For Office Use Only		
Date & Time Received:		Received By *(Management Signature)*:
Unit:	Move-In Date:	

Application for Rental Housing

Property Contact Information

Property Name:

Louise Gardens Apartments

Street Address:

1140 6th Ave. S.

City:	State:	Zip:
Payette	ID	83661

Phone:	Phone (TTY):	Fax:
(208) 642-5063	711	(208) 739-9748

Email:	Website:
louisegarden@nwrecc.org	

Office Hours:

Request for Accommodation

If you need help in completing this application, please contact us and advise us of your needs.

Northwest Real Estate Capital Corp. does not discriminate on the basis of disability status in the admission, access to, treatment, or employment in its federally-assisted programs and activities.

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

504 Coordinator Name: Tracie Lindgren, 504 Coordinator NWRECC/TPMC		
Street Address: 1597 Avenue D, Suite 7		
City: Billings	**State:** MT	**Zip:** 59102
Phone: (406) 294-7056	**Phone (TTY):** 711	**Fax:** (406) 252-9512
Email Address: tlindgren@nwrecc.org		

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.

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APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a unit with accessibility features due to a mobility, vision, or hearing impairment?

☐ **Yes** (*Please complete an **Accessible Unit Questionnaire)***. ☐ **No**

HOUSEHOLD COMPOSITION - Complete one ***Member Information Document*** form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household*
1		
2		
3		
4		
5		
6		
7		
8		

****Examples:** Head of Household, Co-Head, Spouse, Dependent, Other Adult, Foster Child/Adult, Live-In Aide, etc.*

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one ***Anticipated Household Addition*** form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster

1. **Do you anticipate any other change in household composition over the next 12 months?** ☐ Yes ☐ No
   (e.g. adding a new member or removing a current member)

If Yes, please explain:

HOUSEHOLD QUESTIONS

1. **Is any household member temporarily absent, but under normal conditions would live in the unit?** ☐ Yes ☐ No

If Yes, please explain:

2. **Does/Will this household receive rent assistance?** *(ex. Housing Choice Voucher, Rural Development RA, etc.)* ☐ Yes ☐ No

If Yes, please indicate the source:

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PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary (*One Per Household)*
- Member Information Document *(One Per Member)*
- Income & Asset Questionnaire *(One Per Adult Member/One Per Household)*
- Expense Questionnaire *(One Per Household)*

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

	Member Signature	Printed Name	Date Signed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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MEMBER INFORMATION DOCUMENT *(Move-In)*

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. *(Ex. Driver's License, Government Issued ID, etc.).*

Full Legal Name: _____
First Name *Middle Name* *Last Name*

Date of Birth: _____ **Gender:** ☐ Female ☐ Male ☐ Decline to Disclose

☐ Check box if member is an emancipated minor.

Social Security Number (SSN):_____ *(If you do not have a SSN please enter 999-99-9999)*

For HUD Properties Only

If you did not provide a Social Security Number, check the applicable exemption below:

☐ Member does not contend eligible immigration status.

☐ Member was 62 years or older as of January 31st, 2010 and was eligible to receive assistance.

☐ Under 6 years old and without an assigned SSN.
(Note: Must disclose and provide verification within 90 days of move-in)

1. Are you subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No

2. List all states where you have ever lived:_____

Part A: Live-In Aides do not need to complete this section.

1. Student Status: ☐ Full-Time Student ☐ Part-Time Student ☐ Not a Student
2. Disability Status: ☐ Disabled ☐ Not Disabled ☐ Decline to Disclose

Part B: Complete this section if the member is under 18 years old and not emancipated.

1. Will this minor live in the unit at least 50% of the time? ☐ Yes ☐ No
2. Will this member live with both parents in the unit? ☐ Yes ☐ No

*If No, complete a **Child Support Certification***

3. Name of the parent/guardian who will sign paperwork on this minor's behalf: _____

Additional Information (optional):

Preferred Language:_____

Preferred Name *(if different from above)*:_____

Email Address:_____ Phone Number:_____

Driver's License # / State ID #:_____ State Issued:_____

Does this member require assistance from a Live-In Aide? ☐ Yes ☐ No

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature	Printed Name	Date

☐ Check here if an adult signed for a child.

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INCOME & ASSET QUESTIONNAIRE	Certification Effective Date:	

This document reflects the sources of income & assets for:

☐ **Individual Member:**_____

If selected, each adult (excluding Live-In Aides) must complete a separate Income & Asset Questionnaire, even if the adult has zero income. Each adult must Include all unearned income and assets of minors in their care.

OR

☐ **Full Household:**_____

(Head of Household's Name)

If selected, complete one Income & Asset Questionnaire. Include all income and asset sources for the household, including unearned income and assets of minors.

INCOME CHECKLIST

Over the next 12 months, do you anticipate receiving income from....

1.	☐ **Yes** ☐ **No**	**Employment**
2.	☐ **Yes** ☐ **No**	**Military Pay** ***This can include:*** *basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing, etc.*
3.	☐ **Yes** ☐ **No**	**Self-Employment / Independent Contractor** ***This can include:*** *digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.*
4.	☐ **Yes** ☐ **No**	**Payments from Retirement Accounts**
5.	☐ **Yes** ☐ **No**	**Payments from Pensions**
6.	☐ **Yes** ☐ **No**	**Social Security Benefits** ***This can include:*** *Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).*
7.	☐ **Yes** ☐ **No**	**Supplemental Security Income (SSI)**
8.	☐ **Yes** ☐ **No**	**Public Assistance Benefits** ***This can include:*** *TANF, GA, and other state-specific benefits. Do not count food stamps or medical assistance.*
9.	☐ **Yes** ☐ **No**	**Unemployment Benefits**
10.	☐ **Yes** ☐ **No**	**Disability Benefits**
11.	☐ **Yes** ☐ **No**	**Veterans Benefits**
12.	☐ **Yes** ☐ **No**	**Death Benefits**
13.	☐ **Yes** ☐ **No**	**Recurring Monetary Contribution** ***This can include:*** *recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include in-kind donations and gifts received for birthdays or other significant life events.*
14.	☐ **Yes** ☐ **No**	**Student Financial Assistance** ***This can include:*** *a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.*
15.	☐ **Yes** ☐ **No**	**Adoption Assistance**
16.	☐ **Yes** ☐ **No**	**Regular Payments from Indian Trusts**
17.	☐ **Yes** ☐ **No**	**Payments from Annuities or Life Insurance Policies**
18.	**CHILD SUPPORT**	
a.	☐ **Yes** ☐ **No**	Have you been issued a court order or do you anticipate obtaining one in the next 12 months?
b.	☐ **Yes** ☐ **No**	Are you currently receiving payments? *(Court ordered or voluntary)*
19.	**ALIMONY / SPOUSAL SUPPORT**	
a.	☐ **Yes** ☐ **No**	Have you been issued a court order or do you anticipate obtaining one in the next 12 months?
b.	☐ **Yes** ☐ **No**	Are you currently receiving payments? *(Court ordered or voluntary)*
20.	☐ **Yes** ☐ **No**	**Other Income**
	If Yes, list source(s):	

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INCOME SOURCES

Please provide additional information for each item that was marked 'Yes' on the Income Checklist. If no income is received or anticipated, leave this section blank.

	Member Name	Income Type & Name of Source	CONTACT INFORMATION		Gross Monthly Income
			Mailing Address	*Phone/Fax/Email*	
1.				Ph: Fax: Email:	
2.				Ph: Fax: Email:	
3.				Ph: Fax: Email:	
4.				Ph: Fax: Email:	
5.				Ph: Fax: Email:	
6.				Ph: Fax: Email:	
7.				Ph: Fax: Email:	
8.				Ph: Fax: Email:	
9.				Ph: Fax: Email:	
10.				Ph: Fax: Email:	
11.				Ph: Fax: Email:	
12.				Ph: Fax: Email:	
13.				Ph: Fax: Email:	
14.				Ph: Fax: Email:	
15.				Ph: Fax: Email:	

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ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans *(recognized as such by the IRS)* and Family Self-Sufficiency (FSS) Escrow Accounts. Any information provided is subject to verification.

Do you have any.....

1.	☐ **Yes** ☐ **No**	**Checking Accounts**
2.	☐ **Yes** ☐ **No**	**Savings Accounts** *Do not include qualified Education Savings Accounts or ABLE Accounts.*
3.	☐ **Yes** ☐ **No**	**Prepaid Cards** ***This can include:*** *prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)*
4.	☐ **Yes** ☐ **No**	**Internet Based Assets** ***This can include:*** *funds held in digital wallets (such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.) and other online accounts (such as GoFundMe, Fundly, Kickstarter, etc.)*
5.	☐ **Yes** ☐ **No**	**Certificates of Deposit (CD)**
6.	☐ **Yes** ☐ **No**	**Money Market Accounts**
7.	☐ **Yes** ☐ **No**	**Stocks/Bonds** *Do not include bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.*
8.	☐ **Yes** ☐ **No**	**Brokerage Accounts**
9.	☐ **Yes** ☐ **No**	**Annuities**
10.	☐ **Yes** ☐ **No**	**Cryptocurrency** ***This can include:*** *Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), Dogecoin, etc.*
11.	☐ **Yes** ☐ **No**	**Life Insurance Policies** *Do not include term life insurance.*
12.	☐ **Yes** ☐ **No**	**Receipt of Lump Sum Payment(s)**
13.	☐ **Yes** ☐ **No**	**Cash on Hand** ***This can include:*** *cash that is held as savings. To avoid duplicating reported assets, do not include cash that has already been invested in any of the accounts reported on this form.*
14.	☐ **Yes** ☐ **No**	**Non-Account Based Assets Held as Investment** ***This can include:*** *gems, jewelry, precious metals, artwork, boat, RV, ATV, antique car, coins, stamps, or other collectibles.*
	If Yes, list item(s):	
15.	☐ **Yes*** ☐ **No**	**Real Estate / Real Property**
		If Yes, complete a **Real Estate Self-Certification form.*
16.	☐ **Yes** ☐ **No**	**Other Asset Source(s)**
	If Yes, list source(s):	
17.	☐ **Yes*** ☐ **No**	**In the last 2 years, did you sell or give away any property, money, or other valuable items for less than what they were worth?**
		If Yes, complete a **Self-Certification of Divested Assets form.*

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ASSET SOURCES

Please provide additional information for each asset that was marked 'Yes'on the previous page. If no assets are owned, leave this section blank.

	Member Name	Asset Type & Account Number *(if applicable)*	Bank/Financial Institution	Cash Value*	*If Applicable...*	
					Interest Rate	Annual Income
1.		Acct #:				
2.		Acct #:				
3.		Acct #:				
4.		Acct #:				
5.		Acct #:				
6.		Acct #:				
7.		Acct #:				
8.		Acct #:				
9.		Acct #:				
10.		Acct #:				
11.		Acct #:				
12.		Acct #:				
13.		Acct #:				
14.		Acct #:				
15.		Acct #:				

**Cash value is the market value of the asset minus reasonable expenses that would be incurred in selling or converting the asset to cash.*

Adult Household Members - *Review the information provided and initial below*

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:	_____ **#1**	_____ **#2**	_____ **#3**	_____ **#4**	_____ **#5**	_____ **#6**	_____ **#7**	_____ **#8**

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EXPENSE QUESTIONNAIRE

Households may be able to deduct all or part of the household's expenses from their total annual income determination. Eligibility for these deductions depends on several different factors. The following questions are asked in order to assist in determining this household's total income and overall eligibility. Any information provided is subject to verification. ***Please complete one form for the entire household.***

SECTION A: CHILD CARE EXPENSE

Does the household incur expenses to care for a child/children under the age of 13? ☐ Yes ☐ No

*If **Yes,** provide additional information below; If **No**, continue to Section B.*

1. Name of Child: _____ Total Annual Unreimbursed Cost: **$**_____
   Provider Name: _____ Provider Phone Number: _____
   Child care is neccesary because it enables *(Member Name)* _____ to:
   (Select at least one) ☐ Work ☐ Seek Work ☐ Go to School ☐ None of these options apply
   Is there an adult member in the unit who is capable of providing care during the hours needed? ☐ Yes ☐ No

2. Name of Child: _____ Total Annual Unreimbursed Cost: **$**_____
   Provider Name: _____ Provider Phone Number: _____
   Child care is neccesary because it enables *(Member Name)* _____ to:
   (Select at least one) ☐ Work ☐ Seek Work ☐ Go to School ☐ None of these options apply
   Is there an adult member in the unit who is capable of providing care during the hours needed? ☐ Yes ☐ No

3. Name of Child: _____ Total Annual Unreimbursed Cost: **$**_____
   Provider Name: _____ Provider Phone Number: _____
   Child care is neccesary because it enables *(Member Name)* _____ to:
   (Select at least one) ☐ Work ☐ Seek Work ☐ Go to School ☐ None of these options apply
   Is there an adult member in the unit who is capable of providing care during the hours needed? ☐ Yes ☐ No

SECTION B: ATTENDANT CARE & AUXILIARY APPARATUS EXPENSE

Does this household incur any attendant care or auxiliary apparatus expenses on behalf of a disabled household member, which allows that member (or any other household member) to work? ☐ Yes ☐ No

*If **Yes,** identify all out-of-pocket Attendant Care or Auxiliary Apparatus Expenses below; If **No**, continue to Section C.*

Member Name	Description	Total Annual Unreimbursed Cost *(Estimated)*	Recurring Expense?
		$	☐ Yes ☐ No
		$	☐ Yes ☐ No
		$	☐ Yes ☐ No
		$	☐ Yes ☐ No
		$	☐ Yes ☐ No
		$	☐ Yes ☐ No

Continue on Next Page

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Is the Head, Spouse, or Co-Head of this household at least 62 years old or a person with a disability? ☐ Yes ☐ No

*If **Yes,** identify all out-of-pocket medical expenses that the household expects to incur over the next 12 months. If **No**, complete this form by signing the bottom.*

1. Medicare Premiums ☐ Yes ☐ No

Include premiums paid for Medicare A, B, or D. Do not include amounts from payroll tax for Medicare A.

2. Assistance Animals ☐ Yes ☐ No

Include the costs of buying, training, and maintaining a service animal. Maintenance costs include food, grooming, veterinary care, and other costs incurred in maintaining the health and vitality of the animal so that it may perform its duties.

3. Medical/Dental Insurance Premiums ☐ Yes ☐ No

Including, but not limited to, expenses paid to an HMO, Medicaid insurance payments that have not been reimbursed, and long-term care premiums.

4. Medical Devices/Supplies ☐ Yes ☐ No

Including, but not limited to, the cost of wheelchairs, walkers, artificial limbs, oxygen and oxygen equipment, the purchase and upkeep of devices such as hearing aid batteries.

5. Prescription Medication ☐ Yes ☐ No

Include amounts paid for prescribed medicines and drugs.

6. Medical Services/Appointments ☐ Yes ☐ No

Including, but not limited to, surgeries, office visits, inpatient/outpatient care, dental treatments, therapy, x-rays, etc.

7. Over-The-Counter Medication ☐ Yes ☐ No

Include only items that are recommended by a medical professional as treatment for a specific medical condition.

8. Medical Transportation/Trips ☐ Yes ☐ No

Include unreimbursed amounts paid for transportation to/from treatment. Include any applicable parking fees and tolls.

9. Other Medical Expenses ☐ Yes ☐ No

If Yes, list:_____

*If you answered **Yes** to any of the above expenses, provide additional information for each expense below, as applicable. Otherwise, complete this form by signing at the bottom.*

Member Name	Expense Type	Source Name	Total Annual Unreimbursed Cost *(Estimated)*	Recurring Expense?
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No

Adult Household Members - *Review the information provided and initial below*

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:	_____ **#1**	_____ **#2**	_____ **#3**	_____ **#4**	_____ **#5**	_____ **#6**	_____ **#7**	_____ **#8**

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Housing History Disclosure

Property Name: Louise Gardens Apartments Member Name: _____

Please provide the last 24 months of housing history. All adult members must complete this form at move-in.	
☐ Check here if you had no established housing during the requested timeframe and provide a brief explanation.	
Explanation:	

Current Address

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Is this property subsidized by a HUD or RD program?* ☐ Yes ☐ No	
(Check One) ☐ Rent ☐ Own ☐ Other _____		Rent per month:
Landlord Name:	Landlord Phone:	

**Applicants currently receiving assistance from HUD, who are also receiving a Health & Medical Expense/Attendant Care & Auxiliary Apparatus Expense Deduction, may be eligible for a Phase-In Hardship Exemption. In order to qualify for this exemption, you will need to provide a copy of the certification that is in place at the time of move-out from your current residence.*

Previous Addresses

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other _____		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other _____		Rent per month:
Landlord Name:	Landlord Phone:	

Please use the ***Housing History Disclosure (Overflow Document)*** if additional space is required.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature	Printed Name	Date

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Housing History Disclosure *(Overflow Document)*

Property Name: Louise Gardens Apartments ____________ Member Name: ________________________

Previous Addresses *(continued)*

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other ____________		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other ____________		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other ____________		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other ____________		Rent per month:
Landlord Name:	Landlord Phone:	

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Emergency Contact Form

Property Name: Louise Gardens Apartments

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

☐ I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization:_____

Address:_____

Telephone Number:_____ **Cell Phone Number:**_____

Email Address *(if applicable)*:_____

Relationship to Applicant:_____

Reason for Contact *(Check all that apply)*

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance *(if applicable)*
- ☐ Eviction from unit
- ☐ Other Reason:_____
- ☐ Assist with recertification process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Late payment of rent

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

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

_____ _____ _____

Member Signature | Printed Name | Date Signed

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Idaho Housing and Finance Association

CERTIFICATION OF STUDENT STATUS
TAX CREDIT

Head of Household Name: _____ **Unit Number:** _____

Students include individuals attending a public or private elementary school, middle or junior high school, senior high school, college, university, technical, trade, or mechanical school. Students do not include individuals participating in on-the-job training or correspondence courses.

PLEASE CHOOSE THE ONE OPTION BELOW THAT BEST DESCRIBES YOUR HOUSEHOLD

☐ There are **no** full-time or part-time students in this household.

☐ There is **at least one household member who has not been and will not be a student** for five months (can be nonconsecutive) or more of the current and/or upcoming calendar year.

Name of non-student: _____

☐ **All household members are students**, but at least one member is not a student more than **part-time.**

Name of part-time student: _____

Provide verification of part-time status.

☐ **All household members have been or will be full-time students** at least five months (can be nonconsecutive) of the current/upcoming calendar year.

If this option is selected, ALL five of the following questions must be answered.

1. Are all adult students married and entitled to file a joint tax return? ☐ Yes ☐ No
   Provide marriage certificate or joint tax return.
2. Are all adult students single parents with minor children? ☐ Yes ☐ No
   Adult students cannot be dependents of someone else and the minor children can only be claimed by a parent. Provide tax return.
3. Is any student receiving Temporary Assistance to Needy Families (TANF)? ☐ Yes ☐ No
   Provide TANF award letter or third-party verification.
4. Is any student a former recipient of foster care assistance? ☐ Yes ☐ No
   Provide foster care paperwork from welfare agency.
5. Does any student get assistance from Job Training Partnership Act or similar program? ☐ Yes ☐ No
   A similar program must receive federal, state, or local government funding and have a mission similar to Job Training Partnership.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in the household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in termination of the lease agreement.

This form must be signed by every household member aged 18 or older.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

Annual Student Certification

For use with Section 8, Rural Development, and the HOME Investment Partnership Program

Property name Louise Gardens Apartments
Unit number

Head of household
Member name

Every adult household member must complete this form to confirm their higher education status for housing eligibility.

Part 1

1. **What is your student status?** (Check One) ☐ **Full-Time** ☐ **Part-Time** ☐ **Not A Student**
   *If your answer is **Not A Student**, please sign and date the form.*
   *If your answer is **Full-Time** or **Part-Time**, please continue to Part 2.*

Part 2 (Complete if you are a Full-Time or Part-Time student)

A student enrolled in an Institution of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria, and can verify at least one of the following requirements (#5-12 below).

2. **Where are you currently enrolled as a student?** *School Name*
3. **Contact number for the institution where you are currently enrolled as a student?** *Phone*
4. **Are you a student at an Institution of Higher Education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002)?** ☐ **Yes** ☐ **No**
   *If you answer **No**, please sign and date the form.*
   *If you answer **Yes**, please continue to Part 3.*

Part 3 (Complete if you are a student at an Institution of Higher Education)

5. **Are you 24 years of age or older?** ☐ **Yes** ☐ **No**
6. **Are you married?** ☐ **Yes** ☐ **No**
7. **Are you a veteran of the United States Armed Services?** ☐ **Yes** ☐ **No**
8. **Do you have a dependent child?** ☐ **Yes** ☐ **No**
9. **Are you a person with disabilities and were receiving Section 8 assistance as of November 30, 2005?** ☐ **Yes** ☐ **No**
10. **Will you be living with your parent(s)/guardian(s)?** ☐ **Yes** ☐ **No**

*If you answered **No** to 10, please answer 11. If you answered **Yes**, please skip to 12.*

11. **Have you lived independent of your parents for at least one year and were not claimed on their most recent tax return?** ☐ **Yes** ☐ **No**

    *If **No**:*
    a. **Were you an orphan or ward of the court through the age of 18?** ☐ **Yes** ☐ **No**
    b. **Do you have legal dependents other than a spouse (such as an elderly dependent parent)?** ☐ **Yes** ☐ **No**
    c. **Are you a graduate or professional student?** ☐ **Yes** ☐ **No**
    d. **Are you an unaccompanied youth who is homeless or at risk of homelessness?** ☐ **Yes** ☐ **No**

12. **Are your parent(s)/guardian(s) receiving or eligible to receive Section 8 Assistance?** ☐ **Yes** ☐ **No**

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Annual Student Certification

Part 4 (Complete if you are a Full Time or Part Time Student)

Any financial assistance that exceeds the cost of tuition that a student receives under the Higher Education Act of 1965 from private sources or an institution of higher education shall be considered income to that individual.

Please answer #13 if you answered ***Full-Time*** or ***Part-Time*** to Part 1.

13. **Are you receiving any financial assistance to pay for your education?** ☐ **Yes** ☐ **No**

Under the Higher Education Act of 1965, financial assistance from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) is not considered income if the student is:

a. living with his/her parents/guardian in a Section 8 assisted unit or

b. 24 years or older with dependent children

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature	**Printed name**	**Date**

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Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

_____ _____

Borrower or Manager Signature Date

_____ _____

Tenant/Applicant Signature Date

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Demographic Profile Reporting Form

Idaho Housing and Finance Association
www.idahohousing.com

Development Number: _____ Development Name: Louise Gardens Apartments

Unit Number: _____ Household Name: _____

Effective Date: _____

Household Composition					Demographic Information		
Member #	First Name	Last Name	MI	Relationship to Head-of-Household	Ethnicity Code	Race Code	Disability Code
1							
2							
3							
4							
5							
6							
7							

Relationship to HoH
Enter one per household member
Head
Spouse
Adult/ Co- Resident
Child
Foster Child/ Adult
Live-in Aid
Other

Ethnicity Codes	
1	Hispanic or Latino
2	Not Hispanic or Latino
3	Choose Not to Disclose

Disability Code - Disabled according to the Fair Housing Act	
1	Yes
2	No
3	Choose Not to Disclose

Race Codes	
1	White
2	Black / African American
3	American Indian / Alaska Native
4	Asian (Asian India "4a", Chinese "4b", Filipino "4c", Japanese "4d", Korean "4e", Vietnamese "4f", Other Asian "4g"
5	Native Hawaiian / Other Pacific Islander (Native Hawaiian "5a", Guamanian or Chamorro "5b", Samoan "5c", Other Pacific Islander "5d"
6	Choose Not to Disclose

_____ _____ _____ _____

Resident Signature Date Resident Signature Date

_____ _____ _____ _____

Resident Signature Date Resident Signature Date

Supplement to the Demographic Profile Reporting Form

To be completed upon initial occupancy and when a change has occurred.

You currently reside in, a rental housing unit located in a development operating under the Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their ethnicity, race, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. ***There is no penalty for those households who do not wish to provide the requested information. However, all adult household members must sign and date at the bottom of this form as proof that the option to disclose was made available.***

NOTE: *Please note that the information collected assists program administrators and the federal government in evaluating the benefits, needs and continuing existence of the Housing Tax Credit Program.*

The following ethic and racial definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD 270061), used by the U.S. Department of Housing and Urban Development (HUD):

Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino".

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

Household members can select one or more of the following applicable racial definitions:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

The following instructions regarding disability status were written and approved by HUD's Office of Fair Housing and Equal Opportunity.

The [development] must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the [development] shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

The following definition of "disabled" comes directly from the Fair Housing Act:

Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.20, available at: http://www.fairhousing.com/index.cfm?method=page.dipslay&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addition to a controlled substance.

Applicant/Tenant Release and Consent

THIS SECTION TO BE COMPLETED BY THE PROPERTY

Property Name:	Louise Gardens Apartments	**Phone:**	(208) 642-5063
Property Address:	1140 6th Ave. S.	**Fax:**	(208) 739-9748
	Payette ID 83661	**Email:**	louisegarden@nwrecc.org

THIS SECTION TO BE COMPLETED BY THE APPLICANT/TENANT

I/We _____,
(List names of household members)

the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income, assets, and/or student status for purposes of verifying information on my/our application for housing. I/we authorize the release of this information without liability to the property listed above.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include but are not limited to: personal identity, student status, employment, income, assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our 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	Residences and Rental Activity	Support and Alimony Providers
Welfare Agencies	State Unemployment Agencies	Social Security Administration
Credit Agencies	Veterans Administration	Retirement System
Banks and Other Financial Institutions	Medical and Child Care Providers	Utility Companies
Foster Care Agencies	Educational Institutions	Credit and Criminal Activity
Public Housing Authorities	Sex Offender Screening	

CONDITIONS

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

Applicant/Tenant Signature	Printed Name	Date Signed
Applicant/Tenant Signature	Printed Name	Date Signed
Applicant/Tenant Signature	Printed Name	Date Signed
Applicant/Tenant Signature	Printed Name	Date Signed

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of a Tax Form" must be prepared and signed separately.

Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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Acknowledgement of Receipt

Property Name: Louise Gardens Apartments **Unit Number:**_____

Applicant/Tenant Instructions: Review and confirm that your household has received copies of each document in the section(s) marked below. Each adult in your household must sign and date this form to confirm that these documents were received.

☒ **VIOLENCE AGAINST WOMEN ACT (VAWA):**

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

☒ **USDA RURAL DEVELOPMENT PROGRAMS:**

1. Things You Should Know About USDA Rural Rental Housing
2. Tenant Grievance Procedures - Frequently Asked Questions (FAQ)
3. Tenant Rights and Responsibilities

☐ **HUD PROGRAMS:**

1. Resident Rights and Responsibilities
2. "How Your Rent Is Determined" Fact Sheet for HUD Assisted Residents
3. EIV & You
4. HUD-1141: Is Fraud Worth it?
5. HUD-9887/A Fact Sheet

☐ **PROGRAMS UNDER SECTION 214:**

**Distributed only at move-in when being asked to complete a Citizenship Declaration.*

1. Owner's Notice #1

I/We confirm that I/we have received copies of all documents marked above.

1. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
2. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
3. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
4. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
5. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
6. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed

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Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act ("VAWA")? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act ("VAWA"). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact:

Housing Provider/Grantee Name: Tracie Lindgren Northwest / Tamarack
Address: 1597 Avenue D, Suite 7
Phone: (406) 252-3773 Fax: (406) 252-9512 TTY Number: 711
Email: 504@nwrecc.org Website:

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4**.** If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*[1] includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

[1] For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act's Housing Provisions at https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you**,** a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
    a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
    b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact:

Housing Provider/Grantee Name:
Address:
Phone: Fax: TTY Number:
Email: Website:

The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	**Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.**
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing. If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any <u>one</u> of the following:

1. <u>A self-certification form (for example, Form-HUD 5382)</u>, which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. <u>A statement from a victim/survivor service provider, attorney, mental health professional or medical professional</u> who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. <u>A police, administrative, or court record</u> (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. <u>If allowed by your covered housing provider, any other statement or evidence provided by you.</u>

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **<u>will not be disclosed</u>** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact:

Staff Member: Tracie Lindgren, 504 Coordinator NWRECC/TPMC
Address: 1597 Avenue D, Suite 7
Phone: (406) 294-7056 Fax: (406) 252-9512 TTY Number: 711
Email: tlindgren@nwrecc.org

Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting:

Local HUD FHEO Field Office: Seattle Federal Office Regional Office of FHEO U.S. Department of Hou
Address: 909 First Avenue, Suite 300
Phone: (206) 220-5170 Fax: TTY Number: 8008770246
Email:

You can also find additional information on filing VAWA complaints at https://www.hud.gov/VAWA and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit https://www.hud.gov/fairhousing/fileacomplaint.

Need further help?

°For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa.
°To talk with a housing advocate, contact:

Local Advocacy/Legal Aid Organization: Domestic Violence Hotline
Address:
Phone: (800) 799-7233 Fax: TTY Number: 711
Email: Website:

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact:

Housing Provider/Grantee Name: Tracie Lindgren Northwest / Tamarack
Address: 1597 Avenue D, Suite 7
Phone: (406) 252-3773 Fax: (406) 252-9512 TTY Number: 711
Email: 504@nwrecc.org Website:

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact:

Domestic Violence Hotline

Local Advocacy/Legal Aid Organization:
Address:
Phone: (800) 799-7233 Fax: TTY Number: 711
Email: Website:

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

1. **Name(s) of victim(s):** _____

2. **Your name** (*if different from victim's*)**:** _____

3. **Name(s) of other member(s) of the household:** _____

   _____

4. **Name of the perpetrator** *(if known and can be safely disclosed)*:_____

5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

   If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

   ☐ Phone Phone Number: _____

   Safe to receive a voicemail: ☐ Yes ☐ No

   ☐ E-mail E-mail Address:_____

   Safe to receive an email: ☐ Yes ☐ No

   ☐ Mail Mailing Address:_____

   Safe to receive mail from your housing provider: ☐ Yes ☐ No

   ☐ Other Please List:_____

6. **Anything else your housing provider should know to safely communicate with you?**

   _____
   _____
   _____
   _____
   _____

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

_____ _____

Signature **Date**

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.

USDA Rural Development

Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

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

Penalties for Committing Fraud

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

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

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

How To Complete Your Application

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

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - –Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - –Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - –Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - –Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - –Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.
- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

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

Before You Sign the Application

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

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

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

Tenant Recertification

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

You must **immediately** report:

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

For your annual recertification, you must report:

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

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

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

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

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

If You Disagree With a Decision

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

Notice of Adverse Action

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

Grievance Process Overview

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

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

When a Grievance Is Legitimate

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

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

PA 1998
December 2008

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

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

Multifamily Housing Grievance Procedures | FAQs

Grievance Definition

For the purposes of describing the USDA Rural Development applicant or tenant grievance process, a grievance is defined as a "complaint – or a strong feeling – that you have been treated unfairly."

Grievance Process Overview

We believe the best way to resolve grievances is through an informal meeting between applicants or tenants and the property owner. We encourage owners and tenants to try to reach a mutually satisfactory resolution to the problem.

Q: What are grievance procedures and why were they established?

Answer: Grievance procedures are designed to ensure there is a fair process for addressing applicant or tenant concerns, and to ensure fair treatment if an action or inaction by an owner – including anyone designated to act for an owner – adversely affects applicants or tenants of multifamily housing financed by USDA Rural Development.

Q: To whom do grievance procedures apply?

Answer: Any applicant or tenant can file a grievance using these procedures.

Q: To what types of situations do grievance procedures apply?

Answer:

1. Failure to maintain the premises to ensure access to decent, safe, sanitary, and affordable housing
2. Owner violation of lease provisions or occupancy rules
3. Modification of the lease and occupancy rule changes
4. Rent changes not authorized by USDA Rural Development
5. Denial of occupancy
6. Other adverse actions that result in a denial, significant reduction, or termination of benefits to an applicant or tenant

Q. To what types of situations do grievance procedures NOT apply?

Answer:

1. Rent changes authorized by USDA Rural Development
2. Complaints involving discrimination
3. Multifamily housing properties in which an association of tenants exists, and the association and the owner have agreed to use an alternative method of settling grievances
4. Changes in occupancy rules or other operational or managerial practices required by USDA Rural Development in which proper notice has been given according to law and lease provisions
5. Lease violations that would result in tenancy termination and eviction
6. Disputes between tenants not involving the property owner
7. Displacement or other adverse actions against a tenant because of the owner's loan prepayment to USDA Rural Development

USDA is an equal opportunity lender, provider, and employer.

Q: How do I file a grievance?

Answer:

1. The applicant or tenant must communicate to the owner in writing any grievance to a notice within 10 calendar days following an adverse action or receipt of a notice of intent to take an adverse action.
2. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt.
3. If the grievance is not resolved to the applicant's or tenant's satisfaction, the owner must then prepare a summary of the problem and submit it to the applicant or tenant and USDA Rural Development within 10 calendar days. The summary must explain the:
   a. owner's position
   b. applicant or tenant's position
   c. result of the meeting
4. The applicant or tenant also can submit a summary to USDA Rural Development (see regional contacts below).

Q: What is the process if the grievance is not resolved during the meeting and a hearing is required?

Answer:

1. A hearing request must be submitted to the property owner within 10 calendar days of receipt of the informal meeting summary.
2. Selection of a hearing officer, hearing panel, or standing hearing panel occurs
3. Examination of records follows
4. The hearing is scheduled
5. If a grievance involves a rent increase not authorized by USDA RD, or a scenario in which an owner is alleged to have failed to maintain the property in a decent, safe, and sanitary manner, tenant rent can be deposited into an escrow account (provided the tenant's rental payments are otherwise current).

Q: What happens if a hearing isn't requested within the required time frame?

Answer: If the applicant or tenant does not request a hearing within the time provided, the owner's disposition of the grievance will become final.

Q: What happens at the hearing?

Answer:

1. The hearing will proceed before a hearing officer or hearing panel at which evidence will be received.
2. The hearing must provide basic due process safeguards for both the applicant or tenant, and the owner
3. The applicant or tenant must present evidence that they are entitled to the relief sought. The owner must present evidence showing the basis for action, or failure to act, addressing the reasons for the grievance.
4. The hearing officer or hearing panel must require that the owner, the applicant or applicant, counsel, and other participants or spectators conduct themselves in an orderly manner.

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5. If either party or their representative fails to appear at a scheduled hearing, the hearing officer or hearing panel can postpone the hearing for no more than five days, or can determine that the absent party has waived their right to a hearing. If it is determined that the absent party has waived their rights, the hearing officer or panel will decide on the grievance. Both the applicant or tenant and the owner must be notified in writing of the determination.

Q: What happens with the decision?

Answer:

1. The hearing officer or panel has the authority to affirm or reverse an owner's decision.
2. The hearing officer or panel must prepare a written decision within 10 calendar days of the hearing. The decision will not be effective for 10 calendar days to allow time for USDA RD to review.
3. The hearing officer or panel must send copies of the decision to the applicant or tenant, the owner, and USDA RD.
4. The decision is binding unless the parties to the hearing are notified within 10 calendar days by USDA RD that the decision does not comply with federal regulations.
5. Upon receipt of written notification from the hearing officer or panel, the owner and tenant must take the necessary action – or refrain from actions – specified in the decision.

Notice of Adverse Action

The owner must notify applicants or tenants in writing about any proposed actions that could have adverse consequences. Examples include denial of admission, or changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action and must also advise applicants or tenants of the right to respond to the notice within 10 calendar days after the date of the notice and also the right to request a hearing. Multifamily properties in areas with non-English-speaking applicants or tenants must send notices in English **and** in the majority non-English language.

Q: I still have questions. Who can help me?

Answer: You can email USDA Rural Development Multifamily based on your Region. Be sure to include your contact information, the property name and location.

Northeast Region

MFHFODNortheast@usda.gov

(CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV)

Midwest Region

MFHFODMidwest@usda.gov

(IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)

Southern Region

MFHFODSouth@usda.gov

(AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, VI)

Western Region

MFHFODWest@usda.gov

(AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)

USDA is an equal opportunity lender, provider, and employer.

USDA Rural Development
U.S. DEPARTMENT OF AGRICULTURE

USDA Rural Development
Tenant Rights and Responsibilities

Together, America Prospers

You can help make your USDA Rural Development-assisted housing a better home for you, your family, and your neighbors.

USDA Rural Development provides financial assistance subsidies for the apartment in which you live. To maintain a positive environment for all residents, we encourage:

- Open communication between property owners, management and residents
- Property managers to consider and resolve resident complaints

We support your right to:

- File complaints with property management, owners or USDA without fear of retaliation, harassment or intimidation
- Organize and participate in certain decisions regarding the well-being of the property
- Use the USDA Rural Development Multifamily Housing program grievance process **https://tinyurl.com/a2tezj7c** to appeal a management decision

Together with the property owner and management team, you play an important role in ensuring your apartment, the grounds, and common areas are a safe, healthy, and comfortable environment for all.

Your Rights

As a resident, you have the right to:

- Live in decent, safe, sanitary housing free from environmental, health, and safety hazards
- Have repairs performed in a timely manner, and upon request
- Receive reasonable written notice of any non-emergency inspection or other entry into your home
- Protection from eviction, except for specific causes stated in your lease
- Receive a 30-day notice prior to eviction for nonpayment of rent
- Request recalculation of your rent if your income decreases by $50 or more per month
- Access your tenant file
- Access resources to help you avoid eviction, ensure the legal process during an eviction proceeding is fair, and avoid future housing instability
- Protections under the Violence Against Women Act (VAWA). VAWA provides housing protections for survivors of domestic violence, sexual assault, dating violence, harassment, and stalking who are applying for or living in federally assisted housing. The law applies to a survivor regardless of sex, gender identity, sexual orientation, disability, or age.
- File a complaint alleging discrimination without fear of retaliation or reprisal

As a member of a resident organization, you have the right to:

- Organize without difficulty, harassment, or retaliation from property owners or management
- Provide leaflets and post materials in common areas informing other residents of their rights and opportunities to be involved in matters concerning their rental homes
- Use appropriate common space or meeting facilities to organize. (There might be instances in which a reasonable, USDA-approved fee applies for common space use.)
- Meet without representatives or employees of the property owner or management company present
- Be recognized by property owners and the management company as having a voice in residential community affairs

Your Nondiscrimination Rights

You have the right to:

- Equal and fair treatment
- Use of services and facilities without regard to your race, color, religion, gender, gender identity, sex, sexual orientation, disability, familial status, national origin (ethnicity or language), and age

Your Rights Regarding Clear and Fair Leases

Leases must:

- Be clearly and fairly written, with well-defined rental terms, rights and responsibilities
- Not include provisions limiting how disagreements will be settled, unauthorized terms, hidden or illegal fees, false representations, or other unfair or deceptive practices
- Include transparent information regarding the security deposit policy, with appropriately sized deposits placed in a federally insured bank account for the duration of the lease
- Provide reasonable advance notice of actions related to the unit, including notice of entry for inspection, and notice of any significant changes to the unit
- Be written in simple, plain-language, accessible to the renter, and the leasing process must ensure tenants understand the terms of the lease
- Describe the rights and protections provided to victims of domestic violence, dating violence, sexual assault, harassment, and stalking.

Your Rights Regarding Adverse Actions and Appeals

- The owner must notify applicants and tenants in writing about any proposed actions that would have negative consequences, such as denial of occupancy or changes in the occupancy rules or lease.
- The written notice must give specific reasons for the proposed action and must also advise applicants and tenants of their appeal rights. Housing complexes in areas with concentrations of non-English-speaking residents must provide notices both in English and in the majority non-English language.
- Applicants and tenants can file a grievance in writing with the property owner in response to the owner's actions – or failure to act – that result in a denial, significant reduction, or termination of benefits.
- Grievances can also be filed when an applicant or tenant disputes the owner's notice of proposed adverse action. Refer to USDA Rural Development Multifamily Housing Grievance Process FAQs (available at this link: **https://tinyurl.com/a2tezj7c**) for more information.

Your Responsibilities

As a resident of a USDA-assisted multifamily housing property, you also have certain responsibilities to ensure your building remains a suitable home for you and your neighbors.

- By signing your lease, you, the property owner, and the management company have entered into a legal, enforceable contract. You must comply with the rules and guidelines of your lease and all local laws governing the property.

Responsibilities to your property owner or management agent

As a tenant, you must:

- Pay the correct and total amount of rent due – on time – each month
- Provide accurate information to the property owner or management agent to determine your total payment. You must also consent to the release of information to a third party to allow for verification.
- Report changes in your family's income or composition to the property owner or management agent in a timely manner.

If you have questions about your lease — or to obtain a copy of it — contact your property management agent or the USDA loan specialist assigned to your property. You can find a list of loan specialists at this link: **https://www.sc.egov.usda.gov/data/MFH.html**.

Your Responsibilities to the Property and Your Fellow Residents

You must:

- Conduct yourself in a manner that will not disturb your neighbors
- Not engage in criminal activity in your apartment, common areas or grounds
- Keep your apartment reasonably clean. Exits and entrances must be free of debris, clutter and fire hazards
- Properly dispose of garbage and waste. Do not litter on the grounds or common areas
- Maintain your apartment and common areas in the same general physical condition as they were when you took occupancy
- Report to management any health or safety hazards and any defects in building systems, fixtures, appliances, or other parts of the apartment, grounds or facilities

Your Right to be Involved in Decisions Impacting Your Home

You have the right to be notified of – and sometimes, to comment on – the following:

- An increase or decrease in the maximum permissible rent
- Conversion of a property from property-paid utilities to tenant-paid utilities
- A proposed decrease or increase in the tenant utility allowance
- Changes in the occupancy rules or lease
- Improvements that represent a substantial change or addition to the property
- Payment in full of a mortgage note held by USDA Rural Development (if prior USDA approval is required)
- Any other action which could ultimately lead to the involuntary, temporary, or permanent relocation of tenants

Note: If you live in a USDA-owned property that is being sold, you have the right to be notified of – and comment on – USDA Rural Development's plans for sale of the property. You also will be given an opportunity to receive a Letter of Priority Entitlement (LOPE) that will help you find suitable rental housing elsewhere.

Additional Assistance

For help, contact:

- Your onsite property manager, the management company or the property owner.
- Your local government tenant-landlord affairs office, legal services office, or other tenant organization.
- For all other questions or general inquiries, contact USDA Rural Development Multifamily Housing at **800-292-8293** or email your regional field operations division:.

For properties located in CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, or WV:
Email **MFHFODNortheast@usda.gov**

For properties located in AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, or USVI:
Email **MFHFODSouth@usda.gov**

For properties located in IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, or WI:
Email **MFHFODMidwest@usda.gov**

For properties located in AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, or WY:
Email **MFHFODWest@usda.gov**

Online Resources:

- To report Housing Discrimination, visit **www.hud.gov/fairhousing/fileacomplaint**.
- If your rights under the Violence Against Women Act (VAWA) have been violated, you can file a Fair Housing Complaint at **www.hud.gov/fairhousing**.
- To file a Program Discrimination Complaint as a USDA Customer, visit **www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer**.
- A list of USDA Rural Development Multifamily Housing Grievance Process FAQs is available at this link: **https://tinyurl.com/a2tezj7c**.
- To view a USDA Rural Development Multifamily Housing Adverse Action – Denial Memo, follow this link: **https://tinyurl.com/jxz75zze**.
- The USDA Multifamily Housing webpage is available at: **www.rd.usda.gov/programs-services/multi-family-housing-programs**.
- You will find a searchable map of USDA Rural Development-financed Multifamily Housing properties at this link: **https://tinyurl.com/4t5r4zar**.
- To find the USDA Rural Development loan specialist assigned to the Multifamily Housing property in which you live, follow this link: **www.sc.egov.usda.gov/data/MFH.html**.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, available at this link: **https://go.usa.gov/xzzfW**, and at any USDA office. Or, write a letter addressed to USDA and provide all of the information requested in the form. Call **(866) 632-9992** to request a copy of the complaint form. Submit your completed form or letter to USDA by:

(1) postal mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: **(202) 690-7442**, or (3) email **program.intake@usda.gov**.

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