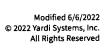
	FOI	R OFFICE USE ON	LY	
	(Record with a date & ti	me stamp OR write in and	initial the date and time the applica	ation was received)
Date & Time Received:				
Property Name: Essex Place	ce	. <del>2</del> 4		
Unit Number:			Effective Date:	
	TO BE CO	OMPLETED BY API	PLICANT	
Head of Household Name:				
State Issued ID # (Head of H	ousehold):	State:		
Home phone:		Cell pho	ne:	
Email:				
Preferred Number of Bedro	oms:			









#### FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or cohead 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.

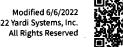
#### **HOUSEHOLD COMPOSITION**

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.

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







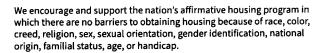
#### **HOUSEHOLD QUESTIONS**

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?	Yes	□ No	If <b>Yes</b> , list name(s) below:
		p	,	
	Is any member of this household temporarily absent, but under normal conditions would live in the unit?	Yes	∏No	If <b>Yes</b> , list name(s) below:
1.	Have you or any member of your household ever used different names from the names given on this application?	☐ Yes	No	If <b>Yes</b> , explain:
τ,	Have you or any member of your household ever used social security numbers different from those listed on this application?	Yes	□ No	If <b>Yes</b> , explain:
· · · · · · · · · · · · · · · · · · ·	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	Yes	No	If <b>Yes</b> , 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?	Yes	□ No	If <b>No</b> , list name(s) below: N/A
ð.	Does/Will this household receive rent assistance?	Yes	∏No	If <b>Yes</b> , please indicate the source (Housing Choice Voucher, Rural Development RA, etc.)
ð.	List all states and counties in which all household members ha	ve ever l	ived:	









#### **INCOME INFORMATION**

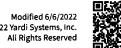
For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing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

10	Employment wages/salaries (include tips, bonuses, commissions, and seasonal employment)	Yes	Nc
11.	Military Pay	Yes	□No
12.	<b>Self-Employment</b> (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	[] Yes	∏ No
1.3	Unemployment Benefits	Yes	No
14.	Workers Compensation	Yes	No
15.	Social Security Benefits (Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	Yes	∏ No
16,	Supplemental Security Income (SSI)	Yes	No
17.	Benefits from Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)	Yes	No
18.	<b>Child Support</b> (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	Yes	□ No
19.	<b>Alimony/Spousal Support</b> (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	[ Yes	No
10	Regular or periodic payments received from persons not living in the unit	Yes	□ No
21.	Student Financial Aid (public or private, not including student loans)	Yes	No
23.	Regular payments received from a pension or the Veteran's Administration	Yes	□ No
23.	Periodic payments from Indian Trusts	Yes	No
34.	Periodic payments received from peer-to-peer payment systems (e.g. Paypal, Venmo, Blockchain, Square, etc.)	Yes	□ No
.:5.	Regular payments received from a trust, annuity or other claim	Yes	□ No
<i>3</i> 1	Other (list)	Yes	□ No
27.	Does any adult member of the household have zero income? Yes If Yes, please list nam	e(s):	No





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.

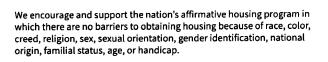


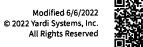
#### **INCOME DETAILS**

Item Number	Member Name	Gross Annual Income	Income Source Name and Mailing Address	Income Source Phone or Fax
		\$		Number
		3		
		\$	444	
		\$		
		•		
		\$	1-1-10-1	
		•		
		\$		
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		\$		
17.00				
		\$	opens.	
		\$		
		\$		
		\$		
		\$		
		\$		
	·	\$		









#### **ASSET INFORMATION**

F	or each household member (including children), list all assets. All information must be verified.		
Incl	ude assets for all members of the household		
38.	Checking Accounts	[ Yes	☐ No
29.	Savings/Holiday Accounts	Yes	No
26.	Direct Express Cards (or any card where benefits or pay is deposited)	Yes	No
31.	Stocks, Bonds, or Annuities	☐ Yes	□ No
1.1	Treasury Bills	Yes	□ No
33.	Money Market/Mutual Funds	Yes	No
34.	Certificates of Deposit	Yes	No
3.5	<b>Lump Sum Receipts</b> (e.g. from inheritances, insurance settlements, lottery winnings, capital gains)	Yes	No
ŧб.	IRA, 401(k), or Keogh Account	Yes	No
37,	Capital Investments	Yes	☐ No
36.	Real Estate	Yes	No
39.	Internet based funding/crowdsourcing accounts (e.g. GoFundMe)	[ Yes	☐ No
40.	Bitcoin/Cryptocurrency	[ Yes	No
11.	Universal or Whole Life Insurance policies	[ Yes	□ No
42.	Safety Deposit Boxes	[] Yes	□ No
43.	Cash on Hand/Cash Savings	☐ Yes	□ No
44.	Personal items held as an investment	[] Yes	No
15.	Other (list):	[ Yes	No
			XX.00

#### 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

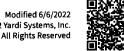
If applicable: Identify assets sold or disposed of for fair market value

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





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#### **ASSET DETAILS**

	Please provide addition	nal information for each as	sset source the h	ousehold answered YES to on t	he previous pag	je.
Item Number	Member Name	Financial Institution	Market Value	This asset *Indicate only if owned with someone outside of the household	Interest Rate	Annual Income
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$





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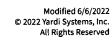


### SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

47. Applicant name				
48. Applicant signature	S. Applicant signature Date			
The following section is o will be verified.	ptional and is used to help determine	eligibility for special acce	ssible housing features. All answers	
	vide information to help determine If No, skip to the next page)	your eligibility for speci	ial accessible housing features?	
	e unit, a household member must ha of long-continued and indefinite dur		that:	
	<ul> <li>substantially impedes the person's ability to live independently</li> <li>is such that the person's ability to live independently could be improved by more suitable housing conditions</li> </ul>			
50. Do you or a household	member have a mobility impairmen	t which meets the definit	ions stated above? Yes No	
51. If yes, list name(s) of	family members:			
52. Do you or a househol	d member have a condition which	requires (check those th	at apply):	
a separate bedro	oom			
a unit for a visua	lly-impaired person			
a unit for a heari	ng-impaired person			
a barrier-free ap	artment			
a one-level unit				
a bathroom on t	a bathroom on the first floor			
other physical m	nodifications, please explain:		<u> </u>	
53. Please explain exactl	y what you need to accommodate y	our situation:		
িন. Who should we conta	ct to verify your need for the above	housing features?		
Address				
City	State	Zip	Phone	









#### **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 or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

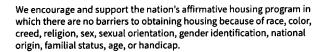
All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

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
<i>3</i>	Applicant Signature	Date
G.	Applicant Signature	Date
	Applicant Signature	Date
5	Applicant Signature	Date
fr,	Applicant Signature	Date
7.	Applicant Signature	Date
k.	Applicant Signature	Date
19	Applicant Signature	Date









## **Housing History Disclosure**

Property name Essex Place Unit number

Head of household Member name

Please provide the last 24 months of hou move-in.	using history. Ea	ach adult househol	d member must complete this form at
This member has no address history from (If this box is checked, please provide a	•		
Explanation:			
1. Street Address:	,		
City:	State:		Zip Code:
Reason for leaving:			
Start Date (Month/Year):		End Date (Month	/Year):
(Check One) Rent Own Ot	ther		_ Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized developmen	t? 🗌 Yes	□ No	This is my current address
2. Street Address:			
City:	State:	· -	Zip Code:
Reason for leaving:			
Start Date (Month/Year):		End Date (Month	ı/Year):
(Check One) Rent Own Ot	ther		_ Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized developmen	t? Yes	☐ No	This is my current address
3. Street Address:			
City:	State:		Zip Code:
Reason for leaving:	l <u></u>		
Start Date (Month/Year):		End Date (Month	/Year):
(Check One) Rent Own Ot	ther		_ Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized developmen	t? Yes	☐ No	This is my current address
Under penalty of perjury, I/we certify that the our knowledge. The undersigned further underalse, misleading or incomplete information m	erstand(s) that pro	oviding false represer	ntations herein constitutes an act of fraud.
Signature	Printed	name	Date





## **Emergency Contact Form**

**Property name** Essex Place Unit number

### Head of household Member name

Applicant/Resident Name:		
Mailing Address:		
Telephone No: Cell Phone No:		
EMERGENCY CONTACT INFORMATION (Optional):		
number, and other relevant information of a family member contact information is for the purpose of identifying a personal that may arise during your tenancy or to assist in providing	of your application for housing, the name, address, telephone er, friend, or social, health, advocacy, or other organization. This on or organization that may be able to help in resolving any issues any special care or services you may require. You may update, form at any time. You are not required to provide this contact relevant information on this form.	
Name of Emergency Contact Person or Organization:		
Address:		
Telephone No:	Cell Phone No:	
☐ 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	☐ Other:	
☐ Late payment of rent		
If you are approved for housing, this information will be kept you require any services or special care, we may contact the p providing any services or special care to you.	as part of your tenant file. If issues arise during your tenancy or if person or organization you listed to assist in resolving the issues or i	
Confidentiality Statement: The information provided on th	nis form is confidential and will not be disclosed to anyone except	



Date





# **Applicant / Tenant Sworn Income**

and **Asset Statem**ent

NOTE: All household members 18 years of a be completed in their entirety.	age or oluer are req	инеи ю сотрлете	a separate	mcome and	i asset s	татешент ин аррисарів questions mus
Name:	ime: S.S.# (Last four digits):					And the state of t
Date:						
Document <u>YES</u> answers with third party	verification.					
		INCON	1E			
	I have or receiv					
Income Sources		ES or NO)	Monti	ily Amoun		Notes
Job 1	YES 🗆	NO □				
Job 2	YES 🗆	N0 □			M J.	
Self Employment	YES 🗆	N0 □				
Includes digital income sources such as App Based Driving Services (e.g. Ub Video-based platforms (e.g. Youtub	er, L <b>yft, Doordas</b> h); Sa	ales with E-commerc	e (e.g. Shopi	fy, Ebay, Etsy	r):	
Social Security	YES 🗆	NO □				
Supplemental Security Income (SSI)	YES 🗆	№ □	< <u></u>			
Pension / Veteran's Administration	YES 🖂	NO □				
TANF/ AFDC	YES 🗆	NO □				
Unemployment Benefits	YES 🗇	NO 🗆				
Workers' Compensation	YES □	N0 □				
Educational Financial Assistance	YES □	NO □				
Other:	YES 🗆	NO □	*****************************	<b>***</b> *********************************		18800000000000000000000000000000000000
Do you receive regular or periodic payments from:			Aı	mount		Frequency
Persons not Living in the Unit? Holder/Provider:	YES 🗆	NO 🗆				
Trust, Annuity or Other Claims? Holder/Provider:	YES 🗆	NO []		<u>,</u>		
Peer-to-Peer Payment Systems? (e.g. Paypal, Venmo, Blockchain, Square, etc., Holder/Provider:		NO 🗆				
Do you currently receive Assistance with y If yes; Agency Name?			YES 🗆	NO □		
Do you HAVE a court-order (or agreement) (This means there is an order for you to rece support to someone else)			YES 🗆	NO □	_	Ordered Amount:
Are you currently receiving child suppor	t or alimony?		YES 🗆	NO □		Amount Received:
Have reasonable efforts to collect the ar courts or agencies responsible for enfor List State and County	cing payments, bee	en made?	YES 🗆	N0 □	N/A [	]
Are you a student (either full or part-time) higher learning?	enrolled in an instit	rution of	YES 🗆	N0 □		





## **Applicant / Tenant Sworn Income**

and **Asset Statement** 

		ASSET :	SOURCES		
			6 Month		
YES 🗆 NO 🗆	Do you have a Checkin	g Account?	Avg. Balance	\$	Interest Rate
YES □ NO □	Do you have a Savings	Holiday Account?	Balance	\$	Interest Rate
YES □ NO □	Do you have a Certifica	tes of Deposit (CD)?	Cash Value	\$	
YES 🗆 NO 🗅	Do you have a Direct Ex (or any card where ben	press * Card? efits or pay are deposited)	Balance		
YES 🗆 NO 🗇	Do you have Cash on H	and?	Amount	\$	
YES 🗆 NO 🗆	Do you have Cryptocum	ency? (e.g. Bitcoin)	Cash Value	<b>S</b>	Annual Earnings \$
YES 🗆 NO 🗆	Do you have Internet B	sed Funding? (e.g. Go Fund Me)	Cash Value	\$	Annual Earnings \$
YES 🗆 NO 🗇	Do you have Stocks, Bo	nds or Annuities?	Cash Value	\$	Annual Earnings \$
YES 🗆 NO 🗆	Do you have Money Ma	rket or Mutual Funds?	Cash Value	\$	Annual Earnings \$
YES 🗆 NO 🗖	Do you have IRA, 401K,	or Keogh Accounts?	Cash Value	\$	The control of the second control of the control of
YES 🗆 NO 🗆	Do you have Treasury B	ills?	Cash Value	\$	Annual Earnings \$
YES □ NO □	Do you have a Safety D	eposit Box? What is held in the Box			Cash Value \$
YES D NO D	.s. T fall ( draining min and page)	nal Property held as an Investment	Contact to the factor of the contact		Cash Value \$
YES 🗆 NO 🗆	Do you own a Home, Re	ntal Property or other Capital Inve paid balance and selling costs = C	stments?		Cash Value \$
	Current Status/Intention	n: 🗆 Keeping 🗆 Selling 🗔 Ren	ting 🗆 Being Forecl	osed 🗆 Giv	ing Away
	Notes:			× 2000000	
YES □ NO □		Lump Sum Amounts? (e.g. inherita			
YES   NO	Do you have Whole Life Insurance policies?	Insurance or Universal Life	Cash Value	\$	Annual Earnings \$
YES D NO D		ray or otherwise transferred owner	•	the last two Date:	
YES □ NO □	Are there minor childre If yes, please provide:	n in the household that have any a	ssets (Savings Accou	nt, Certificate	es of Deposit, Savings Bond(s), etc.)?
	Type:		Where Held:		Annual Yield:
	Type:		Where Held:		Annual Yield:
	Type:		Where Held: Where Held:		Annual Yield: Annual Yield:
YES D NO D	Other:	tusus, y	Trible Holes		All Marie Property and American America
				····	/T
Total of Net Family				\$	(Total Value of Assets Listed Above
		nclude, but is not limited to, gem or c use autos, clothing, assets of an acti			c. Do not include necessary personal property such
	·	ll be used to determine maximu	•		u use by the disabled.
Applicant/Tenant S	ignature	Date	HILLING HOUSE CONTROL OF THE STATE OF THE ST	P	rinted Name
Owner/Owner Age	nt Signature	Date	CARLEST DECEMBER OF A POLY POLY POLY POLY POLY	P	rinted Name
		tion provided herein is true and accur sleading or incomplete information ma			undersigned further understands that providing faise lication or lease agreement.



## **Student** Certification

	TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER		
Applic	ant/Tenant;		
		Yes	No
	you, are you or will you be a student this calendar year? (HUD/HOME, UHTC)		
techni	ent" includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, university cal, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. If you are a mark "yes" and the property management company will verify your student status, as well as any exceptions that you class.	not su	re,
	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.)		
2.	Are you married? (HUD/HOME, LIHTC)		
3.	Are you a single parent with a child(ren)?		
	If yes:	jeerreg	,
	a. Are you a dependent of someone else? (LIHTG)     b. Is your child(ren) a dependent of someone other than a parent? (LIHTG)		
4.	Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? (LiHTC)		
5.	Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? (LIHTC)	$\Box$	
6.	Were you previously in foster care at any time through the age of 18? (UBTC)		
	ollowing questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/ or HOME program, please skip the remaining questions and sign below.  Are you disabled?	assist	ed b
	If yes, were you receiving Section 8 assistance as of November 30, 2005?		
8.	Are you over 23 years of age?		
9.	Do you have a dependent child(ren)?		
	If yes, does your child(ren) live with you at least 50% of the time?	囗	
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?		
11.	Will you be living with your parents?		
	a. Are your parents receiving or eligible to receive Section 8 assistance?		
	b. Are you claimed as a dependent on your parent's tax return?		
	c. Do you receive financial assistance from your parents?		
12.	Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?  If no:		
	a. Were you an orphan or a ward of the court through age 18? b. Are you a graduate or professional student?		
	Are you receiving any financial aid to pay for your education?		
0wnei	Vowner agent is responsible for reviewing <u>Student Independence Verification Requirements</u> .		
·	ure Date	······	

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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

**Signature** 

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

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

Essex Place		135 Essex Way	
Name of Property	Project No.	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 Lati	ino		
Not-Hispanic or	Latino		
	Racial Categories*	Select All that Apply	
American India	n or Alaska Native		
Asian			
Black or Africa	n American		
Native Hawaiia	n or Other Pacific Islander		
White			
Willte			

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.

**Date** 

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

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

#### A. General Instructions:

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

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

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

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

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

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

### LEASE ADDENDUM 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
	Essex Place	Unit:
This lease addendum adds the Tenant and Landlord.	following paragraphs to the Lease be	tween the above referenced
Purpose of the Addendum		
	erenced unit is being amended to incl and Justice Department Reauthorizati	<del>-</del>
Conflicts with Other Provisi	ons of the Lease	
In case of any conflict bet the provisions of this Add	ween the provisions of this Addendum endum shall prevail.	and other sections of the Lease,
Term of the Lease Addendu	m	
The effective date of this continue to be in effect un		. This Lease Addendum shall
VAWA Protections		
serious or repeated violatenancy or occupancy  2. The Landlord may not member of a tenant's last for termination of assi member of the tenant'  3. The Landlord may require behalf, certify that the Violence, Dating Violation on the certification for upon extension date, to	consider incidents of domestic violentations of the lease or other "good caurights of the victim of abuse. consider criminal activity directly relative ousehold or any guest or other person tance, tenancy, or occupancy rights if family is the victim or threatened victiest in writing that the victim, or a fandindividual is a victim of abuse and that ance or Stalking, Form HUD-91066, on, be completed and submitted within a receive protection under the VAWA.	ating to abuse, engaged in by a under the tenant's control, cause the tenant or an immediate of that abuse.  The Certification of Domestic or other documentation as noted a 14 business days, or an agreed. Failure to provide the
Tenant	Date	2
Landlord	Date	<del></del>

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

#### Woda Cooper Companies

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

#### To all Tenants and Applicants

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

#### **Protections for Applicants**

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

#### **Protections for Tenants**

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

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

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

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

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

Woda Cooper Companies may divide (bifurcate) your lease in order to evict the individual or
terminate the assistance of the individual who has engaged in criminal activity (the abuser or
perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.
If Woda Cooper Companies chooses to remove the abuser or perpetrator,
Woda Cooper Companies may not take away the rights of eligible tenants to the
unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole
tenant to have established eligibility for assistance under the program, Woda Cooper Companies
must allow the tenant who is or has been a victim and other household members to remain in the
unit for a period of time, in order to establish eligibility under the program or under another HUL
housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, <a href="Woda Cooper Companies">Woda Cooper Companies</a>
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

- (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	fany move by
such victims and their families.	
Woda Cooper Companies 's emergency transfer plan provides further informat	ion on
emergency transfers, and Woda Cooper Companies must make a co	opy 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 V	Violence, Sexual
Assault or Stalking	
Woda Cooper Companies can, but is not required to, ask you to provide docum	nentation 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	e
documentation. Woda Cooper Companies may, but does not have t	o, extend the
deadline for the submission of documentation upon your request.	Form HUD-5380 (12/2016)

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 <u>Woda Cooper Companies</u> has agreed to accept.

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

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

If Woda Cooper Companies	receives conflicting evidence that an incident of domestic
violence, dating violence, sexual assau	alt, or stalking has been committed (such as certification forms from
two or more members of a household e	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 thi	ird-party documentation within thirty 30 calendar days in order to
resolve the conflict. If you fail or refus	se 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	p confidential any information you provide related to the exercise of
your rights under VAWA, including th	e fact that you are exercising your rights under VAWA.
Woda Cooper Companies must not a	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 r	reasons that specifically call for these individuals to have access to
this information under applicable Feder	ral, 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:	
<ul> <li>You give written permission to on a time limited basis.</li> </ul>	Woda Cooper Companies to release the information
Woda Cooper Companies	needs to use the information in an eviction or
termination proceeding, such as	s to evict your abuser or perpetrator or terminate your abuser
or perpetrator from assistance u	under this program.
A law requires Woda Cooper Co	ompanies or your landlord to release the information

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

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations			
that are not related to domestic violence, dating violence, sexual assault, or stalking committed			
against you. However, Woda Cooper Companies cannot hold tenants who have			
been victims of domestic violence, dating violence, sexual assault, or stalking to a more			
demanding set of rules than it applies to tenants who have not been victims of domestic			
violence, dating violence, sexual assault, or stalking.			
The protections described in this notice might not apply, and you could be evicted and your			
assistance terminated, if Woda Cooper Companies can demonstrate that not			
evicting you or terminating your assistance would present a real physical danger that:			
1) Would occur within an immediate time frame, and			
2) Could result in death or serious bodily harm to other tenants or those who work on the			
property.			
If 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 I	nttps://www.federalregister.gov/
documents/2016/11/16/2016-25888/violence-against-v	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 t	hem.
For questions regarding VAWA, please contact your le	ocal 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.

	000 700 7333	
	800-799-7233	
The National Domestic Violence Hotline	(SAFE)	www.ndvh.org
National Dating Abuse Helpline	866-331-9474	www.loveisrespect.org
	866-USWOMEN	
Americans Overseas Domestic Violence Crisis Center	(879-6636)	www.866uswomen.org
	800-4-A-CHILD	
National Child Abuse Hotline/Childhelp	800-422-4453	www.childhelp.org
	800-656-4673	
National Sexual Assault Hotline	(HOPE)	www.rainn.org
National Center for Victims of Crime	202-437-8700	www.victimsofcrime.org
	888-373-7888	
	Text: HELP to	
National Human Trafficking Resource Center/Polaris Project	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
	312-726-7020	
National Center on Domestic Violence, Trauma & Mental Health	ext. 2011	www.nationalcenterdvtraumamh.org
	303-839-5510	
Domestic Violence Initiative	877-839-5510	www.dviforwomen.org
Deaf Abused Women's Network (DAWN)	202-559-5366	Hotline@deafdawn.org www.deafdawn.org
Women of Color Network	800-537-2238	www.wocninc.org
INCITE! Women of Color Against Violence		incite.natl@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 (CAAAV)	212-473-6485	www.caaav.org
Manavì	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
	206-350-4283	http://www.qrd.org/qrd/www/orgs/avproject/m
LAMBDA GLBT Community Services	178-596-0342	<u>ain.htm</u>
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	www.ncavp.org
	202-393-5177	www.ngitf.org
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of		
-		www.nwnetwork.org
National Clearinghouse on Abuse in Later Life	608-255-0539	www.ncall.us
	855-500-3537	https://ncea.acl.gov/
	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	
		www.victimsofcrime.org/our-programs/stalking-
Stalking Resource Center		resource-center
· · · · · · · · · · · · · · · · · · ·	800-879-6682	www.trynova.org
iSafetyNet	<u>.</u> .	http://www.isafetynet.org/

Attachment: Certification form HUD-5382

CERTIFICATION OF
DOMESTIC VIOLENCE, and Urban
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 reque	est is received by victim:
2. Name of victim:	
3. Your name (if differen	nt from victim's):
4. Name(s) of other fami	ly member(s) listed on the lease:
5. Residence of victim: _	
6. Name of the accused p	erpetrator (if known and can be safely disclosed):
7. Relationship of the acc	cused perpetrator to the victim:
	fincident(s) (if known):
	s):
In your own words, briefly	describe the incident(s):
and recollection, and that the lating violence, sexual as	formation provided on this form is true and correct to the best of my knowledge he individual named above in Item 2 is or has been a victim of domestic violence, sault, or stalking. I acknowledge that submission of false information could lity and could be the basis for denial of admission, termination of assistance, or
· .	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 Unit number **Essex Place** 

**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).\*



