

# RENTAL APPLICATION

TAX CREDIT / HOME APPLICATION

## FOR OFFICE USE ONLY

1. Date and time received	2. Received by (initials)
3. Check subsidy(ies) that apply: <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Other	
4. Certification type (check only one) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Add a Household Member	
5. Effective Date	
Property name	
Building/unit number	
6. Number of bedrooms	

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).\*\*



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, or handicap.

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**FOR APPLICANT USE ONLY**

Please answer all questions. For those that do not apply, answer No. Applicants/residents, complete in your own handwriting. If this application is for moving into an existing household, only include information for the new applicant. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

**HOUSEHOLD COMPOSITION**

9. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head of household.

Member #	Household member name (First name, middle initial, and last name)	Relationship (Please choose from the relationship options in the box below)	Date of Birth	Student* during this and/ or upcoming calendar year?	Sex (optional)	Social security number, visa or registration (Write N/A if no number)
1		HEAD		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5				<input type="checkbox"/> Yes <input type="checkbox"/> No		
6				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Relationship options:**

- H = Head of Household
- K = Co-Head
- S = Spouse
- D = Dependent
- O = Other adult household member
- L = Live-in aide

- F = Foster child or adult
- N = (none of the above)  
Other adult not considered part of the household

**\*Student status:**  
Include elementary, junior & senior high, college, university, technical, trade, and mechanical school.  
Do not include on-the-job training course.



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## INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income for the twelve-month period beginning on the anticipated move-in date. We must verify all information. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

**Gross Monthly Amount**

Please answer the questions below. If Yes, include gross monthly amount. Otherwise, check No.

Include income for all members of the household

Gross Monthly Amount

10. Employment wages, salaries (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
11. Self-employment income	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
12. Unemployment benefits or severance pay	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
13. Workers' compensation	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
14. Social Security income (including unearned income of minor children)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
15. State SSI income	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
16. Disability benefits, including Social Security Disability (SSD)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
17. Public assistance (TANF, GA, W2, AFDC, cash assistance, etc., excluding food stamps)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
18. Child support (answer 'Yes' if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
19. Alimony/spousal maintenance	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
20. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
21. Student financial aid (public or private, not including student loans)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
22. Regular pay for a member of the military	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
23. Veterans benefits	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
24. Regular payments from pensions (PERA, railroad, etc.)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
25. Regular payments from retirement benefits	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
26. Death benefits	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
26a. What is the source of those benefits?				
27. Regular payments from annuities or life insurance dividends	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
28. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
29. Net income from rental property	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
30. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
31. Other (list)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No
32. Other (list)	<input type="checkbox"/> Yes	\$		<input type="checkbox"/> No



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**ASSET INFORMATION**

For each household member (including children), list current balances of assets unless otherwise indicated. We must verify all information.

**PLEASE NOTE:**

- Certain funds (e.g., Retirement, Pension, Trust) may or may not be fully accessible to you. Include only those amounts which are.
- For any account that is held jointly with persons not residing in the household, only include the amount of funds that are owned by you and your household.

Include assets for all members of the household

		Interest Rate (if applicable)	Current Balance
33. Checking accounts (six month average balance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
34. Savings accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
35. Cash Card (including government benefits cards)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
36. Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
37. Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
38. Money Market/Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
39. Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
40. Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
41. Lump Sum Receipts (ie. inheritance, insurance settlement, lottery winnings, capital gains)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
42. 401(k) or 403(b) Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
43. IRA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
44. Keogh Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
45. Capital Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
46. Equity in Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
47. Land Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
48. GoFundMe/Crowdsourcing Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
49. Bitcoin/Cryptocurrency	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
50. Life Insurance Policies (excluding Term Life Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
51. Pension/Annuity/Other Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
52. Cash on Hand / Safety Deposit Box / Personal items held as an investment (Coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment - do not count wedding rings or personal jewelry)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	\$
53. Other (list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$
54. Are any of the assets listed held jointly with someone not residing in the household? (If so, name the person and asset): Name: Asset: Name: Asset:	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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**ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE**

55. I/We hereby certify that I/We  have  have not sold or given away any assets for less than fair market value during the two years (24 months) period preceding the date of the application. Identify any assets sold or disposed of for less than fair market value below:

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$

**YOUR HOUSEHOLD**

The following questions pertain to yourself and everyone who will occupy the unit. Circle either Yes or No in response to each question. Provide an explanation below if the answer is Yes. Use additional sheets, if necessary.

	Yes	Explain	No
56. Will any household member, including children, live in the unit less than full time?	<input type="checkbox"/> Yes	If Yes, explain:	<input type="checkbox"/> No
57. Do you expect any change in your household (someone moving in or out) during the next 12 months?	<input type="checkbox"/> Yes	If Yes, explain:	<input type="checkbox"/> No
58. Does any adult member of the household have zero income?	<input type="checkbox"/> Yes	If Yes, explain:	<input type="checkbox"/> No
59. Does/will the household receive rent assistance? If so, from where? (from church, social service agency, etc.)	<input type="checkbox"/> Yes	If Yes, explain:	<input type="checkbox"/> No
60. Can the legal and physical custody of your children be described as 'joint' or 'no custody'?	<input type="checkbox"/> Yes	If Yes, explain:	<input type="checkbox"/> No
61. Do you own or anticipate owning a pet?	<input type="checkbox"/> Yes	If Yes, What kind (include weight)?	<input type="checkbox"/> No
62. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	If Yes, please explain (include dates):	<input type="checkbox"/> No
63. Have you ever been charged with a crime?	<input type="checkbox"/> Yes	If Yes, explain:	<input type="checkbox"/> No
64. Have you ever been evicted from an apartment for any reason?	<input type="checkbox"/> Yes	If Yes, explain:	<input type="checkbox"/> No



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65. List all states and counties in which you and all adult household members have lived:

## CONTACT INFORMATION

66. Head state issued id #:	State:
67. Co-head state issued id #:	State:
68. Home phone:	
69. Cell phone:	
70. Email:	
<b>Emergency Contact Information</b>	
71. Emergency contact:	
72. Relationship:	
73. Home/cell phone #:	
74. Work #:	



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## HOUSING REFERENCE

Please list housing for the past three years.

75. Present address				
City	State	Zip		
Reason for leaving				
From (Month/Year)		To (Month/Year)		
Check one	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other (explain)	Rent per month
Landlord		Landlord phone		

76. Previous address				
City	State	Zip		
Reason for leaving				
From (Month/Year)		To (Month/Year)		
Check one	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other (explain)	Rent per month
Landlord		Landlord phone		

77. Previous address				
City	State	Zip		
Reason for leaving				
From (Month/Year)		To (Month/Year)		
Check one	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other (explain)	Rent per month
Landlord		Landlord phone		



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**SIGNATURES**

I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

A credit check may be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made. All household members age 18 or older (and under age 18 if head, spouse, or co-head of household) must sign and date below:

78. Applicant/resident signature	Date
79. Applicant/resident signature	Date
80. Applicant/resident signature	Date
81. Applicant/resident signature	Date



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**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

St. Paul Terrace  
**Name of Property**

Project No.

3850 Central Avenue  
**Address of Property**

**Name of Owner/Managing Agent**

**Type of Assistance or Program Title:**

**Name of Head of Household**

**Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

Hispanic or Latino	
Not-Hispanic or Latino	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD St. Paul Terrace	UNIT NO. & ADDRESS Unit:
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

Woda Cooper Companies

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

### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that housing programs as listed in the 4350.3 are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

### **Protections for Applicants**

If you otherwise qualify for assistance under housing programs as listed in the 4350.3, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### **Protections for Tenants**

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

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

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

If you are receiving assistance under housing programs as listed in the 4350.3, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under housing programs listed in the 4350.3 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

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

Woda Cooper Companies may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Woda Cooper Companies chooses to remove the abuser or perpetrator,

Woda Cooper Companies may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Woda Cooper Companies must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, Woda Cooper Companies must follow Federal, State, and local eviction procedures. In order to divide a lease, Woda Cooper Companies may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, Woda Cooper Companies may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, Woda Cooper Companies may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.



You can provide one of the following to Woda Cooper Companies as documentation. It is your choice which of the following to submit if Woda Cooper Companies asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Woda Cooper Companies with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Woda Cooper Companies has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days,

Woda Cooper Companies does not have to provide you with the protections contained in this notice.

If Woda Cooper Companies receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Woda Cooper Companies has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Woda Cooper Companies does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Woda Cooper Companies must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Woda Cooper Companies must not allow any individual administering assistance or other services on behalf of Woda Cooper Companies (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to Woda Cooper Companies to release the information on a time limited basis.
- Woda Cooper Companies needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires Woda Cooper Companies or your landlord to release the information.

VAWA does not limit Woda Cooper Companies 's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

**Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Woda Cooper Companies cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Woda Cooper Companies can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If Woda Cooper Companies can demonstrate the above, Woda Cooper Companies should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

**Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

**Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD field office.

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, Woda Cooper Companies must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your local HUD office at:

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact any of the below listed organizations.

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

For help regarding sexual assault, you may contact any of the resources shown below as appropriate.

Victims of stalking seeking help may contact any of the resources shown below as appropriate.

The National Domestic Violence Hotline	800-799-7233 (SAFE)	<a href="http://www.ndvh.org">www.ndvh.org</a>
National Dating Abuse Helpline	866-331-9474	<a href="http://www.loveisrespect.org">www.loveisrespect.org</a>
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	<a href="http://www.866uswomen.org">www.866uswomen.org</a>
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	<a href="http://www.childhelp.org">www.childhelp.org</a>
National Sexual Assault Hotline	800-656-4673 (HOPE)	<a href="http://www.raison.org">www.raison.org</a>
National Center for Victims of Crime	202-467-8700	<a href="http://www.victimsofcrime.org">www.victimsofcrime.org</a>
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	<a href="http://www.polarisproject.org">www.polarisproject.org</a>
National Resource Center on Domestic Violence	800-537-2238	<a href="http://www.nrcdv.org">www.nrcdv.org</a> and <a href="http://www.vawnet.org">www.vawnet.org</a>
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	<a href="http://www.futureswithoutviolence.org">www.futureswithoutviolence.org</a>
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	<a href="http://www.nationalcenterdvtraumamh.org">www.nationalcenterdvtraumamh.org</a>
Domestic Violence Initiative	303-839-5510 877- 839-5510	<a href="http://www.dvforwomen.org">www.dvforwomen.org</a>
Deaf Abused Women's Network (DAWN)	202-559-5366	<a href="mailto:Hotline@deafdawn.org">Hotline@deafdawn.org</a> <a href="http://www.deafdawn.org">www.deafdawn.org</a>
Women of Color Network	800-537-2238	<a href="http://www.wocninc.org">www.wocninc.org</a>
INCITE! Women of Color Against Violence		<a href="mailto:incite.natl@gmail.com">incite.natl@gmail.com</a> <a href="http://www.incite-national.org">www.incite-national.org</a>
Alianza	505-753-3334	<a href="http://www.dvalianza.org">www.dvalianza.org</a>
Casa de Esperanza	651-772-1611	<a href="http://www.casadeesperanza.org">www.casadeesperanza.org</a>
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	<a href="http://www.apiidv.org">www.apiidv.org</a>
Committee Against Anti-Asian Violence (CAAHV)	212-473-6485	<a href="http://www.caaav.org">www.caaav.org</a>
Manavi	732-435-1414	<a href="http://www.manavi.org">www.manavi.org</a>
Institute on Domestic Violence in the African American Community	877-643-8222	<a href="http://www.dvinstitute.org">www.dvinstitute.org</a>
The Black Church and Domestic Violence Institute	770-909-0713	<a href="http://www.bcdvi.org">www.bcdvi.org</a>
The Audre Lorde Project		<a href="http://www.alp.org">www.alp.org</a>
LAMBDA GLBT Community Services	206-350-4283 178- 596-0342	<a href="http://www.gld.org/gld/www/orgs/avpr/oiect/main.htm">http://www.gld.org/gld/www/orgs/avpr/oiect/main.htm</a>
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	<a href="http://www.ncaavp.org">www.ncaavp.org</a>
National Gay and Lesbian Task Force	202-393-5177	<a href="http://www.nglft.org">www.nglft.org</a>
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	<a href="http://www.nwnnetwork.org">www.nwnnetwork.org</a>
National Clearinghouse on Abuse in Later Life	608-255-0539	<a href="http://www.ncall.us">www.ncall.us</a>
National Center for Elder Abuse	855-500-3537	<a href="http://www.ncea.gov">http://www.ncea.gov</a>
American Bar Association Commission on Domestic Violence	202-662-1000	<a href="http://www.abanet.org/domviol">www.abanet.org/domviol</a>
Battered Women's Justice Project	800-903-0111	<a href="http://www.bwjp.org">www.bwjp.org</a>
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		<a href="http://www.victimsofcrime.org/our-programs/stalking-resource-center">www.victimsofcrime.org/our-programs/stalking-resource-center</a>
The National Organization for Victim Assistance iSafetyNet	800-879-6682	<a href="http://www.ironva.org">www.ironva.org</a> <a href="http://www.isafetynet.org/">http://www.isafetynet.org/</a>

Attachment: Certification form HUD-5382

Form HUD-5380  
(12/2016)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---

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

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

# VAWA Acknowledgement of Receipt

Woda Cooper Companies

Page 1 of 1

**Property name** St. Paul Terrace  
**Unit number**

**Head of household**  
**Member name**

I/We have received a copy of the following documents:

1. HUD-91067: VAWA Lease Addendum
2. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act
3. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

I hereby state that everything on this statement is true to the best of my knowledge.	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	

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).\*\*



Modified 7/9/2019  
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