

**Apple Ridge Resident Selection Plan**  
**Created August 2018, Revised September 20, 2018**

**Compliance:**

This policy and all resident selection procedures shall comply with all state and federal laws and regulations, including any discrimination prohibited by the Fair Housing Act and other state and federal statutes and regulations that prohibit discrimination.

**Nondiscrimination:**

Apple Ridge does not discriminate on the basis of regardless of race, color, religion, sex, handicap, national origin, sexual orientation, age, marital status, disability, handicap, gender identity or familiar status; regardless of actual or perceived.

**Procedure Guidelines:**

Apple Ridge will have a procedure manual that will include acceptance criteria and income guidelines, and a list of funding source requirements for that property, as well as other necessary procedural guidelines. The manuals will be adjusted, as funding guidelines require.

**Income Guidelines:**

Apple Ridge targets it's housing to low income (those earning less than 60% of median income) and very low income (those earning less than 50% of median income) families.

Income guidelines will only be used to select incoming residents. Income guidelines will not be used to displace Apple Ridge residents if their income rises over the limits after they move into Apple Ridge housing.

**Unit Size:**

In order to ensure that eligible applicants are housed in appropriately sized units in a fair and consistent manner as prescribed by law, Management will apply occupancy standards that consider the size and number of bedrooms based upon the number of people in the household. Management will also compare household size to occupancy standards when there is a change in family size in order to determine whether the household needs to transfer to another unit.

Apple Ridge will apply a maximum two person per bedroom standard. Household size is based upon all household members including unborn children, foster children, foster adults and live-in aides.

**Confidentiality:**

Apple Ridge and its Management Agent will keep copies of all application materials in the Applicant's file. All information obtained by Apple Ridge will be confidential, except that:

- A. Information may be released to the Applicant or to his or her designated representative if s/he has filed a formal grievance with the Resident Grievance

Review Panel. In such cases, only information pertinent to the grievance will be released;

- B. Information will be released to third parties only under court order or subpoena or at the request of an authorized governmental agency. Upon written request from the Applicant, anything supplied to Apple Ridge directly by the Applicant can be released (this does not include references). Information obtained regarding illegal activity on the part of the resident, their household member and/or guests, will be reported to the relevant authorities;
- C. The Apple Ridge Board may determine that the information is necessary to defend claim against Apple Ridge.
- D. Apple Ridge may disseminate demographic information from residents' files on a periodic basis. This information is limited to town of residency prior to moving in to Apple Ridge housing, age, race, gender, gross income level, source of rent subsidy, if applicable, family composition (i.e. female headed household), employer name, as well as grade level of minors residing in the household.

The information will only be released in the aggregate and on a property-specific basis provided that the confidentiality of individual family information can be protected. Apple Ridge will not prohibit other authorized agencies, such as agencies administering the Section 8 program, from requesting such updates.

### **Preferences for Section 811 PRA Units**

The following property owned or managed by Hodges Development Corporation have a preference for Section 811 Project Rental Assistance (PRA) eligible residents. 811 PRA residents are referred to the property by the New Hampshire Division of Health and Human Services.

Apple Ridge has 3 one-bedroom units with an occupancy preference for 811 PRA eligible residents

These applicants are selected from NHHFA's HUD 811 waiting list. All marketing and outreach to identify applicants for the HUD 811 program will be done by DHHS.

### **HUD's Enterprise Income Verification Existing Tenant Search**

HUD provides Apple Ridge or management agent information about a Section 811 Project Rental Assistance applicant's current status as a recipient of rental assistance at another location. We use the Existing Tenant Search at the time we are processing your application to determine if any member of the applicant household is currently being assisted at another location. If the report identifies that the applicant or a member of the applicant's household is receiving assistance at another location, we will give the applicant the opportunity to explain any circumstances relative to being assisted at another location. This may be the case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child.

**Apple Ridge** or management agent will follow up with the respective assistance provider to confirm the individual's assistance participation status before admission and coordinate the move out of that location with the move into our location.

### **Violence Against Woman Act (VAWA) Protections**

VAWA Protections apply to households applying for or receiving rental assistance payments under the Section 811 Project Rental Assistance Program.

Violence Against Woman Act Protections are not limited to women and covers victims of domestic violence, dating violence, sexual assault and stalking regardless of sex, gender identity or sexual orientation.

**Apple Ridge** or Management Agent will not consider incidents of domestic violence, dating violence, sexual assault and 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.

If an applicant or resident or an affiliated individual of yours (your spouse, parent, brother, sister, child or a person for whom you stand in the place of parent or guardian. For example, the affiliated individual is in your care, custody or control) or any individual, resident or lawful occupant living in your household 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 solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking.

**Apple Ridge** or Management Agent may request in writing that the victim, or a family member on the victim's behalf, certify or provide documentation that the individual is a victim of domestic violence, dating violence, sexual assault or stalking. VAWA Protections do not have to be provided for failure or refusal to provide the certification or other documentation within 14 business days, or an agreed upon extension date.

Criminal activity directly related to domestic violence, dating violence, sexual assault or stalking, engaged in by a member of a resident's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.

Assistance may be terminated or a lease "bifurcated" in order to remove an offending household member from the home. Whether or not the individual is a signatory to the lease and lawful tenant, if he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain.

## **Social Security Number Requirements for Section 811 PRA Residents**

Applicants must disclose and provide verification of the complete and accurate SSN assigned to each household member. Failure to disclose and provide documentation and verification of SSNs will result in an applicant not being admitted or a tenant household's tenancy being terminated.

### **2. Exceptions to disclosure of SSN:**

#### **a. Individuals who do not contend eligible immigration status.**

(1) **Mixed Families:** For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN.

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

(1) The exception status for these individuals is retained even if there is a break in his or her participation in a HUD assisted program.

(2) When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification, documentation must be obtained that verifies the applicant's exemption status. A certification from the tenant is not acceptable verification of the exemption status. This documentation must be retained in the tenant file.

(3)

**Provisions for Applicants Disclosure and/or Documentation of Social Security Numbers**  
An applicant may not be admitted until SSNs for all household members have been disclosed and verification provided.

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

2. The applicant who has not disclosed and provided verification of SSNs for all household members must disclose and provide verification of SSNs for all household members to the owner within 90 days from the date they are first offered an available unit.

3. If the owner has determined that the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of disclosing and providing verification of the SSN, the applicant may retain his or

her place on the waiting list for the 90-day period during which the applicant is trying to obtain documentation.

4. After 90 days, if the applicant has been unable to supply the required SSN and verification documentation, the applicant should be determined ineligible and removed from the waiting list

The Social Security Number requirements do not apply to:

A child under the age of 6 years old added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90 days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the household's tenancy be terminated.

### **Student Eligibility for Section 811 PRA Assistance**

Student eligibility is determined at move in/initial certification and at each annual certification. Student eligibility may also be reviewed at interim certification if student status has changed since the last certification. All students are required to report any change in their student status.

A student who is enrolled as either a part time or full-time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential will be eligible for assistance if the student meets all other eligibility requirements, meets screening criteria requirements and:

- Is living with his or her parents/guardian or
- Is at least 24 years old or
- Is married or
- Is a veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes or
- Has legal dependents other than a spouse or
- Is a person with disabilities who was receiving Section 8 assistance as of November 30, 2005 or
- Is a graduate or professional student or  Is an independent student, defined as:
  - a) The individual is 24 years of age or older by December 31 of the award year;

- b) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care or a ward of the court at any time when the individual was 13 years of age or older;
- c) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence
- Or, is classified as a Vulnerable Youth. A student meets HUD's definition of vulnerable youth when:
  - i) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in Section 725 of the McKinney-Vento Homeless Assistance Act), or as unaccompanied, at risk of homelessness and self-supporting, by
  - ii) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
  - iii) The director of a program funded under the Runaway and Homeless Youth Act or designee of the director;
  - iv) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director or v) A financial aid administrator.
- Or, the individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances or
  - Has parents who are income eligible for the Section 8 program

Any financial assistance a student receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education that is in excess of amounts received for tuition and other fees is included in annual income, except:

1. If the student is over the age of 23 with dependent children or
2. If the student is living with his or her parents who are receiving Section 8 assistance

Financial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

**Income Verification:**

Applicants will be required to provide **COMPLETE** income and asset verification at the time of application, at annual re-certification, and as requested by the Owner or its Agents. **Failure to report any income or assets at time of application or annual re-certification is considered tenant fraud and could affect residency.**

**Landlord References:**

An Applicant's ability to comply with the terms of the Lease from past or current landlords will be considered in determining an Applicant's ability to succeed in Apple Ridge housing. An Applicant will be required to provide a minimum of two years rental history.

If an Applicant cannot meet the minimum requirement, at least one of the following criteria must be met in order to determine eligibility:

- A. The Applicant has successfully owned and maintained his/her own home within the last three years;
- B. The landlord is no longer in business and is not able to be found (documentation will be required);
- C. The Applicant can demonstrate good payment history (receipts) as well as a letter of recommendation from the current landlord, not from a relative;
- D. A qualified Co-Signer is added to the lease. The Co-Signer must meet the Resident Creditworthiness Criteria as set forth in the document. If the Resident demonstrates a good payment history for the first twelve (12) months of their residency, the Co-Signer may be removed. Where a Co-Signer is approved, the Rental Payment must be made directly from the Primary Applicant themselves.

**An Applicant CAN be rejected based on the following criteria:**

- A. A history of non-payment or late payment of rent;
- B. Two or more violations of Lease or Rental Agreement;
- C. A history of living or housekeeping habits that would pose a threat to the health and safety of the other residents;
- D. A history of disturbances or right to peaceful enjoyment;
- E. A history of violations or non-compliance that resulted in an eviction or termination from rental housing programs within the previous three years.
- F. Refusal of a landlord to provide a written landlord reference. Due diligence will be completed by the Rental Agent before a rejection is issued on this basis.

### **Criminal Background Check:**

All persons listed on the application 18 years and older are required to complete a State of New Hampshire Criminal Record Release form. The following may be the basis for rejection:

- A. A felony conviction on the Applicant's criminal record, with the applicant having come off of probation or parole within the previous **5** years;
- B. A drug-related conviction on the Applicant's criminal record, unless the applicant has successfully completed a drug-rehabilitation program;
- C. Any sexual offense conviction on the Applicant's criminal record;
- D. A conviction that is classified as a hate crime on the Applicant's criminal record;
- E. The Applicant being required to register as a sex offender in any state;
- F. Repeated Conviction of crimes against persons;
- G. Repeated Conviction of crimes against property;
- H. An extensive criminal history record, or a combination of criminal convictions that would signify the Applicant has a disregard of local, state and/or federal laws;
- I. Other criminal convictions that signify a threat to the health, safety, security, or right to peaceful enjoyment of the premises by other residents, of the Owner's, or the Agent of the Owner and his or her employees, contractors, subcontractors, who are involved with the property.

### **Creditworthiness Criteria:**

An Applicant's past and present performance in meeting financial obligations is one of the components by which an Applicant will be considered. The following will be considered as examples of unfavorable credit references and will serve as the basis for rejection of an application:

- A. Three or more trade line references past due in the previous two years, excluding medical accounts;
- B. Any outstanding account with a housing related company, including previous landlord and/or property management company and/or mortgage lien holder;
- C. Unpaid charge offs and collections must show as 'paid,' or be in repayment status, with the exception of housing related debts as listed above, which must be paid in full. Proof of payment arrangements for all other unpaid charge-offs and collections, as well as proof of an initial payment on the account in collection or charge-off status will be required;
- D. Applicants with one or more *unsatisfied* public records in the past two years, including but not limited to:
  - 1. Civil judgment;
  - 2. Bankruptcy;
  - 3. Property tax lien;
  - 4. Federal income tax lien;
  - 5. Foreclosure.



If any of the above-mentioned *unfavorable credit references are the result of a financial hardship or medical catastrophe* (military duty, divorce, death of an immediate family member, etc.), the Property Manager shall, at his or her own discretion, waive any or all of the above referenced creditworthiness guidelines. In such cases, the Applicant will be required to provide documentation and/or a letter of explanation of such hardship or catastrophe.

In cases where the Applicant is denied housing based on a negative credit history, s/he is encouraged to re-apply once the credit history is improved to a standard that meets Apple Ridge' Resident Selection Creditworthiness Criteria.

### **Waiting Lists:**

Apple Ridge will accept applications for housing in advance of vacancies. Applications will not be processed until a vacancy arises. A list of applications will be kept in chronological order by bedroom size by either Apple Ridge' staff or its Agents. When there is a vacancy, the Property Manager will contact appropriate Applicants and process applications for those who are interested in the unit. If there are no applications on file appropriate for a given vacancy, Apple Ridge or the manager will advertise appropriately. In some cases, if appropriate, Apple Ridge may go beyond a chronological list and process applications prior to a vacancy.

The Property Manager is delegated the responsibility of maintaining resident lists and screening applications, they will be informed of Apple Ridge' expectations about this responsibility. In particular they will be informed of the importance to Apple Ridge of treating Applicants with dignity and abiding by all fair housing law regulations.

### **The Resident Grievance Review Panel**

Any Applicant aggrieved by a decision of the Apple Ridge staff or the Property Manager may file a grievance to have that decision reviewed **WITHIN 14 DAYS OF DENIAL**.

Such grievances may include, but will not be limited to, decisions regarding eligibility.

All such grievances will be forwarded to the **PROPERTY MANAGER AND A MEETING WILL BE SET UP TO DISCUSS THE GRIEVANCE WITH A DECISION BEING MADE TO FOLLOW.**



## *Apple Ridge*

C/O Hodges Development Corp  
201 Loudon Road, Concord, NH 03301  
Phone: 1-800-742-4686  
Fax: (603) 224-6785

Dear Housing Applicant:

Thank you for your interest in Hodges Development Corporation, Agent for Apple Ridge. We look forward to you applying with us! Please fill out the application **COMPLETELY** and return it to our main office. **Applications not filled out completely will be rejected.** Please do not use white out or multiple inks when completing the application.

We screen all applicants very carefully, and we thoroughly verify all information provided to us on the rental application as well as other sources available to us. **We will require a credit report, a criminal check, sex offender check and will verify income and assets of all members of the household.** We will also check previous and current rental history. The same screening and verification process is used for every applicant - fair, consistent and uniform.

**Please return the application along with the following (if applicable):**

- Copies of all household members Social Security cards
- Original copy of a Criminal Record Report completed by the state you currently reside in

All applicant households must qualify under the Tenant Selection Plan and published income limit.

Thank you for requesting an application with Hodges Development Corporation. We sincerely hope that we can be of service to you.

Sincerely,

Hodges Development Corporation

Date Received: \_\_\_\_\_

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

## Applicant Questionnaire - Apple Ridge

**List all household members (including yourself) that are applying to live in this apartment with you.**

Name <small>First, Middle Initial, Last</small>	Relationship to Head of Household <small>(Wife, Child, Husband, etc)</small>	Marital Status <small>1.Married 2.Single 3.Divorced 4.Separated</small>	Children Residence Status <small>(Full/Part)</small>	Full/Part Time Student <small>Yes/No</small>	Race <small>1.Caucasian 2.Afr. Amer 3.Hispanic 4. Asian 5.Other</small>	Sex <small>M/F</small>	Social Security Number <small>XXX-XX-XXXX</small>	Birth Date <small>MM/DD/YYYY</small>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**YES**

**NO**

Please answer **ALL** questions either Yes or No.



1.

**Do you expect any additions to the household within the next twelve months?**

Name & Relationship: \_\_\_\_\_

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



2.

**Is there anyone living with you now who won't be living with you at this property?**

Name & Relationship: \_\_\_\_\_

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



3.

**Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child{ren} will be living in unit.)*

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



4.

**Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*

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



5.

**Does your household have or anticipate having any pets?**

Type: \_\_\_\_\_



## Rental History

**YES**

**NO**

Please answer ALL questions either Yes or No.

6. **Have you or anyone else named on this application filed for bankruptcy?**  
Explanation: \_\_\_\_\_
7. **Have you or anyone else named on this application been convicted of a felony?**  
Explanation: \_\_\_\_\_
8. **Have you or anyone else named on this application been convicted for possession, dealing or manufacturing illegal drugs?**  
Explanation: \_\_\_\_\_
9. **Are you or anyone else named on this application subject to registration under a State sex offender registration program?**  
Explanation: \_\_\_\_\_
10. **Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?**  
Explanation: \_\_\_\_\_

## Housing References

List the past THREE years of housing references starting with current housing. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name / Address</u>	<u>Your Name/Address</u>		<u>Information</u>	<u>Dates</u>
Name: _____	_____	_____	Own	o	From: _____
Address: _____	_____	_____	Rent	o	To: _____
Phone: (    ) _____	_____	_____	Monthly Rent/Mortgage:\$	_____	
			# of BRs: _____	Utilities Incl: _____	
Name: _____	_____	_____	Own	o	From: _____
Address: _____	_____	_____	Rent	o	To: _____
Phone: (    ) _____	_____	_____	Monthly Rent/Mortgage:\$	_____	
			# of BRs: _____	Utilities Incl: _____	
Name: _____	_____	_____	Own	o	From: _____
Address: _____	_____	_____	Rent	o	To: _____
Phone: (    ) _____	_____	_____	Monthly Rent/Mortgage:\$	_____	
			# of BRs: _____	Utilities Incl: _____	

## Student Status

Are you or any other household members (INCLUDING MINORS) currently a full-time student, been a full or part-time student this or last year, or expect to be one in the next 12 months? Please list ALL full or part-time students

YES  NO

Names: \_\_\_\_\_  
\_\_\_\_\_



## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Please answer **ALL** questions either Yes or No.

**Include all GROSS income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

<u>YES</u>	<u>NO</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<b>11. Employment wages or salaries?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
		<u>Household Member</u>	<u>Name of Company/Phone #</u>	<u>Gross Amount Per Month</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>12. Self-employment?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
		<u>Household Member</u>	<u>Type of Business</u>	<u>Gross Amount Per Month</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>13. Social Security, SSI, SSDI, or any other payments from the Social Security Administration?</b>		
		<u>Household Member</u>	<u>SSA Office</u>	<u>Gross Amount Per Month</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>14. Unemployment benefits or workman's compensation?</b>		
		<u>Household Member</u>	<u>Case Worker</u>	<u>Gross Amount Per Month</u>
		_____	_____	_____
		_____	_____	_____



**YES**

**NO**

15. Welfare, Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member

Case Worker

Gross Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. (a) Child support or Alimony?

*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)*

Household Member

Payer

Gross Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) How is the support received? *(Check all that apply)*

Child Support Enforcement Agency

*Name of Agency:* \_\_\_\_\_

Court of Law

*Name of Court:* \_\_\_\_\_

Directly from Individual

*Name of Person:* \_\_\_\_\_

Other

*Explain:* \_\_\_\_\_

N/A

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

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

17. Regular pay as a member of the Armed Forces/Military or payment from Veteran's Benefit?

Household Member

Base Name & Branch

Gross Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Regular payments from a Pension, Retirement Benefit or Annuities?

Household Member

Source of Benefit

Gross Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Regular payments from a severance package?

Household Member

Source of Benefit

Gross Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Regular payments from any type of settlement? *(For example, insurance settlements.)*

Household Member

Source of Benefit

Gross Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Regular gifts or payments from anyone outside of the household?

*(This includes anyone supplementing your income or paying any of your bills directly.)*

Household Member

Source of Benefit

Gross Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



<u>YES</u>	<u>NO</u>										
<input type="checkbox"/>	<input type="checkbox"/>	22. Regular payments from lottery winnings or inheritances?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Source of Benefit</u></td> <td style="width: 33%;"><u>Gross Amount Per Month</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Amount Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	23. Regular payments from rental property or other types of real estate transactions?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Source of Benefit</u></td> <td style="width: 33%;"><u>Gross Amount Per Month</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Amount Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	24. Any other income sources or types not listed?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Source of Benefit</u></td> <td style="width: 33%;"><u>Gross Amount Per Month</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Amount Per Month</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Amount Per Month</u>									
_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	25. Do you or any other household members expect any changes to your income in the next 12 months?									
		Explanation: _____									

## Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Please answer ALL questions either Yes or No.

### Do YOU or ANYONE in your household hold:

<u>YES</u>	<u>NO</u>										
<input type="checkbox"/>	<input type="checkbox"/>	26. Checking account?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	27. Savings or Direct Express account?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	28. Stocks, bonds, mutual funds or securities?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Company or Broker</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	29. CDs, money market accounts, trust funds/accounts, or treasury bills?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									



**YES**

**NO**

30. Pensions, IRAs, Keogh, annuities or other retirement accounts?

**Household Member**

**Financial Institute**

**Amount**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

31. Whole life insurance policy?

**Household Member**

**Insurance Carrier**

**Amount**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

32. Real estate, rental property, land contracts/contract for deeds, other holdings or capital gains?

*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

**Household Member**

**Address of Property**

**Value**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

33. Personal property held as an investment?

*(This includes paintings, coin or stamp collections, artwork, collector or show cars, items in safe deposit box and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

**Household Member**

**Item**

**Amount**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

34. Cash on hand?

*(Money in the form of cash kept on your person or easily accessible, NOT in a bank account.)*

**Household Member**

**Amount**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

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

### Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program. Please answer ALL questions either Yes or No.

**YES**

**NO**

36. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

37. Will your household be receiving Section 8 Rental Assistance (HCV) at the time of move-in?

Name of Agency/Contact Person: \_\_\_\_\_

Household Members Currently on Voucher: \_\_\_\_\_





## Authorization to Release Information

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

### All ADULT household members must sign below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #1 Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #3 Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #4 Social Security Number



APPLICANT/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**

(✓) \_\_\_\_\_  
Tenant Signature

(✓) \_\_\_\_\_  
(Print Name)

(✓) \_\_\_\_\_  
Date

(✓) \_\_\_\_\_  
Co-Tenant Signature

(✓) \_\_\_\_\_  
(Print Name)

(✓) \_\_\_\_\_  
Date



## Acknowledgement of Receipt

I hereby acknowledge receipt of the following documents:

1. VAWA Appendix A: Notice of Occupancy Rights Under the Violence Against Women Act, form HUD-5380
2. VAWA Appendix C: Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, form HUD-5382

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Lessee Signature Date

---

Lessee Signature Date

---

Lessee Signature Date

---

Lessor Signature Date



**Hodges Development Corporation**<sup>1</sup>

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

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8 Rental Assistance** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **HUD Section 8**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

---

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

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

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



If you are receiving assistance under **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, 4<sup>th</sup> Floor, Manchester, NH 03101-2487.**

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2014/10/20/2014-24284/violence-against-women-act>

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, 4<sup>th</sup> 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 Crisis Center of Central NH, PO Box 1344, Concord, NH 03302-1344, 1-866-841-6229 (Crisis Line), 603-225-7376 (Office).

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 Bridges: Domestic & Sexual Violence Support, PO Box 217, Nashua, NH 03061-0217, 603-883-3044 (Crisis Line), 603-672-9833 (Milford office), 603-889-0858 (Nashua Office).

Victims of stalking seeking help may contact Voices Against Violence, PO Box 53 Plymouth, NH 03264, 603-536-1659 (Crisis Line), 603-536-5999 (Office).

**Attachment:** Certification form HUD-5382



## Attachment to VAWA

The following is a list of some of the organizations that offer assistance to victims of domestic violence, dating violence, sexual assault, and/or stalking:

- 1)     Voices Against Violence  
       PO Box 53  
       Plymouth, NH 03264  
       603-536-1659 (Crisis Line)  
       603-536-5999 (Office)
  
- 2)     New Beginnings Without Violence and Abuse  
       PO Box 622  
       Laconia, NH 03247  
       1-866-644-3574 (Domestic Violence)  
       1-800-277-5570 (Sexual Assault)  
       603-528-6511 (Office)
  
- 3)     Crisis Center of Central NH  
       PO Box 1344  
       Concord, NH 03302-1344  
       1-866-841-6229 (Crisis Line)  
       603-225-7376 (Office)
  
- 4)     YWCA Crisis Service  
       72 Concord Street  
       Manchester, NH 03101  
       603-668-2299 (Crisis Line)  
       603-625-5785 (Manchester Office)
  
- 5)     Bridges: Domestic & Sexual Violence Support  
       PO Box 217  
       Nashua, NH 03061-0217  
       603-883-3044 (Crisis Line)  
       603-672-9833 (Milford office)  
       603-889-0858 (Nashua Office)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.