

Date & Time Received:

Received By *(Management Signature)*:

Unit:

Move-In Date:

## Application for Rental Housing

### Property Contact Information

**Property Name:**

Lovelock Gardens

**Street Address:**

865 6th Street

**City:**

Lovelock

**State:**

NV

**Zip:**

89419

**Phone:**

(775) 273-0202

**Phone (TTY):**

711

**Fax:**

(775) 273-7073

**Email:**

lovelock@nwrecc.org

**Website:**

**Office Hours:**

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



Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment?  Yes\*  No

*\*If Yes, please complete a **Special Unit Questionnaire**.*

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

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

	<b>Member Name</b>	<b>Relationship to Head of Household</b>
1		
2		
3		
4		
5		
6		
7		
8		

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

**ANTICIPATED ADDITIONS** - Complete one *Self-Certification of Unborn Child/Adoption/Custody* form for each.

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

<b>Member Name</b>	<b>Member Type</b>
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster

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

*If Yes, please explain:*

**HOUSEHOLD QUESTIONS**

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

*If Yes, please explain:*

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

*If Yes, please indicate the source:*

**3. Has any household member received a federal tax refund refundable tax credit in the last 12 months?**  Yes  No

*If Yes, provide the total value of tax refunds/credits received by members of this household:* \$ \_\_\_\_\_



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**PENALTIES FOR MISUSING THIS FORM:**

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

**REQUIRED SIGNATURES**

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

**Application Package Documents:**

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

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

1.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
2.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
3.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
4.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
5.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
6.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
7.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>
8.	_____	_____	_____
	<b>Member Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>



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Preferred Language (optional): \_\_\_\_\_

## MEMBER INFORMATION DOCUMENT

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

Full Legal Name: \_\_\_\_\_  
                                    First Name                                      Middle Name                                      Last Name

### Optional Information:

Preferred Name (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License # / State ID #: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender:     Female     Male     Decline to Disclose  
 Check box if member is an emancipated minor.

Student Status:       Full-Time Student     Part-Time Student     Not a Student

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

### **Part A:** Complete this section if the member is **under 18 years old and not emancipated:**

1. Will this member live in the unit at least 50% of the time?       Yes     No

2. Name of the parent/guardian who will sign paperwork on this member's behalf: \_\_\_\_\_

### MEMBER SIGNATURE REQUIRED:

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

Member Signature	Printed Name	Date

Check here if an adult signed for a child.



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Head of Household Name:	Certification Effective Date:	
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Identify all current and anticipated sources of income below. Also Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

**INCOME CHECKLIST**

**Does your household currently receive, or anticipate receiving income from....**

<b>1.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment Wages/Salaries</b> <i>This can include: wages, salaries, commissions, tips, bonuses, other compensation</i>
<b>2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Military Pay</b> <i>This can include: basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing, etc.</i>
<b>3.</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<b>Self-Employment / Independent Contractor</b> <i>This can include: digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i>

*\*If Yes, complete a **Self-Employment Certification/Affidavit.***

<b>4.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Payments from Retirement Accounts</b>
<b>5.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Payments from Pensions</b>
<b>6.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social Security Benefits</b> <i>This includes: Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).</i>
<b>7.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Supplemental Security Income (SSI)</b>
<b>8.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Public Assistance Benefits</b> <i>This can include: TANF, GA, and other state-specific benefits. Do not count food stamps or medical assistance.</i>
<b>9.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Unemployment Benefits</b>
<b>10.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disability Benefits</b>
<b>11.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Veterans Benefits</b>
<b>12.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Death Benefits</b>
<b>13.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Recurring Monetary Contributions</b> <i>This can include: recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.</i>
<b>14.</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<b>Student Financial Assistance</b>

*\*If Yes, complete an **Affidavit of Student Financial Assistance.***

<b>15.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Adoption Assistance Payments</b>
<b>16.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Regular Payments from Indian Trusts</b>
<b>17.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Periodic Payments from Other Trusts, Inheritance, Insurance Policies, or Other Similar Disbursements</b>

**18. CHILD SUPPORT\***

<b>a.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been issued a court order or do you anticipate obtaining one in the next 12 months?
<b>b.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving payments? <i>(Court ordered or voluntary)</i>

**19. ALIMONY / SPOUSAL SUPPORT\***

<b>a.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been issued a court order or do you anticipate obtaining one in the next 12 months?
<b>b.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving payments? <i>(Court ordered or voluntary)</i>

*\*If currently receiving or anticipating the receipt of alimony or child support payments, complete an **Affidavit of Alimony/Child Support.***

<b>20.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Income Source(s)</b>
		<i>If Yes, list source(s):</i>



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Please provide additional information for each item that was marked 'Yes' on the Income Checklist. If no one in the household receives income, leave this section blank.

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



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Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children. Any information provided is subject to verification.

**Does your household own.....**

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Checking Account(s)</b>
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Savings Account(s)</b> <i>Do not include qualified Education Savings Accounts or ABLE Accounts.</i>
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Prepaid Card(s)</b> <i>This can include: prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i>
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cash on Hand</b> <i>This includes: cash that is held as savings. To avoid duplicating reported assets, do not include cash that has already been invested in any of the accounts reported on this form.</i>
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Certificate(s) of Deposit (CD)</b>
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Money Market Account(s)</b>
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Internet Based Accounts</b> <i>This can include: funds held in digital wallets (such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.) and other online accounts (such as GoFundMe, Fundly, Kickstarter, etc.)</i>
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cryptocurrency</b> <i>This can include: Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), Dogecoin, etc.</i>
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Stock(s)</b>
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bond(s)</b> <i>Do not include bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i>
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Brokerage Account(s)</b>
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Annuities</b>
13. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Whole or Universal Life Insurance</b> <i>Do not include term life insurance.</i>
14. <input type="checkbox"/> Yes* <input type="checkbox"/> No	<b>Real Estate</b>

*\*If Yes, complete a **Real Estate Self-Certification** form.*

15. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Non-Necessary Personal Property Held as an Investment</b> <i>Including, but not limited to, gems, jewelry, precious metals, artwork, boat, RV, ATV, antique car, coins, stamps, or other collectibles.</i>
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*If Yes, list item(s):*

16. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Asset Source(s)</b>
--	------------------------------

*If Yes, list source(s):*

17. <input type="checkbox"/> Yes* <input type="checkbox"/> No	<b>In the last 2 years, did you sell or give away any property, money, or other valuable items for less than what they were worth?</b>
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*\*If Yes, complete a **Self-Certification of Divested Assets** form.*



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

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

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

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

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

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



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# Employment Certification

Property Name: Lovelock Gardens Unit Number: \_\_\_\_\_

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

This form must be completed and signed by each adult member of the household.

**PLEASE SELECT THE STATEMENT THAT BEST APPLIES:**

- I am currently retired and/or have not been employed in the last 24 months. *(Skip to the end of the form and sign.)*
- I am currently employed, but have not had employment anywhere else in the last 24 months.
- I have left a job in the last 24 months.

**SECTION A: CURRENT EMPLOYMENT**

Please provide information about all of your current employers.

<b>1.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Hours Worked Per Week:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>2.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Hours Worked Per Week:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>3.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Hours Worked Per Week:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

**CONTINUE ON THE NEXT PAGE**



**SECTION B: PREVIOUS EMPLOYMENT**

\* If you **HAVE** left a job in the last 24 months, please provide more information below about your previous employment.

\* If you **HAVE NOT** left a job in the last 24 months, please skip this section and sign the bottom of this form.

<b>1.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>2.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>3.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>4.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

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

**Applicant/Resident Signature****Printed Name****Date**

# Employment Certification

Property Name: Lovelock Gardens Unit Number: \_\_\_\_\_

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

This form must be filled out by all adult members of the household.

**PLEASE SELECT THE STATEMENT THAT BEST APPLIES:**

- I am currently retired and/or have not been employed in the last 12 months. *(Skip to the end of the form and sign.)*
- I am currently employed, but have not had employment anywhere else in the last 12 months.
- I have left a job in the last 12 months.

**SECTION A: CURRENT EMPLOYMENT**

Please provide information about all of your current employers.

<b>1.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
	Occupation/Title:	Date Hired:	Hours Worked Per Week:	
	Employer Address:	City:	State:	Zip:
	Phone Number:	Fax Number:		
	Ending Salary/Rate of Pay:	Frequency of Pay:		

<b>2.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
	Occupation/Title:	Date Hired:	Hours Worked Per Week:	
	Employer Address:	City:	State:	Zip:
	Phone Number:	Fax Number:		
	Ending Salary/Rate of Pay:	Frequency of Pay:		

<b>3.</b>	<b>Employer Name:</b>	Supervisor/Contact:		
	Occupation/Title:	Date Hired:	Hours Worked Per Week:	
	Employer Address:	City:	State:	Zip:
	Phone Number:	Fax Number:		
	Ending Salary/Rate of Pay:	Frequency of Pay:		

**CONTINUE ON THE NEXT PAGE**



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**SECTION B: PREVIOUS EMPLOYMENT**

\* If you **HAVE** left a job in the last 12 months, please provide more information below about your previous employment.

\* If you **HAVE NOT** left a job in the last 12 months, please skip this section and sign the bottom of this form.

<b>1.</b>	<b>Prev. Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>2.</b>	<b>Prev. Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>3.</b>	<b>Prev. Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

<b>4.</b>	<b>Prev. Employer Name:</b>	Supervisor/Contact:		
Occupation/Title:		Date Hired:	Termination Date:	
Employer Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Ending Salary/Rate of Pay:		Frequency of Pay:		

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

**Applicant/Resident Signature**

**Printed Name**

**Date**



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# Housing History Disclosure

Property Name: Lovelock Gardens Unit Number: \_\_\_\_\_

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

Please provide the last \_\_\_\_\_ months of housing history. All adult household members must complete this form.

Check this box if you had no established housing during this timeframe and provide a brief explanation below.

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

## Current Address

Street Address:		Apt #:
City:	State:	Zip Code:
Move-In Date (Month/Year):	Reason for leaving:	
(Check One) Rent Own Other _____	Monthly Rent (if applicable): \$ _____	
Landlord Name:	Landlord Phone:	

## Previous Addresses

1.	Street Address:	Apt #:
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):	Move-Out Date (Month/Year):	
(Check One) Rent Own Other _____	Monthly Rent (if applicable): \$ _____	
Landlord Name:	Landlord Phone:	

2.	Street Address:	Apt #:
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):	Move-Out Date (Month/Year):	
(Check One) Rent Own Other _____	Monthly Rent (if applicable): \$ _____	
Landlord Name:	Landlord Phone:	

3.	Street Address:	Apt #:
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):	Move-Out Date (Month/Year):	
(Check One) Rent Own Other _____	Monthly Rent (if applicable): \$ _____	
Landlord Name:	Landlord Phone:	

## Signature Required:

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

Applicant Signature

Printed Name

Date Signed



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## Emergency Contact Form

Property Name: Lovelock Gardens

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

I decline to provide emergency contact information.

**Name of Emergency Contact Person or Organization:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email Address (if applicable):** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Reason for Contact (Check all that apply)**

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

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

**Confidentiality Statement:**

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

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed



## **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**

Northwest Real Estate Capital Corp. 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 Northwest Real Estate Capital Corp. chooses to remove the abuser or perpetrator, Northwest Real Estate Capital Corp. 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, Northwest Real Estate Capital Corp. 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, Northwest Real Estate Capital Corp. must follow Federal, State, and local eviction procedures. In order to divide a lease, Northwest Real Estate Capital Corp. 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, Northwest Real Estate Capital Corp. 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, Northwest Real Estate Capital Corp. may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

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

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Northwest Real Estate Capital Corp. will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Northwest Real Estate Capital Corp.'s emergency transfer plan provides further information on emergency transfers, and Northwest Real Estate Capital Corp. must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Northwest Real Estate Capital Corp. can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from Northwest Real Estate Capital Corp. must be in writing, and Northwest Real Estate Capital Corp. must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Northwest Real Estate Capital Corp. may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to Northwest Real Estate Capital Corp. as documentation. It is your choice which of the following to submit if Northwest Real Estate Capital Corp. 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 Northwest Real Estate Capital Corp. 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 Northwest Real Estate Capital Corp. has agreed to accept.

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

Northwest Real Estate Capital Corp. does not have to provide you with the protections contained in this notice.

If Northwest Real Estate Capital Corp. 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), Northwest Real Estate Capital Corp. 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, Northwest Real Estate Capital Corp. does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Northwest Real Estate Capital Corp. 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.

Northwest Real Estate Capital Corp. must not allow any individual administering assistance or other services on behalf of Northwest Real Estate Capital Corp. (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.

Northwest Real Estate Capital Corp. must not enter your information into any shared database or disclose your information to any other entity or individual. Northwest Real Estate Capital Corp., however, may disclose the information provided if:

- You give written permission to Northwest Real Estate Capital Corp. to release the information on a time limited basis.
- Northwest Real Estate Capital Corp. 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 Northwest Real Estate Capital Corp. or your landlord to release the information.

VAWA does not limit Northwest Real Estate Capital Corp. '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, Northwest Real Estate Capital Corp. 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 Northwest Real Estate Capital Corp. 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 Northwest Real Estate Capital Corp. can demonstrate the above, Northwest Real Estate Capital Corp. 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, Northwest Real Estate Capital Corp. 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:

Las Vegas Field Office  
302 East Carson Street, 4th Floor  
Las Vegas, NV 89101-5911

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.rainn.org">www.rainn.org</a>
National Center for Victims of Crime	202-437-8700	<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 (CAA AV)	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	770-909-0715	<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.qrd.org/qrd/www/orgs/avproject/main.htm">http://www.qrd.org/qrd/www/orgs/avproject/main.htm</a>
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	<a href="http://www.ncavp.org">www.ncavp.org</a>
National Gay and Lesbian Task Force	202-393-5177	<a href="http://www.nglftf.org">www.nglftf.org</a>
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	<a href="http://www.nwnetwork.org">www.nwnetwork.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="https://ncea.acl.gov/">https://ncea.acl.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	800-879-6682	<a href="http://www.trynova.org">www.trynova.org</a>
iSafetyNet		<a href="http://www.isafetynet.org/">http://www.isafetynet.org/</a>

**Attachment:** Certification form HUD-5382

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

# VAWA Acknowledgement of Receipt

**Property name** Lovelock Gardens  
**Unit number**

**Household Name**

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

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

I hereby state that everything on this statement is true to the best of my knowledge.		
1. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
2. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
3. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
4. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
5. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
6. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
7. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
8. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
9. <b>Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</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)\*\*

