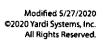
FOR OFFICE USE ONLY		
Date and time received	? Received by (initials)	
Check subsidy(ies) that apply:		
☐ Tax Credit		
П НОМЕ		
Other		
Certification type (check only one)		
Initial Certification		
Add a Household Member		
Effective Date		
Property name		
Building/unit number		
 Number of bedrooms 		

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 disclosure 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).









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.

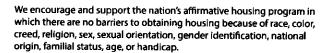
HOUSEHOLD COMPOSITION

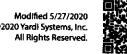
List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head of household.

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	during or up	dent* this and/ coming dar year?	Sex (optional)	Social security number, visa or registration (Write N/A if no number)
1		HEAD		Yes	□No		<u>an de la partir de la </u>
2				Yes	□No		
3				Yes	□No		*
4				Yes	□No		-
5				□Yes	□No		· · · · · · · · · · · · · · · · · · ·
6				☐Yes	□No		
• H = He • K = Co • S = Sp • D = De • O = Ot	iship options: ead of Household o-Head pouse ependent ther adult household member ve-in aide	F = Foster chik N = (none of the Other adult no part of the hou	he above) ot considered	include univer	sity, technic		ior high, college, nechanical school ng course.









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.

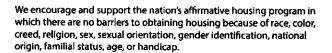
Gross Monthly Amount

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

Incl	ude income for all members of the household		Gross Monthly Amount	
10.	Employment wages, salaries (include tips, bonuses, commissions, and seasonal employment)	☐Yes	\$	□No
11.	Self-employment income	∐Yes	\$	□No
12.	Unemployment benefits or severance pay	☐ Yes	\$	□No
13.	Workers' compensation	Yes	\$	□No
14.	Social Security income (including unearned income of minor children)	☐Yes	\$	□No
15.	State SSI income	☐ Yes	\$	□No
16.	Disability benefits, including Social Security Disability (SSD)	☐Yes	\$	□No
17,	Public assistance (TANF, GA, W2, AFDC, cash assistance, etc., excluding food stamps)	☐Yes	\$	□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)	Yes	\$	No
19.	Alimony/spousal maintenance	☐ Yes	\$	□No
20.	Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	Yes	\$	□No
21.	Student financial aid (public or private, not including student loans)	☐ Yes	\$	□No
22.	Regular pay for a member of the military	☐ Yes	\$	□No
23.	Veterans benefits	☐ Yes	\$	□No
24.	Regular payments from pensions (PERA, railroad, etc.)	☐ Yes	\$	□No
25.	Regular payments from retirement benefits	☐Yes	\$	□No
26.	Death benefits	☐ Yes	\$	□No
	26a. What is the source of those benefits?			
27.	Regular payments from annuities or life insurance dividends	☐Yes	\$	□No
28.	Regular payments from inheritance, insurance settlement, lottery winnings, etc.	Yes	\$	□No
29.	Net income from rental property	☐Yes	\$	□No
30.	Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	Yes	\$	No
31.	Other (list)	∐Yes	\$	□No
32.	Other (list)	☐ Yes	\$	□No









ASSET INFORMATION

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

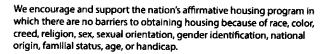
PLEASE NOTE:

- Certain funds (e.g., Retirement, Pension, Trust) may or may not be fully accessible to you. Include only those amounts
- 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.

Inc	dude assets for all members of the household		Interest Rate (If applicable)	Current Balance
33.	Checking accounts (six month average balance)	☐Yes ☐No	%	\$
34.	Savings accounts	Yes No	%	\$
35.	Cash Card (including government benefits cards)	☐Yes ☐ No	%	\$
36.	Stocks	☐Yes ☐No	%	\$
37.	Bonds	☐Yes ☐ No	%	\$
38,	Money Market/Mutual Funds	☐Yes ☐ No	%	\$
39.	Certificate of Deposit	☐Yes ☐ No	%	\$
40.	Trusts	☐Yes ☐No	%	\$
41.	Lump Sum Receipts (ie. inheritance, insurance settlement, lottery winnings, capital gains)	☐Yes ☐ No	%	\$
42.	401(k) or 403(b) Account	☐Yes ☐No	%	\$
43,	IRA Account	☐Yes ☐ No	%	\$
44.	Keogh Account	Yes No	%	\$
45.	Capital Investments	☐Yes ☐ No	%	\$
46.	Equity in Real Estate	☐Yes ☐ No	%	\$
47.	Land Contracts	Yes No	%	\$
48.	GoFundMe/Crowdsourcing Funds	☐ Yes ☐ No	%	\$
49.	Bitcoin/Cryptocurrency	☐Yes ☐ No	%	\$
50.	Life Insurance Policies (excluding Term Life Insurance)	☐ Yes ☐ No	%	\$
51.	Pension/Annuity/Other Retirement Accounts	☐Yes ☐ 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)	Yes No	N/A	\$
53.	Other (list):	☐Yes ☐ 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:	☐Yes ☐ No		









ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

55.	I/We hereby certify that I/We I have I 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

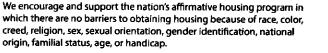
The following questions pertain to yourself and everyone who will occupy the unit. Circle either Yes or No in response to each question. Provide an explanation below if the answer is Yes. Use additional sheets, if necessary.

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





origin, familial status, age, or handicap.





Modified 5/27/2020

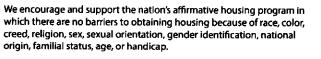
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65. List all states and counties in which you	and all adult household members have lived:
CONTACT INFORMATION	
66. Head state issued id #:	State:
67. Co-head state issued id #:	State:
68. Home phone:	
69. Cell phone:	
70. Email :	
Emergency Contact Information	
71. Emergency contact:	
72. Relationship:	
73. Home/cell phone #:	
74. Work#:	





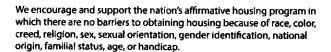




HOUSING REFERENCE Please list housing for the past three years. 75. Present address City State Zip Reason for leaving From (Month/Year) To (Month/Year) Check one Rent Own Other (explain) Rent per month Landlord Landlord phone 76. Previous address City State Zip Reason for leaving From (Month/Year) To (Month/Year) Check one Rent Own 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 Rent Own Other (explain) Rent per month Landlord Landlord phone









ADDITIONAL INFORMATION

DO NOT LEAVE THIS SECTION BLANK.

Provide further information for all Yes items checked. We must verify all information. If a household member has more than one source of income, assets and/or allowances, use a separate line for each source. Use additional sheets, if necessary.

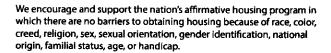
Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

ltem number	Household member#	Name and mailing address of company, financial institution or source	Contact name & phone/fax number
	**		

			, , , , , , , , , , , , , , , , , , ,









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 faise, 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 or 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	







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

Head of household

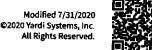
Each household must complete one certification to confirm the student status of all household members. Determination of student status is required to determine housing eligibility. Note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on the job training courses:

Par		heck On	
1.	Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If your answer is Yes , please sign and date the form. If your answer is No , please move on to Part B.	☐ Yes	□No
Paı			groupe to the
2.	Household contains all students, but is qualified because the following occupant is a PART TIME student. Verification of part time student status is required for at least one occupant.	☐ Yes	□No
3.	Name of part time student: If your answer is Yes , please sign and date the form. If your answer is No , please move on to Part C.		
Par			
4.	Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this answer is Yes, questions a-e, below must be completed: Verification must be provided if your answer is Yes.	Yes	□No
	a) Are the students married and filing a joint tax return?	Yes	No
	b) Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent?	Yes	□No
	c) Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	Yes	□No
	d) Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws?	☐ Yes	□No
	e) Does the household consist of at least one student who was a former foster child in transition to independence?	☐Yes	□No
Full-t a-e a	ime student households that are income eligible and satisfy one of the above conditions are considered e re marked NO , or verification does not support the exception indicated, the household is considered ineli	ligible. If q gible.	uestions
oui	der penalty of perjury, I/we certify that the information presented in this certification is true and accurate removed in the undersigned further understand(s) that providing false representations herein constitutes, misleading or incomplete information may result in the termination of a lease agreement.	to the bes es an act o	t of my/ of fraud.
Sin.	nature Printed Name Date		anan da a

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 misuaing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8).**









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)

Name of Property	Project No.	3850 Central Avenue Address of Property	•
Name of Owner/Managing Ag	ent	Type of Assistance or Progr	am Title:
Name of Head of Household		Name of Household Member	
Date (mm/dd/yyyy):			
Hispanic or Latin	10		
Not-Hispanic or	Latino		
American Indian	or Alaska Native		
Asian			
Black or African	American		
Native Hawaiian	or Other Pacific Islander		
White			
Other			
	es may be found on the reversions who do not complete		
ignature		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 incompliance 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 cohead 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.

VIOLENCE, DATING VIOLENCE OR STALKING

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

OMB Approval No. 2502-0204 Exp. 6/30/2017

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
	St. Paul Terrace	Unit:
Γhis lease addendum adds the Γenant and Landlord.	following paragraphs to the Lease l	petween the above referenced
Purpose of the Addendum		
	erenced unit is being amended to in and Justice Department Reauthoriza	
Conflicts with Other Provision	ons of the Lease	
In case of any conflict bety the provisions of this Adde	veen the provisions of this Addendundum shall prevail.	um and other sections of the Lease,
Term of the Lease Addendu	n	
The effective date of this L continue to be in effect unt		This Lease Addendum shall
AWA Protections		
serious or repeated violatenancy or occupancy r 2. The Landlord may not member of a tenant's h for termination of assis member of the tenant's 3. The Landlord may require behalf, certify that the in Violence, Dating Viole on the certification form upon extension date, to	consider incidents of domestic viole ations of the lease or other "good cations of the victim of abuse. consider criminal activity directly repusehold or any guest or other persentance, tenancy, or occupancy rights family is the victim or threatened vest in writing that the victim, or a findividual is a victim of abuse and tince or Stalking, Form HUD-91066, a, be completed and submitted with receive protection under the VAW.	elating to abuse, engaged in by a con under the tenant's control, cause if the tenant or an immediate victim of that abuse. amily member on the victim's hat the Certification of Domestic, or other documentation as noted in 14 business days, or an agreed A. Failure to provide the
Tenant	Da	ate
andlord	Da	ute

Form **HUD-91067** (9/2008)

Woda Cooper Companies

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that 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

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

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

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

(12/2016)

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. Form HUD-5380

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, <u>Woda Cooper Companies</u> 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, <u>Woda Cooper Companies</u> 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 <u>Woda Cooper Companies</u> as documentation. It is your choice which of the following to submit if <u>Woda Cooper Companies</u> 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 <u>Woda Cooper Companies</u> 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 <u>Woda Cooper Companies</u> 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 <u>Woda Cooper Companies</u> '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 <u>Woda Cooper Companies</u> can demonstrate the above, <u>Woda Cooper Companies</u> 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-2013implementation-in-hud-housing-programs.

Additionally, <u>Woda Cooper Companies</u> 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	www.ndvh.org
	(SAFE)	sawu lausimaman an
National Dating Abuse Helpline	866-331-9474	**************************************
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	www.866uswomen.org
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	www.childbelp.org
National Sexual Assault Hotline	800-656-4673 (HOPE)	www.raint.org
National Center for Victims of Crime	202-467-8700	www.victimsofcrime.org
	888-373-7888	<u>. 6 - 7</u>
National Human Trafficking Resource Center/Polaris Project	Text: HELP to	www.polarisproject.org
	Befree (233733)	}
National Resource Center on Domestic Violence	800-537-2238	www.nrcdv.org and www.vawnet.org
Futures Without Violence: The National Health Resource Center on	888-792-2873	www.futureswithoutviolence.org
Domestic Violence	210 007 0000	
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	www.nationalcenterdytraumamh.org
Domestic Violence Initiative	303-839-5510 877-	www.dviforwomen.org
PARIMETA A INDUING THIRBUILDS	839-5510	THE PERSON OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE
Deaf Abused Women's Network (DAWN)	202-559-5366	Hotfine@deafdawn.org
31.	800-537-2238	www.wocninc.org
Women of Color Network	6\A)-33/-2236	incite_natk@amail.com
INCITE! Women of Color Against Violence		www.incite-national.org
Alianza	505-753-3334	www.dvelianza.org
Casa de Esperanza	651-772-1611	www.casadeesperanza.org
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	www.apiidv.org
Committee Against Anti-Asian Violence (CAAAV)	212-473-6485	www.casav.org
Manavi	732-435-1414	www.manavi.org
Institute on Domestic Violence in the African American Community	877-643-8222	www.dyinatitute.org
The Black Church and Domestic Violence Institute	770-909-0715	www.bcdvLorg
The Audre Lorde Project	1	www.alp.ore
LAMBDA GLBT Community Services	206-350-4283 178-	http://www.grd.org/grd/www/orgs/avpr
LABIDIA OLD I Community DOLYMAN	596-0342	ojec/main.htm
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	www.ncavp.org
National Gay and Lesbian Task Force	202-393-5177	www.ngitf.org
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of		www.nwnetwork.ock
Abuse National Clearinghouse on Abuse in Later Life	608-255-0539	xxx.acallus
National Center for Elder Abuse	855-500-3537	http://www.occs.sos.gov/
American Bar Association Commission on Domestic Violence	202-662-1000	www.abanet.org/domyiol
	800-903-0111	www.bwip.org
Battered Women's Justice Project Safe Horizon stalking victims' hotline (assessment & referrals		
provided)	866-689-4357	
Stalking Resource Center		www.victimeofcrime.org/our- programs/stalking-resource-center
The National Organization for Victim Assistance	800-879-6682	www.trygova.org
iSafetyNet		http://www.isafetynet.org/

Attachment: Certification form HUD-5382

CERTIFICATION OF U.S. Dep DOMESTIC VIOLENCE, and Ur 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 assamples and the contract of the con

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	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 perpet	rator (if known and can be safely disclosed):		
7. Relationship of the accused	perpetrator to the victim:		
8. Date(s) and times(s) of incid	lent(s) (if known):		
10. Location of incident(s):			
In your own words, briefly describ	be the incident(s):		
and recollection, and that the ind dating violence, sexual assault,	ation provided on this form is true and correct to the best of my knowledge ividual named above in Item 2 is or has been a victim of domestic violence, or stalking. I acknowledge that submission of false information could not could be the basis for denial of admission, termination of assistance, or		
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 Unit number St. Paul Terrace

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

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





