

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:
Atz 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.



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

1. **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 First name, middle initial, and last name	Relationship	Date of Birth	Sex If decline, put "D"	Marital Status Single, Married, Separated, Widowed, Divorced	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	



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.

Modified 6/6/2022
© 2022 Yardi Systems, Inc.
All Rights Reserved



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 Yes , list name(s) below:
3. Is any member of this household temporarily absent, but under normal conditions would live in the unit?	Yes	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?	Yes	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?	Yes	No	If Yes , explain:
6. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	Yes	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?	Yes	No	If No , list name(s) below: N/A
8. Does/Will this household receive rent assistance?	Yes	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:			



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.

Modified 6/6/2022
© 2022 Yardi Systems, Inc.
All Rights Reserved



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

10. **Applicant name**

11. **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.

12. **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

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

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

15. **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: _____

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

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

Name

Address

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



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.

Modified 6/6/2022
 © 2022 Yardi Systems, Inc.
 All Rights Reserved



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
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



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.

Modified 6/6/2022
© 2022 Yardi Systems, Inc.
All Rights Reserved



Housing History Disclosure

Property name Atz Place
 Unit number _____

Head of household
 Member name _____

Please provide the last _____ 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) Rent Own Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes No	This is my current address

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

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

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 _____



Emergency Contact Form

Property name Atz 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):

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.

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 | |

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

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

Signature of Applicant

Date



Modified 5/19/2021
©2021 Yardi Systems, Inc.
All Rights Reserved



INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

YES NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

2. <input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but is not limited to: Rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), 1099-contractors, etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me. <u>Name of Person Providing Contribution</u> 1) _____ 2) _____	\$ _____ \$ _____
5. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____



YES	NO	MONTHLY GROSS INCOME
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. \$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Social Security payments or Supplemental Social Security Income (SSI). \$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). \$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings. \$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security. \$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS \$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ (amount ordered) If yes, from how many persons do you receive support? _____ \$ _____ (amount received) List the amount received if not receiving the full agreement amount
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments \$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____ \$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property. (Use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 Housing Choice Voucher rental assistance. \$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.



ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____



YES NO		INTEREST RATE	CASH VALUE
25. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not reoccurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through crowdfunding (e.g., GoFundMe)		CURRENT BALANCE \$ _____



YES NO		INTEREST RATE	CASH VALUE
34. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	 _____ % _____ %	 \$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT **SIGNATURE OF APPLICANT/TENANT** **DATE**



Student Status Self-Certification For Rental Housing Tax Credit Program

***A separate form must be completed by each adult member of the household.**

Name: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, answer the questions below:

1-5, below must be circled (ONLY IF "C" IS CHECKED ABOVE):

1. Is at least one student receiving assistance under Title IV of the Social Security Act?
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) **Yes / No**
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) **Yes / No**
4. Household consists entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?
Yes / No
5. Are the students married and entitled to file a joint tax return? **Yes / No**

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Tenant Signature: _____

Date: _____

Tenant Printed Name: _____



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



**COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION**

Date: 03/21/2023

Number of pages including cover sheet: _____

To be completed by property management office:

The undersigned individual(s) has applied for residency at Atz Place. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____



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



Woda Cooper Companies

Race and Ethnic Data Form

Property: Atz Place

Unit Number: _____

Name: _____

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

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	

Applicant's Signature

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).**



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.

Update 4/3/17



Indiana Housing and Community Development Authority
 (“IHCD”) VAWA Lease Addendum
 [Must attach to the Tenant’s lease]

**Rental Housing Tax Credit
 Program (“RHTC”)**

Tenant(s): “Tenant”	Landlord: Atz Place 301 E Wayne Street Kendalville, IN 46755 “Landlord”	Unit No. & Address: “the “Unit”
--------------------------------------------------	-------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

This lease addendum (“Addendum”) adds the following paragraphs to the lease between Tenant and Landlord referred to above (the “Lease”):

- A. Purpose of Addendum:** The lease for the above referenced unit is being amended to include the provisions of this addendum because this development received assistance from the RHTC Program administered by the Indiana Housing and Community Development Authority. Therefore, the Lease must comply with the Violence Against Women Reauthorization Acts of 2013 and 2022 requirements set forth in 24 CFR part 5, subpart L (“VAWA”).
- B. Conflict with Other Provisions of the Lease:** In the case of any conflict between the provisions of this Addendum and any other sections of the Lease, the provisions of this Addendum shall prevail.
- C. Term of the Lease:** The term shall begin on _____ (enter start date) and end _____ (enter end date) unless any of the following events occur: (1) the Lease is terminated by the Landlord in accordance with applicable State and local landlord and tenant laws, or (2) the Lease is terminated by the Tenant in accordance with the Lease or by mutual agreement during the term of the Lease (the “Term”).
- D. Violence Against Women Reauthorization Acts of 2013 and 2022**

Notification of Occupancy Rights Under VAWA and Certification Form:

The Landlord must ensure that notice of occupancy rights set forth in **Form HUD 5380** and the certification form set forth in **Form HUD 5382** is provided to the Tenant or any applicant at the following times: (1) to the applicant for a RHTC unit at the time the applicant is admitted to a RHTC unit, (2) at the time an applicant is denied admission to a RHTC unit based on the Landlord’s tenant selection policies and criteria, and (3) to a tenant with any notification of eviction or termination of tenancy.

Request for VAWA protections

If any applicant or the Tenant represents to the Landlord that the individual is a victim of domestic violence, dating violence, sexual assault, or stalking entitled to the protections under 24 CFR 5.2005 or remedies under 24 CFR 5.2009, the Landlord may request that the applicant or the Tenant submit to the Landlord a completed **Form HUD 5382**. If any applicant or the Tenant does not provide the **Form HUD 5382** as requested within 14 business days after the date they receive a request in writing for such documentation from the Landlord, nothing in 24 CFR 5.2005 or 24 CFR 5.2009, which addresses the protections of VAWA, may be construed to limit the authority of the Landlord to:

- A. Deny admission by the applicant or tenant to the RHTC housing;
- B. Terminate the participation of the tenant in the RHTC housing; or
- C. Evict the tenant or a lawful occupant that commits a violation of a lease.

Either the Landlord or IHCD may, at its discretion, extend the 14-business-day deadline.

Prohibited Denial/Termination:

Landlord shall ensure that any applicant for or the Tenant of a RHTC unit may not be denied admission to, denied assistance under, terminated from participation in, or evicted from the assisted-housing on the basis or as a direct result of the fact that the applicant or the Tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy.

Construction of Lease Terms:

Landlord shall ensure that an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking shall not be construed as:

- A. A serious or repeated violation of a lease for RHTC housing by the victim or threatened victim of such incident; or
- B. Good cause for terminating the assistance, tenancy or occupancy rights to RHTC housing of the victim of such incident.

Termination on the Basis of Criminal Activity

The Landlord may not deny tenancy or occupancy rights to a tenant solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking if: (1) the criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant, and (ii) the tenant or an affiliated individual of the tenant is the victim or threatened victim of such domestic violence, dating violence, sexual assault or stalking.

Confidentiality of Tenant Information Related to Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

The Landlord shall ensure that any information submitted to the Landlord and or staff of the Landlord including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking shall be maintained in confidence and may not be entered into any shared database or disclosed to any other entity or individual, except to the extent that the disclosure is:

- A. Requested or consented to by the individual in writing;
- B. Required for use in an eviction proceeding against any individual who is a tenant or lawful occupant of the housing and who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking; or
- C. Otherwise required by applicable law.

Remedies Available to Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

The Landlord may bifurcate a lease, or remove a household member from a lease in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual:

- (i) Without regard to whether the household member is a signatory to the lease; and
- (ii) Without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.

A lease bifurcation shall be carried out in accordance with any requirements or procedures as may be prescribed by Federal, State, or local law for termination of assistance or leases. If a family who lives in a RHTC rental unit separates under 24 CFR 5.2009(a), the remaining tenant(s) may remain in the RHTC unit.

Emergency Transfers

The Landlord must use and implement IHCD's emergency transfer plan set forth in **Form HUD-5381**, as modified for RHTC. Landlord must make the determination of whether a tenant

qualifies for an emergency transfer under the plan. However, the Landlord must consult with IHCD A regarding its decision to ensure that IHCD A agrees with the decision. The Landlord must provide **Form HUD-5383** to a tenant that is requesting an emergency transfer. With respect to tenants who qualify for an emergency transfer and who wish to make an external emergency transfer when a safe unit is not immediately available, the Landlord must work with IHCD A to provide a list of properties in the jurisdiction that includes RHTC units. The list must include the following information for each property: The property's address, contact information, the unit sizes (number of bedrooms) for the RHTC units, and, to the extent known, any tenant preferences or eligibility restrictions for the RHTC units. The Tenant may terminate the lease without penalty if IHCD A determines that the Tenant has met the conditions for an emergency transfer under 24 CFR 5.2005(e).

Confidentiality

(1) Any information submitted to the Landlord or IHCD A regarding a tenant's protections under VAWA, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking (confidential information), shall be maintained in strict confidence by the Landlord or IHCD A.

(2) The Landlord shall not allow any individual administering assistance on behalf of the Landlord or any persons within their employ (e.g., contractors) to have access to confidential information unless explicitly authorized by the Landlord for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

(3) The Landlord shall not enter any confidential information into any shared database or disclose such information to any other entity or individual, except to the extent that the disclosure is:

(i) Requested or consented to in writing by the individual in a time-limited release

(ii) Required for use in an eviction proceeding or hearing regarding termination of assistance from the RHTC; or

(iii) Otherwise required by applicable law.

The Landlord's compliance with the protections of 24 CFR 5.2005 and 24 CFR 5.2009, based on documentation received under this section shall not be sufficient to constitute evidence of an unreasonable act or omission by the Landlord. However, nothing in this paragraph shall be construed to limit the liability of the Landlord for failure to comply with 24 CFR 5.2005 and 24 CFR 5.2009.

Nonretaliation

The landlord may not discriminate against any person because they have opposed any act or practice made unlawful by VAWA or testified, assisted, or participated in any VAWA-related matter.

Noncoercion

The Landlord may not coerce, intimidate, threaten, interfere with, or retaliate against any person who exercises VAWA protections, assists another person in exercising their VAWA protections, or participates in a VAWA investigation or enforcement activity.

Protection to Report Crimes

All parties have the right to seek law enforcement or emergency assistance on their behalf or on the behalf of another person seeking assistance and shall not be penalized based on such requests for assistance or their status as a victim of criminal activity. Prohibited penalties include actual or threatened:

- Assessment of monetary or criminal penalties, fines, or fees

- Eviction
- Refusal to rent or renew tenancy

VAWA Limitations

Nothing in this section limits the authority of either the IHCD or the Landlord, when notified of a court order, to comply with a court order with respect to:

- (1) The rights of access or control of property, including civil protection orders issued to protect a victim of domestic violence, dating violence, sexual assault, or stalking; or
- (2) The distribution or possession of property among members of a household. Nothing in this section limits any available authority of the Landlord to evict or terminate assistance to the Tenant for any violation not premised on an act of domestic violence, dating violence, sexual assault, or stalking that is in question against the Tenant or an affiliated individual of the Tenant. However, the Landlord must not subject the Tenant, who is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, or is affiliated with an individual who is or has been a victim of domestic violence, dating violence, sexual assault or stalking, to a more demanding standard than other tenants in determining whether to evict or terminate assistance.
- (3) Nothing in this section limits the authority of the Landlord to terminate assistance to or evict the Tenant if the Landlord can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to property would be present if that tenant or lawful occupant is not evicted or terminated from assistance. In this context, words, gestures, actions, or other indicators will be considered an “actual and imminent threat” if they meet the standards provided in the definition of “actual and imminent threat” in 24 CFR 5.2003.
- (4) Any eviction or termination of assistance, as provided in subparagraph(3) of this section should be utilized by the Landlord only when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to, transferring the victim to a different unit, barring the perpetrator from the property, contacting law enforcement to increase police presence or develop other plans to keep the property safe, or seeking other legal remedies to prevent the perpetrator from acting on a threat. Restrictions predicated on public safety cannot be based on stereotypes, but must be tailored to particularized concerns about individual residents.

- E. Termination of Tenancy:** The Landlord may not terminate the tenancy or refuse to renew the lease of a tenant of rental housing residing in a RHTC unit, except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; or for other good cause. Good cause does not include an increase in the tenant's income. To terminate or refuse to renew tenancy, the Landlord must serve written notice upon the tenant specifying the grounds for the action and providing a specific period for vacating that is consistent with State or local law.
- F. Non-discrimination:** The Landlord shall not discriminate against the Tenant in the provision of services, or in any other manner, on the grounds of race, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, disability, or familial status.
- G. Fraud:** WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

Tenant Name (s):

Printed or Typed Name

Tenant's Signature

Date

Printed or Typed Name

Tenant's Signature

Date

Printed or Typed Name

Tenant's Signature

Date

Printed or Typed Name

Tenant's Signature

Date

Owner/ Representative Name:

Printed or Typed Name

Signature

Date



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



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 877-839-5510	www.dvforwomen.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
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

**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 Atz 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)**



Modified 4/20/2020
©2020 Yardi Systems, Inc.
All Rights Reserved.

