

FOR OFFICE USE ONLY	
Date & Time Received:	(Record with a date & time stamp OR write in and initial the date and time the application was received)
Property Name: Essex Place	
Unit Number:	Effective Date:

TO BE COMPLETED BY APPLICANT	
Head of Household Name:	
State Issued ID # (Head of Household):	State:
Home phone:	Cell phone:
Email:	
Preferred Number of Bedrooms:	



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

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FOR APPLICANT USE ONLY

Please answer all applicable questions. 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 household member to the head of household.

Member #	Household member <small>First name, middle initial, and last name</small>	Relationship	Date of Birth	Sex <small>(Optional)</small>	Marital Status	Student Status this and/or next calendar year	Disabled?	SSN
1		HEAD				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
2						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
3						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
4						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
5						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
6						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
7						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
8						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
9						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	



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HOUSEHOLD QUESTIONS

The following questions pertain to yourself and everyone who will occupy the unit. Check either **Yes** or **No** in response to each question. An explanation must be provided below if the answer is **Yes**. Use additional sheets, if necessary.

2.	Will any member of the household require a live-in aide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list name(s) below:
3.	Is any member of this household temporarily absent, but under normal conditions would live in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list name(s) below:
4.	Have you or any member of your household ever used different names from the names given on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
5.	Have you or any member of your household ever used social security numbers different from those listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
6.	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list name(s) below:
7.	Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, list name(s) below: <input type="checkbox"/> N/A
8.	Does/Will this household receive rent assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please indicate the source (Housing Choice Voucher, Rural Development RA, etc.)
9.	List all states and counties in which all household members have ever lived:		



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INCOME INFORMATION

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

Include income for all members of the household

10.	Employment wages/salaries (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Self-Employment (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Social Security Benefits (Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Benefits from Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Child Support (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Alimony/Spousal Support (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Regular or periodic payments received from persons not living in the unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Student Financial Aid (public or private, not including student loans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Regular payments received from a pension or the Veteran's Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Periodic payments from Indian Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Periodic payments received from peer-to-peer payment systems (e.g. Paypal, Venmo, Blockchain, Square, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Regular payments received from a trust, annuity or other claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Other (list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27. Does any adult member of the household have zero income? Yes If Yes, please list name(s): _____ No



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INCOME DETAILS

Please provide additional information for each source of income the household answered YES to on the previous page.

Item Number	Member Name	Gross Annual Income	Income Source Name and Mailing Address	Income Source Phone or Fax Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		



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ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

28. Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Savings/Holiday Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Direct Express Cards (or any card where benefits or pay is deposited)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Stocks, Bonds, or Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Money Market/Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Lump Sum Receipts (e.g. from inheritances, insurance settlements, lottery winnings, capital gains)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. IRA, 401(k), or Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Capital Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Internet based funding/crowdsourcing accounts (e.g. GoFundMe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Bitcoin/Cryptocurrency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Universal or Whole Life Insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Safety Deposit Boxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Cash on Hand/Cash Savings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Personal items held as an investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

46. I/We hereby certify that I/We have have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

If applicable: Identify assets sold or disposed of for fair market value

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



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Move-In Application

ASSET DETAILS

Please provide additional information for each asset source the household answered YES to on the previous page.						
Item Number	Member Name	Financial Institution	Market Value	This asset... <small>*Indicate only if owned with someone outside of the household</small>	Interest Rate	Annual Income
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$



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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

47.	Applicant name
48.	Applicant signature Date

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

49. **Would you like to provide information to help determine your eligibility for special accessible housing features?**
 Yes **No** (If No, skip to the next page)

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

50. **Do you or a household member have a mobility impairment which meets the definitions stated above?** Yes No

51. **If yes, list name(s) of family members:**

52. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: _____

53. **Please explain exactly what you need to accommodate your situation:**

54. **Who should we contact to verify your need for the above housing features?**

Name _____

Address _____

City	State	Zip	Phone
------	-------	-----	-------



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SIGNATURES

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

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

Under penalty of perjury, I/we certify that the information presented in this application 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.

1 Applicant Signature	Date
2 Applicant Signature	Date
3 Applicant Signature	Date
4 Applicant Signature	Date
5 Applicant Signature	Date
6 Applicant Signature	Date
7 Applicant Signature	Date
8 Applicant Signature	Date
9 Applicant Signature	Date



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Housing History Disclosure

Property name **Essex Place**
 Unit number

Head of household
 Member name

Please provide the last 24 months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.
 (If this box is checked, please provide an explanation below.)

Explanation: _____

1.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No			This is my current address <input type="checkbox"/>

2.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No			This is my current address <input type="checkbox"/>

3.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No			This is my current address <input type="checkbox"/>

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

Signature

Printed name

Date



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Emergency Contact Form

Property name Essex Place
Unit number

Head of household
Member name

APPLICANT/RESIDENT CONTACT INFORMATION:	
Applicant/Resident Name: _____	
Mailing Address: _____	
Telephone No: _____	Cell Phone No: _____

EMERGENCY CONTACT INFORMATION (Optional):	
<p>Instructions: You have the right by law to include as part of your application for housing, 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.</p>	
Name of Emergency Contact Person or Organization: _____	
Address: _____	
Telephone No: _____	Cell Phone No: _____
Email Address (if applicable): _____	
Relationship to Applicant: _____	
Reason for Contact (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with recertification process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance (if applicable)	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<p><i>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.</i></p>	
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.	

Signature of Applicant

Date



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NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: _____

S.S.# (Last four digits): _____

Date: _____

Document YES answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<i>Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. Youtube Influencer)</i>			
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you receive regular or periodic payments from:		Amount	Frequency
Persons not Living in the Unit?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Trust, Annuity or Other Claims?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Peer-to-Peer Payment Systems? <i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Do you currently receive Assistance with your housing payment? <i>If yes; Agency Name? _____</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you HAVE a court-order (or agreement) for child support or alimony? <i>(This means there is an order for you to receive child support or alimony, not pay support to someone else)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Ordered Amount: _____
Are you currently receiving child support or alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Amount Received: _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? List State _____ and County _____ where granted.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Are you a student (either full or part-time) enrolled in an institution of higher learning?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____

ASSET SOURCES

YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?	6 Month Avg. Balance	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?	Balance	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificates of Deposit (CD)?	Cash Value	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express * Card? <i>(or any card where benefits or pay are deposited)</i>	Balance	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?	Amount	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box? _____			Cash Value \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment?*			Cash Value \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? <i>(Market Value less unpaid balance and selling costs = Cash Value)</i>			Cash Value \$ _____

Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away

Notes: _____

YES NO Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
When? _____ Amount: \$ _____

YES NO Do you have Whole Life Insurance or Universal Life Insurance policies?
Cash Value \$ _____ Annual Earnings \$ _____

YES NO Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
If yes, list items: _____ Date: _____

YES NO Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?
If yes, please provide:

Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____

YES NO Other: _____

Total of Net Family Assets \$ _____ (Total Value of Assets Listed Above)

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

The information provided on this form will be used to determine maximum income eligibility.

Applicant/Tenant Signature	Date	Printed Name
Owner/Owner Agent Signature	Date	Printed Name

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER

Applicant/Tenant: _____

	Yes	No
Have you, are you or will you be a student this calendar year? <i>(HUD/HOME, LIHTC)</i>	<input type="checkbox"/>	<input type="checkbox"/>

"Student" includes 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 or those pursuing a GED. **If you are not sure, please mark "yes" and the property management company will verify your student status, as well as any exceptions that you claim.**

If you answered NO, please skip the following questions and sign below.

If you answered Yes, please complete the following questions:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married? <i>(HUD/HOME, LIHTC)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a single parent with a child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: | | |
| a. Are you a dependent of someone else? <i>(LIHTC)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is your child(ren) a dependent of someone other than a parent? <i>(LIHTC)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? <i>(LIHTC)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? <i>(LIHTC)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you previously in foster care at any time through the age of 18? <i>(LIHTC)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.

- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you disabled? | | |
| If yes, were you receiving Section 8 assistance as of November 30, 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you over 23 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a dependent child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does your child(ren) live with you at least 50% of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will you be living with your parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you receive financial assistance from your parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: | | |
| a. Were you an orphan or a ward of the court through age 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you receiving any financial aid to pay for your education? | <input type="checkbox"/> | <input type="checkbox"/> |

Owner/owner agent is responsible for reviewing Student Independence Verification Requirements.

Signature _____

Date _____

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.



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)

Essex Place
Name of Property

Project No.

135 Essex Way
Address of Property

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

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

Signature

Date

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

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

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

A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

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

Purpose of the Addendum

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

Conflicts with Other Provisions of the Lease

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

Term of the Lease Addendum

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

VAWA Protections

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

Tenant

Date

Landlord

Date

Woda Cooper Companies

Notice of Occupancy Rights under the Violence Against Women 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.

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

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

Removing the Abuser or Perpetrator from the Household

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

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

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

Moving to Another Unit

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

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

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.

Woda Cooper Companies 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.

Woda Cooper Companies's emergency transfer plan provides further information on emergency transfers, and Woda Cooper Companies 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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

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

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

Non-Compliance with The Requirements of This Notice

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

For Additional Information

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

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

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

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

You may also contact any of the below listed organizations.

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

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

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

The National Domestic Violence Hotline	800-799-7233 (SAFE)	www.ndvh.org
National Dating Abuse Helpline	866-331-9474	www.loveisrespect.org
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.childhelp.org
National Sexual Assault Hotline	800-656-4673 (HOPE)	www.rainn.org
National Center for Victims of Crime	202-437-8700	www.victimsofcrime.org
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	www.polarisproject.org
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 Domestic Violence	888-792-2873	www.futureswithoutviolence.org
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	www.nationalcenterdvtraumamh.org
Domestic Violence Initiative	303-839-5510	www.dvforwomen.org
Deaf Abused Women's Network (DAWN)	877-839-5510	Hotline@deafdawn.org www.deafdawn.org
Women of Color Network	202-559-5366	www.wocninc.org
INCITE! Women of Color Against Violence	800-537-2238	incite.netl@gmail.com www.incite-national.org
Alianza	505-753-3334	www.dvalianza.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 (CAA AV)	212-473-6485	www.caaav.org
Manavi	732-435-1414	www.manavi.org
Institute on Domestic Violence in the African American Community	877-643-8222	www.dvinstitute.org
The Black Church and Domestic Violence Institute	770-909-0715	www.bcdvi.org
The Audre Lorde Project		www.alp.org
LAMBDA GLBT Community Services	206-350-4283 178-596-0342	http://www.qrd.org/qrd/www/orgs/avproject/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.nglftf.org
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	www.nwnetwork.org
National Clearinghouse on Abuse in Later Life	608-255-0539	www.ncall.us
National Center for Elder Abuse	855-500-3537	https://ncea.acl.gov/
American Bar Association Commission on Domestic Violence	202-662-1000	www.abanet.org/domviol
Battered Women's Justice Project	800-903-0111	www.bwjp.org
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		www.victimsofcrime.org/our-programs/stalking-resource-center
The National Organization for Victim Assistance	800-879-6682	www.trynova.org
iSafetyNet		http://www.isafetynet.org/

Attachment: Certification form HUD-5382

Form HUD-5380
(12/2016)

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

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

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

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

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

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

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

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

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

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

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

10. Location of incident(s): _____

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 Essex Place
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. Applicant/Resident Signature	Printed Name	Date
2. Applicant/Resident Signature	Printed Name	Date
3. Applicant/Resident Signature	Printed Name	Date
4. Applicant/Resident Signature	Printed Name	Date
5. Applicant/Resident Signature	Printed Name	Date
6. Applicant/Resident Signature	Printed Name	Date
7. Applicant/Resident Signature	Printed Name	Date
8. Applicant/Resident Signature	Printed Name	Date
9. Applicant/Resident Signature	Printed Name	Date

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)**



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