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 or 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.
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- 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.
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:
  - Specifically stated reason for rejection
  - 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 CFR 5.232.3

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.
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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.
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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 a 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
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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:

<table>
<thead>
<tr>
<th>No. of Bedrooms</th>
<th>Occupants</th>
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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 READ CAREFULLY. INCOMPLETED APPLICATION WILL NOT BE ACCEPTED.

1. COMPLETE ALL AREAS. If an item does not apply to you, mark "N/A" on that line. Please enclose a copy of each household member's social security card.

2. SIGNATURES are required by all adult applicants.

3. 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.
If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.

RETURN YOUR APPLICATION TO:

Hodges Development
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.
Your application is being returned because:

☐ You did not complete all areas or you did not sign the application.

Please return your application along with the information that was missing if you want to be considered for housing.

REVISED 11/09, 4/10, 6/10, 09/10, 12/10
APPLICATION FOR ASSISTED HOUSING (USDA, Rural Development)

- 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, 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, disability handicap or familial status. 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 U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

- To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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>Birth Date</th>
<th>Place of Birth</th>
<th>Soc. Sec. #</th>
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<tr>
<td>1</td>
<td>Head</td>
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Mailing Address: __________________________ City: __________ State: ____ Zip: ______

Physical Address: __________________________ City: __________ State: ____ Zip: ______
(if different than mailing address)

Telephone No. (which you can be reached at): __________ E-Mail Address: __________________________
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 □

B. INCOME - All sources of regularly received monies must be listed regardless of recipient’s age.

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Savings Bonds, T-Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Cash Value $</td>
</tr>
<tr>
<td>Interest rate</td>
</tr>
<tr>
<td>Balance $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trust Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Cash Value $</td>
</tr>
<tr>
<td>Interest rate</td>
</tr>
<tr>
<td>Balance $</td>
</tr>
</tbody>
</table>
C. **ASSETS** (continued)

**Real Estate**

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

____________________________________________________________________________________________________________

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

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

____________________________________________________________________________________________________________

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

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

Do you have any cash on hand, safe deposit box, or property held as an investment? Yes [ ] No [ ]
If yes, type & location of property ______________________________ Approx. Value $ _____________________

D. **MEDICAL AND CHILD CARE EXPENSES**

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

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

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Claim No.</td>
<td>Monthly Amt. $</td>
</tr>
<tr>
<td>Claim No.</td>
<td>Monthly Amt. $</td>
</tr>
</tbody>
</table>

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

| Anticipated costs **not covered by insurance** - Monthly Amount $ | Anticipated costs **not covered by insurance** - Monthly Amount $ |
| Anticipated costs **not covered by insurance** - Monthly Amount $ | Anticipated costs **not covered by insurance** - Monthly Amount $ |

**Outstanding Medical Bills for which You are Making Monthly Payments**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Balance Due $</td>
<td>Monthly Amount $</td>
</tr>
<tr>
<td>Balance Due $</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 [ ].
   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>Current Landlord</th>
<th>Address of Apt.</th>
<th>How long did you live there?</th>
<th>Is this landlord related to you?</th>
<th>Current Rent Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

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<tbody>
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</table>

<table>
<thead>
<tr>
<th>How long did you live there?</th>
<th>How long did you live there?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this landlord related to you?</th>
<th>Is this landlord related to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ]</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Rent Amount $</th>
<th>Rent Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

**Other Information**

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

____________________________________________________________________________________________________________

**Vehicles - List any vehicle owned**

<table>
<thead>
<tr>
<th>Type</th>
<th>Year/Make</th>
<th>Color</th>
<th>License Plate No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you own a pet? Yes [ ] No [ ] If yes, describe ________________________________
CERTIFICATION

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

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

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

Head of Household__________________________ Date_________________________

Spouse/Co-Tenant____________________________ Date_________________________

Other Adult Member__________________________ Date_________________________

For Hodges Development _____________________ Date_________________________

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

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

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

□ Native Hawaiian or Other Pacific Islander □ White □ Other

Gender: □ Male □ Female
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 inquiries 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
- Support and Alimony Providers
- Educational Institutions
- Banks/Financial Institutions
- Public Housing Agencies
- Criminal Checks
- State Unemployment Agencies
- Social Security Administration
- Current and Previous Landlords
- State and Federal Agencies
- Veterans Administration
- Retirement Systems
- Medical Providers
- Child Care Providers
- 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 __________
Disclaimer

I hereby make application for an apartment and certify that this information is correct. I authorize Lakes Region Community Developers' (LRCD) property management company, The Hodges Companies (Hodges), to contact any references that I have listed. By signing this application, the applicants understand that this information may be shared with members of the Lakes Region Rental Association.

I also authorize Hodges to obtain consumer reports, and any other information necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension, or collection in connection with the rental or lease of a residence for which this application was made.

I hereby expressly release LRCD, Hodges, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation, various law enforcement agencies.

_______________________________ _________________________
Signature of Applicant Date

_______________________________ _________________________
Signature of Applicant Date
Things You Should Know About USDA Rural Rental Housing

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

**Penalties for Committing Fraud**

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

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

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

**How To Complete Your Application**

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

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.

- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

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

**Ask for Help if You Need It**

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

**Before You Sign the Application**

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

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

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

**Tenant Recertification**

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

You must immediately report:

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

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;
Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

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

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6283, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

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

Notice of Adverse Action

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

Grievance Process Overview

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

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

When a Grievance Is Legitimate

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

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

PA 1996
December 2008

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

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

I/We, ___________________ acknowledge Receipt of a copy of the USDA published "Things You Should Know" Notice on this ___________________ day of _______________ Year ____________

_________________________  ______________________
Signature                      Property

_________________________
Co-Tenant Signature
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.