | (✓) |
| Head of Household | Other Family Member 18 and over | Other Family Member 18 and over |
| Date | Date | Date |

| (✓) | (✓) |
| Spouse | Other Family Member 18 and over |
| Date | Date |

| (✓) | (✓) | (✓) |
| Other Family Member 18 and over | Other Family Member 18 and over | Other Family Member 18 and over |
| Date | Date | Date |

Additional Signatures, if needed:

| (✓) |
| Other Family Member 18 and over |
| Date |

| (✓) |
| Other Family Member 18 and over |
| Date |

| (✓) |
| Other Family Member 18 and over |
| Date |

| (✓) |
| Other Family Member 18 and over |
| Date |

5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate
- Section 238
- HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4500.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Original is retained on file at the project site ref. Handbooks 4350.3 Rev -1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines form HUD-9887 (02/2007)
Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services’ system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions
1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions
1099-A Information Return for Acquisition or Abandonment of Secured Property
1099-G Statement for Recipients of Certain Government Payments
1099-DIV Statement for Recipients of Dividends and Distributions
1099 INT Statement for Recipients of Interest Income
1099-MISC Statement for Recipients of Miscellaneous Income
1099-OID Statement for Recipients of Original Issue Discount
1096-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives
1099-R Statement for Recipients of Retirement Plans W-2-G

Statement of Gambling Winnings

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner, or the PHA responsible for the unauthorized disclosure or improper use.
Applicant's/Tenant's Consent to the Release of Information
Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
   a. The HUD-9887/A Fact Sheet.
   b. Form HUD-9887.
   c. Form HUD-9887-A.
   d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).

2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.

3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
   • HUD’s requirements concerning the release of information, and
   • Other customer protections.

2. Sign on the last page that:
   • you have read this form, or
   • the Owner or a third party of your choice has explained it to you, and
   • you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units
Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently: 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of applicant or Tenant (Print)

(✓) (✓)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Hodges Development Corporation

Name of Project Owner or his/her representative

Managing Agent

Title

Date: ____________________________

Signature & Date

cc: Applicant/Tenant

Owner

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A, or the PHA responsible for the unauthorized disclosure or improper use.
Supplement to Application for Federally Assisted Housing

This form is to be provided to each applicant for federally assisted housing.

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or societal, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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

| Applicant Name: |  |
| Mailing Address: |  |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: |  |
| Address: |  |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): |  |

Relationship to Applicant:

Reason for Contact: (Check all that apply)

☐ Emergency
☐ Unable to contact you
☐ Termination of rental assistance
☐ Eviction from unit
☐ Late payment of rent

☐ Assist with Recertification Process
☐ Change in lease terms
☐ Change in house rules
☐ Other: ____________________________

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant’s application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant | Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13584) imposed on HUD the obligation to require housing providers participating in HUD’s assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is based on the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste, and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.
## FAMILY SUMMARY SHEET

<table>
<thead>
<tr>
<th>Mbr. No.</th>
<th>Last name of Family Member</th>
<th>First Name</th>
<th>Relationship to HOH</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Citizenship Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME______________________________________________________________

FIRST NAME____________________________________________________________

RELATIONSHIP TO HEAD OF HOUSEHOLD ___________ SEX _____ DATE OF BIRTH _____________

SOCIAL SECURITY NO._________________________ ALIEN REGISTRATION NO.______________________

ADMISSION NUMBER_________________________ if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

NATIONALITY ________________________________ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO.______________________ (to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, ___________________________________________ hereby declare, under penalty of perjury, that I am ____________________________

(print or type first name, middle initial, last name):

_______ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_________________________________________ ______________________
Signature Date

Check here if adult signed for a child: ________
2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (Exhibit 3-7).

AND

b. One of the following documents:

   (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).

   (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

      (a) "Admitted as Refugee Pursuant to section 207"
      (b) "Section 208" or "Asylum"
      (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
      (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

   (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

      (a) A final court decision granting asylum (but only if no appeal is taken);
      (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
      (c) A court decision granting withholding or deportation; or
      (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

   (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."


   (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature ____________________________ Date ____________________________

Check here if adult signed for a child: ______

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature ____________________________ Date ____________________________

Check if adult signed for a child: ______

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature ____________________________ Date ____________________________

Check here if adult signed for a child: ______
Race and Ethnic Data Reporting Form  

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

OMB Approval No. 2502-0204

Florence V. Hodges Apartments  205 Loudon Rd.  
NH36H018061  Concord, NH 03301

Name of Property  Project No.  Address of Property

David A. Hodges, Sr./Hodges Development  Section 8
Name of Owner/Managing Agent  Type of Assistance or Program Title:

Name of Head of Household  Name of Household Member

Date (mm/dd/yyyy): ______________________________

<table>
<thead>
<tr>
<th>Ethnic Categories*</th>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Not-Hispanic or Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories*</th>
<th>One or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

*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 incompliance 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 may mark one or more.

   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.
RECEIPT OF "EIV BROCHURE & THINGS YOU SHOULD KNOW"

I/We, __________________________, acknowledge Receipt of a copy of the HUD published "EIV Brochure & Things You Should Know" Notice on __________________________ day of __________________________.

_________________________________  __________________________
Head of Household Signature            Property

_________________________________
Co-Tenant Signature
What are my responsibilities?
Information in EY is protected to you. HUD-9887 will not be sent anywhere to the
Only you and those parties listed on the consent form for housing assistance and property owners and managers are able to use the

What is the Information in EY

Who has access to the EY

Are my responsibilities?

Is my consent required to get


What is EY?

Housing and Urban Development (HUD) Rental Assistance through the Department of

If you are applying for or are accepting

You may need FLY

What is the Information in EY?

Who has access to the EY?

Is my consent required to get?

Housing Income Verification

EY is a web-based computer system containing rental assistance income (EIY) for HUD.

Your approval to determine if you

You may need FLY

What is EY?

Housing and Urban Development (HUD) Rental Assistance through the Department of

If you are applying for or are accepting

You may need FLY

What is the Information in EY?

Who has access to the EY?

Is my consent required to get?
In the verification process, the HUD staff may contact you to verify your income and the income of the other persons who may be living in the household. This information is provided by the owner or manager of the property. You must cooperate with the information verification process. A property owner or manager may contact you directly or your income may be verified through a third party. You must cooperate with the verification process. If you do not cooperate, you may be disqualified from eligibility. If you disagree with the information provided, you may contact the owner or manager of the property. You may also contact the HUD office for additional information.

What information is included in the EITF?

The EITF includes income from all sources, including self-employment, Social Security, retirement benefits, and other sources of income. The EITF also includes income from welfare, unemployment benefits, and other governmental assistance programs. The EITF does not include income from interest, dividends, or capital gains.

What is the purpose of the EITF report?

The EITF report is used by the HUD to determine eligibility for assistance. The EITF report is also used by the property manager to determine eligibility for assistance.

Revised assistance requirements.

The revised assistance requirements are designed to ensure that the assistance is provided to those who need it the most. The revised assistance requirements include a review of all assistance applications and determinations. The revised assistance requirements also include a review of all assistance applications and determinations submitted by property owners and managers. The revised assistance requirements are designed to ensure that the assistance is provided to those who need it the most.

Penalties for providing false information

Penalties for providing false information include fines and imprisonment. Those who provide false information will be referred to the Department of Justice.
Things You Should Know

Don’t risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose
This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud
The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to $10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions
When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application
When you answer application questions, you must include the following information:

Income
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family’s household who will be living with you.
Multifamily Housing Case Studies
A RHIIP Training Program

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application
- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications
You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud
You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse
If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PEA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:

HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC 20410.

HUD-1140-OIG  THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION
Applicant Certification

I/We, __________________________________, acknowledges Receipt of a copy of the following:

- HUD 5380 VAWA Notice of Occupancy Rights Under the VAWA Act
- HUD-5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation

✓ ____________________    ✓ ____________________
Signature                  Date

✓ ____________________    ✓ ____________________
Signature                  Date
Hodges Development Corporation

Notice of Occupancy Rights under the Violence Against Women Act

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. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Section 8 Rental Assistance 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 HUD Section 8, 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

---

1 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.
2 Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.
3 Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.
If you are receiving assistance under **HUD Section 8**, 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 **HUD Section 8** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

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

HP 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 HP chooses to remove the abuser or perpetrator, HP 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, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.
In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP 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, HP 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, HP 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.

HP 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.

HP’s emergency transfer plan provides further information on emergency transfers, and HP 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

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

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

**Confidentiality**

HP 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.

HP must not allow any individual administering assistance or other services on behalf of HP (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.

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

- You give written permission to HP to release the information on a time limited basis.
- HP 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 HP or your landlord to release the information.
VAWA does not limit HP’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, HP 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 HP 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 HP can demonstrate the above, HP 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 HUD, Norris Cotton Federal Building, 275 Chestnut Street, 4th Floor, Manchester, NH 03101-2487.

For Additional Information
You may view a copy of HUD’s final VAWA rule at [insert Federal Register link].

Additionally, HP must make a copy of HUD’s VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact HUD, Norris Cotton Federal Building, 275 Chestnut Street, 4th Floor, Manchester, NH 03101-2487.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact [Insert contact information for relevant local organizations].

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

For help regarding sexual assault, you may contact [Insert contact information for relevant organizations]

Victims of stalking seeking help may contact [Insert contact information for relevant organizations].

Attachment: Certification form HUD-5382
CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

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

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

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

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

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

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

1. Date the written request is received by victim: __________________________

2. Name of victim: _______________________________________________________

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

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

5. Residence of victim: __________________________________________________

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

7. Relationship of the accused perpetrator to the victim: _______________________

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

9. Location of incident(s): _______________________________________________

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

Signature ___________________________ Signed on (Date) ____________________

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.
We ask that you review your application before mailing it to ensure that you've completed it in its entirety. If the application is not complete or missing information, it can't be processed. The following is a checklist of common errors found that will delay the processing of your application:

- Missing social security cards (required for **ALL** household members). If you don't have one, we accept any legal document with the social security number printed on it (medical card, tax return, pay stub, etc)

- Unanswered or incomplete questions on the application. If not applicable, please answer "no" rather than leave it blank.

- Insufficient or lack of landlord history. If less than 2 years, please contact our office regarding alternatives.

- Authorization of Release Information not signed (**EACH** member over 18 years of age must sign).

- All other attachments listed on the cover page.

Please be sure to list a phone number where you can be reached if we have any questions. If you need any additional assistance, please don't hesitate to contact us at 224-9221.

Revised November 2014