HEARTHSTONE HOMES OF WOLFEBORO, INC.

CHRISTIAN RIDGE
67 CENTER STREET
WOLFEBORO, NH 03894
JULY 2012

TENANT SELECTION PLAN

TARGETING REQUIREMENTS:
Not less than 40 percent of the families admitted to Christian Ridge during the fiscal year from the Christian Ridge wait list shall be extremely low income families. This is called the basic targeting requirement. Income limits shall be determined as established by HUD.

INCOME TARGETING

HHW selects the first extremely low income applicant on the Wait List for the available unit, and then selects the next eligible applicant currently at the top of the waiting list, regardless of income level for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low income applicant and the next eligible applicant, either lower or very low income, at the top of the waiting list, thus maintaining a minimum of 40% placement of extremely low income applicants. In any given year, the first applicant to be selected for housing will be an extremely low income applicant, thus ensuring that the 40% placement of extremely low income applicants is met.

There are no preferences other than income targeting extremely low income applicants through widespread dissemination of materials and information regarding this facility to local resource groups.

APPLICATION PROCEDURE

Christian Ridge is a facility owned and operated by Hearthstone Homes of Wolfeboro to provide housing for low income elderly and/or disabled. Hearthstone Homes of Wolfeboro, Inc. does not discriminate on the basis of race, color, religion, sex, disability, familial status or national origin. HHW complies with Section 504 of the Rehabilitation Act of 1973, The Fair Housing Act of 1988, and Title VI of the Civil Rights Act of 1964.
LIMITED ENGLISH PROFICIENCY

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type of service, benefit, or encounter.

Hearthstone Homes of Wolfeboro is required and willing to take reasonable steps to ensure meaningful access to our housing facility at Christian Ridge and activities by LEP persons. Therefore, in order to meet LEP requirements the following procedures will be followed:

1. Should the need arise, Management will research the resources available and the cost in order assure that LEP persons will have meaningful access to the Christian Ridge facility, the resources available to the grantee/recipient or agency, and costs.
2. Some of the resources that Management would have access to should the need arise include the following
   
   - View federal agency plans, DOJ guidance documents, and other resources at www.lep.gov
   - Consult with the Civil Rights Division, Federal Coordination and Compliance Section, http://www.justice.gov/crt/about/cor/
   - Consult with frontline staff, management, or others in the Management office to evaluate the language services needed
   - Consult with outside experts to assess how they provide language services
   - Consult with the public, non-profit organizations and other community stakeholders

WAIT LIST – Christian Ridge maintains an ongoing wait list that remains open and is not ever closed. ALL interested parties are encouraged to complete the application process and be placed on the Wait List.

APPLICATION

At the time of initial application, applicant must complete the following in order to determine correct placement on the wait list for future housing.
CHRISTIAN RIDGE TENANT SELECTION PLAN

JULY 2012

- Application completed and signed – The Application must include a signature from the Applicant certifying the accuracy and completeness of information provided.
- Application requires disclosure of lifetime registration as a sex offender. (See attached application for further questions pertaining to criminal behavior)
- Personal Reference Form

In addition, each family member shall complete the following:

- Criminal Records Request Report Form
- Notice and Consent for Release of Information – HUD 9887 and HUD 9887A
- Race and Ethnic Data Reporting Form – HUD 27061H – Completion of this form is optional. When the Applicant chooses not to self certify race or ethnicity, a notation of this should be placed in the Applicant file
- Tenant Declaration Form
- Disposal of Assets Form

ELIGIBILITY

CITIZENSHIP REQUIREMENTS

Assistance in subsidized housing is restricted to the following:

- U. S. Citizen or national
- Non-citizens who have eligible immigration status

Each Applicant at the time of application shall receive notification of the requirement either to submit evidence of citizenship or eligible immigration status or to choose not to claim eligible status. Applicants must submit required documentation of citizenship/immigration status no later than the date HHW initiates verification of other eligibility factors.

If the Applicant cannot supply documentation within the specified time frame, HHW may grant an extension of not more than 30 days, but only if the Applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the required documentation.
STUDENT ELIGIBILITY REQUIREMENTS

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:

- 1. Is enrolled as a student at an institution of higher education, as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002);
- 2. Is under 24 years of age;
- 3. Is not a veteran of the United States military;
- 4. Is unmarried;
- 5. Does not have a dependent child;
- 6. Is not a person with disabilities, as such term is defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving assistance under such Section 8 as of November 30, 2005;
- 7. 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.

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 (the parents individually or jointly) 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.
SOCIAL SECURITY NUMBER

Each Applicant and family member shall provide HHW with a copy of his/her driver’s license and Social Security numbers in order for HHW to make an eligibility determination. Applicants must disclose social security numbers (SSNs) in order for HHW to make an eligibility determination.

A. Key Requirements
1. The head of household/spouse/co-head must disclose SSNs for all tenants.
2. If no SSN has been assigned to a particular family member, the applicant must sign a certification stating that no SSN has been assigned.

B. Required Documentation
Applicants must provide documentation of SSNs. Adequate documentation means a social security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN.

C. Provisions for Accepting Applicants without Documentation of Social Security Numbers
1. When an applicant has a SSN but does not have the required documentation, the applicant may submit the SSN and certify that the number is accurate but that acceptable documentation could not be provided.

2. HHW must accept the certification and continue to process the individual’s application.

3. However, an applicant may not become a participant in the program unless the applicant submits the required SSN documentation to the owner. The applicant must provide SSN documentation to HHW within 60 days from the date on which the applicant certified that the documentation was not available.

4. If the HHW has determined that the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of the SSN, the applicant may retain his or her place on the waiting list for the 60 day period during which the applicant is trying to obtain documentation.
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5. After 60 days, if the applicant has been unable to supply the required SSN documentation, the applicant should be determined ineligible and removed from the waiting list.

6. HHW may extend the time period for an additional 60 days if the applicant is at least 62 years old and unable to submit the required documentation within the first 60-day period.

TENANT SELECTION PLAN

In accordance with EIV policies and procedures, an Existing Tenant Search Report must be run on all applicants prior to admission to housing unit.

CONDITIONS UNDER WHICH OWNERS MAY REJECT APPLICANTS

Applicants may be rejected if:

- The applicant’s income exceeds income limits as established by HUD
- The applicant is ineligible for occupancy in a particular unit or property
- The applicant is unable to disclose and document Social Security numbers of all household members or does not execute a certification stating that no Social Security numbers have been assigned.
- The applicant does not sign and submit verification consent forms or the Authorization for Release of Information (HUD-9887 and HUD-9887A
- The applicant includes family members who did not declare citizenship or non-citizenship status, or sign a statement electing not to contest non-citizen status.
- The applicant does not meet Hearthstone Homes of Wolfeboro, Inc. Screening Criteria, including criminal record or registration as a lifetime sex offender.

NOTIFICATION OF REJECTION:

- Rejection notices must be in writing
- The written rejection must include:
  o Specifically stated reason for rejection
  o Applicant’s right to respond to Hearthstone Homes of Wolfeboro, Inc., in writing or request a meeting within 14 days to dispute the rejection.
SCREENING CRITERIA:

Once eligibility has been determined based on the criteria set forth by USDA-RD and HUD regulations, management will evaluate each applicant to determine eligibility utilizing its resident screening criteria. Management will deny admission to any otherwise eligible applicant whose habits, practices or conduct in present or prior housing has been such as would likely interfere with other residents as to diminish their enjoyment of the premises by adversely affecting their health, safety or welfare, or by adversely affecting the physical environment or financial stability of the property if the applicant were admitted to the property. All prospective residents are required to sign a Criminal Records Release Form prior to final approval for residency. Refusal to sign a Criminal Records Release form will result in automatic denial of admission for housing.

TENANT SELECTION PLAN

SEX OFFENDER REGISTRATION

Each applicant is required to complete a preliminary application and to answer the sex offender registration question on the application. At the time of application, a Criminal Records check is performed at the cost to the Agency.

Screening Prior to Admission

Hearthstone Homes follows established guidelines in order to ensure that no lifetime sex offenders are admitted into federally assisted housing. This requirement to screen for sexual offenders was effective June 25, 2001, and was announced to the multi-family housing industry re: HUD HSG Notice 02-22, which was released on October 29, 2002.

Hearthstone Homes performs criminal screenings, before admission, to determine if an applicant, or any member of an applicant's household, is subject to a lifetime registration requirement under any state sex offender registration program.

If Hearthstone Homes discovers that an applicant household includes a member who is subject to any state lifetime sex offender registration, Hearthstone Home must offer the family the opportunity to remove the ineligible family member. If the family is unwilling to remove that individual from the household, Hearthstone Homes must deny admission to the household.

HUD recommends that at annual re-certification or re-examination, Management asks whether the tenant or any member of the tenant's household is subject to a state lifetime sex offender registration program in any state.
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If Management discovers that a household member was admitted in error, Hearthstone Homes must immediately pursue eviction or termination of assistance. Hearthstone Homes must offer the family the opportunity to remove the ineligible family member from the household.

These rules apply to any household member who was subject to a lifetime sex offender registration requirement at admission and was admitted after June 25, 2001.

For admissions before June 25, 2001, there is currently no HUD statutory or regulatory basis to evict or terminate the assistance of the household solely on the basis of a household member's sex offender registration status.

CONSENT FORMS 9887 AND 9887A

The Applicant/Tenant will be provided with a Document Package for Applicant’s/Tenant’s Consent to Release of Information. This package contains fact sheet, HUD 9887 and HUD 9887A.

Form 9887 must be signed and dated by each adult member of a household, head, spouse, co-head regardless of age and each family member 18 years of age or older regardless of whether he/she has income at move-in and at each annual recertification. This form allows Management to obtain information regarding the individual’s income used for establishing the eligibility for and level of benefits. 9887 also allows management to request wage, new hire and unemployment claim information from current or former employers to verify information obtained through computer matching.

In addition, a dated and signed HUD 9887A Applicant/Tenant’s Consent to Release of Information must also be on file. This form authorizes Management to request information about the tenant from a third party.

If the tenant(s) fail to sign the consent forms the household is in noncompliance with their lease and assistance to and the tenancy of the household may be terminated - 24 CFR5.232.3

USE OF EIV EXISTING TENANT SEARCH

Management does not need a form HUD-9887, Notice and Consent for the Release of Information, signed by the applicant or applicant family members on file in order to use the Existing Tenant Search in EIV.

Existing Tenant Search.

Management must use this report at the time they are processing an application to determine if the applicant or any applicant household members are currently residing at another Multifamily Housing or Public and Indian Housing (PIH) location. EIV gives
Management has the option to query both the TRACS and Public and Indian Housing’s (PIH’s) Information Center (PIC) databases.

If the applicant or a member of the applicant’s household is residing at another location, Management should discuss this with the applicant, 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 existing location or where two assisted families share custody of a minor child.

Depending on the outcome of the discussion with the applicant, Management may need to follow-up with the respective PHA or Owner/Agent to confirm the individual’s program participation status before admission. The report gives Management the ability to coordinate move-out and move-in dates with the PHA or O/A of the property at the other location.

ADDITIONAL CRITERIA

Relevant information regarding habits or practices to be considered will include, but are not limited to:

1. **AN APPLICANT’S PAST PERFORMANCE IN MEETING FINANCIAL OBLIGATIONS, ESPECIALLY RENT:**

   A. All qualified applicants, at the time of in person interviews will be requested to submit consecutive rent receipts for six (6) months prior to the interviews and the Personal Reference and Verification form (PRV) for examination by the HHW staff for the purpose of verifying residence, rental amount and timely payment and rental history. If these receipts are not available, verification will be obtained from the PRV form. The exception to this are qualified applicants who have been residing with friends or relatives and have no prior leasing experience for the past year or more. These need only to provide the PRV form. Those applicants whose receipts evidence a late payment record (more than ten (10) days past due on two or more occasions over the past year) will be rejected on the basis of poor rental habits.
B. All available credit references will be checked without charge to the applicant. The following items will be considered as examples of unfavorable credit reference, and upon follow up of each credit reference by HHW to verify its current status, will serve as the basis for rejection of eligibility.

1) Families/Persons with two or more accounts rated 120 days or more past due within the past year, or

2) Families/Persons with two or more outstanding collections at the time of initial application and or collection records for non-payment of rent within the past year, or

3) Families/Persons with one or more outstanding civil judgments or civil suits within the past year at the time of application for matters other than non-payment of rent, or

4) Families/Persons who have filed bankruptcy within the past year unless said bankruptcy is, in the sole judgment of management, the result of a medical catastrophe.

Those applicants who have an unsatisfactory credit rating, as indicated above, or who have been late in rent payments on two or more occasions within the past twelve months, will not be considered ineligible if the reason for such rental delinquency or unfavorable credit is due to that applicant family paying in excess of 50% of their income for rent. In such instances, those families will be afforded like treatment with consideration given to other screening criteria.

C. Qualified applicants who have no prior leasing experience of their own and no credit or stable employment history will be given all due consideration with regard to personal references and home visits.

D. Applicants who evidence a steady income from employment or other sources, such as ADC, Social Security, and/or pensions, will be accorded like treatment.
E. Heads of household will similarly be accorded like treatment. All credit shown in the report issued by the local credit bureau will reflect positively or negatively on both spouses in the absence of divorce and/or other legal documentation, brought to the attention of management by the initiation of the applicants, which clearly separates the parties' credit responsibilities. In the case of unfavorable credit references, the responsibility of Management is limited to informing applicants families that their eligibility has been rejected based on confidential information received from the local credit bureau. Management is, of course, agreeable to reappraising a credit report forwarded to Management by the credit bureau on behalf of the applicant which encompasses certain corrections or additions made in that report as a result of action taken directly by the applicant with the credit bureau.

The applicant is, however, considered rejected until updated information is received from the credit agency. Waiting List Priority is suspended until such time of receipt. This suspension is limited to thirty (30) days following date of issuance of the credit reject letter. Other qualified applicants will be contacted for the available unit during this suspension. If the application process for another qualified applicant results in the possibility for leasing before a rejected applicant's record is satisfactorily corrected, a lease will be executed for the applicant and the reinstated applicant will be leased the next available unit of proper size.

2. AN APPLICANT'S CAPACITY TO COMPLY WITH THE TERMS OF THE LEASE AGREEMENT.

Applicant must be legally capable of signing a lease or have someone available who can sign for them.

Management will deny program participation to applicants with one or more of the following conditions:

A. Applicant or any household member has been evicted from federally assisted housing for drug related criminal activity in the past three years.

B. Applicant or any household member is subject to lifetime registration as a sex offender.
C. Serious or repeated (two or more) violations of prior lease agreements, as verified by prior landlords.

D. Conviction of the applicant or member of the applicant family, of a felony in any state or federal court, providing that the applicant has been given the opportunity to remove said offender.

E. Arrest of applicant or member of applicant family at least twice within a twelve (12) month period or convicted within the prior sixty (60) months of drug-related activity or violent criminal activity, provided that the applicant has been given the opportunity to remove said offender. Drug-related activity is defined as the manufacture, sale or distribution, or the possession with intent to manufacture, sell or distribute a controlled substance (as defined in the Controlled Substance Act).

Violent criminal activity includes any felonious criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

Drug-related activity does not include the use or possession of a controlled substance, if the Family member can demonstrate that s/he:

1) Has an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment:

   **AND**

2) Has recovered from such addiction as evidenced by completion of an accredited rehabilitation program and has not used or possessed a controlled substance for a period of at least one year, and does not currently possess or use a controlled substance.

F. Conviction of applicant, or member of applicant family for possession of an unregistered firearm or possession of an illegal weapon.
G. Evidence of an applicant or member of applicant family of an inability to abide by the lease or care for the unit due to legal substance abuse. Such persons with an abuse problem must have successfully completed an accredited rehabilitation program. Failure to enter or complete a rehabilitation program, or failure to remain in treatment shall constitute grounds for ineligibility.

3. AN APPLICANT'S CAPACITY TO DEMONSTRATE THAT THEY ARE CAPABLE OF CARING FOR THE UNIT.

An applicant or member of applicant family who requires a service or accommodation to be able to care for the unit will be afforded the opportunity to obtain the service or supply the accommodation. In cases where the accommodation will not cause undue financial and administrative burden to HHW, or result in a fundamental alteration in the nature of the program administered, HHW will provide such reasonable accommodation. An applicant or member of an applicant family who has been determined to require such services or accommodations will be responsible for securing the services and supplying the accommodations where it has been determined that HHW would incur a financial hardship, administrative burden, or would experience a fundamental alteration in the program. Refusal to provide services or supply accommodations on the part of the applicant is grounds for rejection of eligibility.

4. AN APPLICANT'S WILLINGNESS TO COOPERATE WITH MANAGEMENT.

In addition to the usual language contained within the Lease Agreement, a Resident Cooperation Clause will be included which states:

"All applicants and residents must provide complete and accurate information and execute all forms required by Management to determine eligibility and other factors affecting residency. Information requested by Management shall be provided within ten (10) days of request and only one additional ten (10) day period will be granted as an extension. Failure or refusal to comply with the above is grounds for eviction, denial of eligibility, or termination of assistance."

During execution of the Lease Agreement, all adult family members will be required to sign this clause, indicating that they have read and understand what it says. Applicants
are also required to attend a Resident Orientation Session prior to release of the unit by Management to the resident.

OCCUPANCY STANDARDS

In addition to the usual language contained within the Lease Agreement, the following Occupancy Standards shall apply:

A. Should the unit become overcrowded or underutilized or should the Tenant no longer meet the eligibility requirements of the project during the term of the lease agreement, he/she will be required to vacate the unit at the end of the lease term unless eligibility can be established following specified steps, such as moving to an appropriate size unit, or an exception is granted by management due to extenuating circumstances, as determined by management.

B. The standards by which Tenant contribution, eligibility, and appropriate dwelling size shall be determined as follows:

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<thead>
<tr>
<th>No. of Bedrooms</th>
<th>Occupants</th>
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<td>Min</td>
<td>Max</td>
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<td>1</td>
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</table>

C. In the absence of State or local health safety restrictions, overcrowding shall occur when the total occupancy level in a housing unit exceeds 2 people per habitable sleeping room, except that an additional person may be allowed when a habitable sleeping room provides at least 50 square feet per person.

D. UNIT TRANSFERS

If a tenant reports a change or HHW becomes aware of a change in family composition, HHW should use the occupancy standards established for the property to determine whether the unit is still the appropriate size for the tenant.
Transfers that are needed as a reasonable accommodation for medical or disability reasons should be made on a priority basis and shall be chronologically listed in the transfer wait list. HHW’s policy for establishing priority for filling vacant units with eligible tenants awaiting transfers shall be based on chronological listing in the transfer request wait list. These transfer requests will have priority over the property Wait List.

LEASE ADDENDUM – VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

The Law offers the following protections against eviction or denial of housing based on domestic violence or stalking:

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 documented 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.
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 if 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>
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<td>1</td>
<td>Head</td>
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</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

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
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 <strong>Gross Monthly Amount</strong></td>
<td>$</td>
</tr>
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<td>Social Security <strong>Gross Monthly Amount</strong></td>
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<td>Pension <strong>Gross Monthly Amount</strong></td>
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<td>Pension Gross Monthly Amount</td>
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<td>Regular Pay from Military or Armed Forces</td>
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<td>Source Address:</td>
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<td>VA Benefits (Claim #)</td>
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<td>SSI/SSD/SSA Benefits <strong>Gross Monthly Amount</strong></td>
<td>$</td>
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<td>Unemployment Compensation <strong>Gross Monthly Amount</strong></td>
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<td>Disability/Worker's Compensation <strong>Gross Monthly Amount</strong></td>
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<td>TANF, OAA, APTD <strong>Gross Monthly Amount</strong></td>
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<td>Wages <strong>Gross Monthly Amount</strong></td>
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<td>Employer:</td>
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<td>Address:</td>
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<td></td>
<td>Wages <strong>Gross Monthly Amount</strong></td>
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<td>Employer:</td>
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<td>Address:</td>
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<tr>
<td></td>
<td>Alimony <strong>Gross Monthly Amount</strong></td>
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<td></td>
<td>Child Support <strong>Gross Monthly Amount</strong></td>
<td>$</td>
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<td></td>
<td>Other Income <strong>Gross Monthly Amount</strong> (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>$</td>
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<tr>
<td></td>
<td>Education scholarships, grants</td>
<td>$</td>
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</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).

### Checking, Savings Accounts

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

### Life Insurance (Whole or Universal)

<table>
<thead>
<tr>
<th>Bank</th>
<th>Bank</th>
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<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Policy No.</td>
<td>Policy No.</td>
</tr>
<tr>
<td>Cash Value $</td>
<td>Cash Value $</td>
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</table>

### Certificates of Deposit, Money Market

<table>
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<th>Bank</th>
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<tr>
<td>Address</td>
<td>Address</td>
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<tr>
<td>Acct.#</td>
<td>Int Rate</td>
</tr>
<tr>
<td>Penalty for Early Withdrawal</td>
<td>Maturity Date</td>
</tr>
</tbody>
</table>

### Stocks

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

### Investments

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Bank</th>
</tr>
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<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Cash Value $</td>
<td>Account No.</td>
</tr>
<tr>
<td>Interest rate</td>
<td>Int. Rate</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>Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Amount $</td>
<td>Monthly Amount $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
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</table>

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

**Pharmacy**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td>Address</td>
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</table>

<table>
<thead>
<tr>
<th>Anticipated prescription costs not covered by insurance</th>
<th>Monthly Amount $</th>
<th>Anticipated prescription costs not covered by insurance</th>
<th>Monthly Amount $</th>
</tr>
</thead>
</table>

**Physician**

Are you seeing a physician **REGULARLY**?  Yes☐  No☐

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td>Address</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticipated costs not covered by insurance</th>
<th>Anticipated costs not covered by insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Monthly Amount $</td>
<td>- Monthly Amount $</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____

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.)

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
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</table>

How long have you lived there? ________________  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.)

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
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</table>


How long did you live there?  How long did you live there?

Is this landlord related to you?  Yes  No  Is this landlord related to you?  Yes  No

Current Rent Amount $ __________  Rent Amount $

**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.

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
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Phone No.  Relationship  Phone No.  Relationship

**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 ___________________________

**Hodges Development Corporation**

**Equal Opportunity Provider and Employer**
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>
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<td>Head</td>
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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

Hodges Development Corporation  Hodges Properties, Inc  Hodges-Portsmouth, LLC  Hodges-Pembroke, LLC

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
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 agencies that keep wages 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 kind 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 92 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 any medical expenses that the report.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 65 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 forms 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 or, 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 script 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 4565.3 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's 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 negligent 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-9867, 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-9887 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's 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)

<table>
<thead>
<tr>
<th>HUD Office requesting release of Information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division); Department of Housing &amp; Urban Development, Norris Cotton Federal Bldg., 275 Chisnail St., 4th Floor Manchester, NH 03101-3487</th>
<th>O/A requesting release of Information (Owner should provide the full name and address of the Owner): Hearthstone Homes of Wolfeboro C/O Hodges Development Corporation 201 Loudon Road Concord, NH 03301</th>
<th>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 5087, Manchester, NH 03108</th>
</tr>
</thead>
</table>

**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 authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDDH 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 1998, 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 is found at 42 U.S.C. 3544. 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 salary and wage information pertinent to the applicant’s or participant’s eligibility or level of benefits; (3) HUD to request certain tax return information from the Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above named O/A, and the PHA to request income 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 seek wage, new hire (W-4), and unemployment 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, 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 236**
- **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 4350.3 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.

**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**
- **(✓) Spouse**
- **(✓) Other Family Member 18 and over**
- **(✓) Other Family Member 18 and over**

**Additional Signatures, if needed:**

- **(✓) Other Family Member 18 and over**
- **(✓) Other Family Member 18 and over**
- **(✓) Other Family Member 18 and over**

**Date:**

- **(✓) Other Family Member 18 and over**
- **(✓) Other Family Member 18 and over**
- **(✓) Other Family Member 18 and over**

**Date:**

**Original is retained on file at the project site**

---

 harms:3003 Rev. 1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-8847 (02/2007)
Agencies To Provide Information

Stale 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 Distributions 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
1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives
1099-R Statement for Recipients of Retirement Plans W2-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 (OIA), 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 Handboook 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.
   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 signed applicant/tenant signatures. 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 1989, 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 238
- 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 you 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 photocopied, 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 in time, due to extenuating circumstances, the O/A may document the file as 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 Corp

Name of Project Owner or his/her representative

Managing Agent

Title __________________________

Date: __________________________

Signature: __________________________

cc: Applicant/Tenant

Owner file

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 social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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

<table>
<thead>
<tr>
<th>Applicant Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<tr>
<td>Telephone No:</td>
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<tr>
<td>Cell Phone No:</td>
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<tr>
<td>Name of Additional Contact Person or Organization:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Telephone No:</td>
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<tr>
<td>Cell Phone No:</td>
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<tr>
<td>E-Mail Address (if applicable):</td>
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</table>

Relationship to Applicant:

<table>
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<tr>
<th>Reason for Contact: (Check all that apply)</th>
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<tr>
<td>☐ Emergency</td>
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<tr>
<td>☐ Unable to contact you</td>
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<tr>
<td>☐ Termination of rental assistance</td>
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<tr>
<td>☐ Eviction from unit</td>
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<tr>
<td>☐ Late payment of rent</td>
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<tr>
<td>☐ Assist with Recertification Process</td>
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<tr>
<td>☐ Change in lease terms</td>
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<tr>
<td>☐ Change in house rules</td>
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<td>☐ Other:</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Signature of Applicant:</th>
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<td>Date</td>
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The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD’s assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operation of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.

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

Form HUD-91016 (05/09)
**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>
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<tbody>
<tr>
<td>HOH</td>
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</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, Allen Registration Receipt Card (for permanent resident aliens).

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:
   - "Admitted as Refugee Pursuant to section 207";
   - "Section 208" or "Asylum";
   - "Section 243(h)" or "Deportation stayed by Attorney General"; or
   - "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 final court decision granting asylum (but only if no appeal is taken);
   - 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);
   - A court decision granting withholding or deportation; or
   - 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."

(5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

(6) A receipt issued by the 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.
(7) 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: ______

HUD 4350.3 Exhibit 3:5 p. 3-79 ff.  Page 3 of 3
Christian Ridge

20 Crescent Lake Avenue Wolfeboro, NH 03894

Name of Property: Hearthstone Homes/Hodges Development Corp
Type of Assistance or Program Title: Section 8

Name of Owner/Managing Agent: 

Address of Property: 

Name of Head of Household: 

Name of Household Member: 

Date (mm/dd/yyyy): 

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<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>
<tr>
<td>Racial Categories*</td>
<td>Select All that Apply</td>
</tr>
<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 in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual recertification. 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 provide 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.

form HUD-27061-H (9/2003)
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?

You must provide the correct and complete information to the EIV system to determine if you are eligible for the assistance you are applying for. Your household size and income are important factors in determining your eligibility. You must provide accurate information about your employment and any other income you have. If your information is not accurate, you may be disqualified from the program.

Who has access to the EIV?

Only you and your program manager have access to the information in the EIV system. The information is protected by federal law.

What is the information in the EIV?

The information in the EIV system includes:

- Your name and address
- Your Social Security number
- Your income and employment history
- Any other income sources
- Any assets you own
- Any debts you have
- Any criminal history
- Any other information that may affect your eligibility

Is my income required to get EIV?

Yes, your income is required to determine if you are eligible for the EIV program. Your income will be verified and compared to the income limits for your household size.

Who is eligible for EIV?

Persons who are members of a household or related group and meet the income and asset limits for the program may be eligible for EIV.

What is EIV?

EIV is a web-based computer system used to determine if you are eligible for the rental assistance programs. The system requires you to provide information about your income, employment, and family size.

What if I need help?

You can contact the Department of Housing and Urban Development (HUD) at 1-800-555-3435 or visit their website at www.hud.gov.
What if the Information in ETV is not correct?

If you disagree with the information, you have two options:
- Request a hearing before the Administrative Law Judge
- Correct the information yourself

If you choose to correct the information, you must correct it within 30 days of receiving the ETV.

What if I did not report income properly and it is now being reported?

If you did not report income properly, you must report the income to the program as soon as possible.

Who do I contact if my income is calculated incorrectly?

If you believe your income is calculated incorrectly, you should contact the Social Security Administration.
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 the people (adults and children) who will actually be living with you, whether or not they are related to you.

<table>
<thead>
<tr>
<th>Signing the Application</th>
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</thead>
<tbody>
<tr>
<td>Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
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</tbody>
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<table>
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<tr>
<th>Recertifications</th>
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<tbody>
<tr>
<td>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:</td>
</tr>
<tr>
<td>All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.</td>
</tr>
<tr>
<td>Any move in or out of a household member; and,</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Beware of Fraud</th>
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</thead>
<tbody>
<tr>
<td>You should be aware of the following fraud schemes:</td>
</tr>
<tr>
<td>Do not pay any money to file an application;</td>
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<tr>
<td>Do not pay any money to move up on the waiting list;</td>
</tr>
<tr>
<td>Do not pay for anything not covered by your lease;</td>
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<tr>
<td>Get a receipt for any money you pay, and;</td>
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<tr>
<td>Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).</td>
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</tbody>
</table>

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<tr>
<th>Reporting Abuse</th>
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<tbody>
<tr>
<td>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 PHA. 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, (GPI) 451 Seventh Street, S.W., Washington, DC. 20410.</td>
</tr>
</tbody>
</table>

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
NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

Hodges Development Corporation¹

Notice of Occupancy Rights under the Violence Against Women Act²

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.³ 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.⁴

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

Form HUD-5382 (12/2016)
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.