

**FOR OFFICE USE ONLY**

<b>Date &amp; Time Received:</b>	(Record with a date & time stamp OR write in and initial the date and time the application was received)

**Property Name:**  
Center Crossing

<b>Unit Number:</b>	<b>Effective Date:</b>
---------------------	------------------------

**TO BE COMPLETED BY APPLICANT**

**Head of Household Name:**

<b>State Issued ID # (Head of Household):</b>	<b>State:</b>
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<b>Home phone:</b>	<b>Cell phone:</b>
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**Email:**

**Preferred Number of Bedrooms:**



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

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**FOR APPLICANT USE ONLY**

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

**HOUSEHOLD COMPOSITION**

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	



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## HOUSEHOLD QUESTIONS

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

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



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## INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information provided is subject to verification.

10. <b>Employment wages/salaries</b> <i>(include tips, bonuses, commissions, and seasonal employment)</i>	Yes	No
11. <b>Regular pay for a member of the military</b>	Yes	No
12. <b>Self-Employment</b> <i>(Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)</i>	Yes	No
13. <b>Unemployment benefits or severance pay</b>	Yes	No
14. <b>Workers' compensation or other insurance settlements</b>	Yes	No
15. <b>Social Security Income</b> <i>(including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))</i>	Yes	No
16. <b>Supplemental Security Income (SSI)</b>	Yes	No
17. <b>Disability benefits</b>	Yes	No
18. <b>Public assistance</b> <i>(TANF, GA, W2, AFDC, cash assistance, etc. - excluding food stamps and medical assistance)</i>	Yes	No
19. <b>Child support</b>	Yes	No
20. <b>Alimony/Spousal maintenance</b>	Yes	No
21. <b>Regular cash and non-cash contributions</b> <i>(including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)</i>	Yes	No
22. <b>Student financial aid</b> <i>(public or private - excluding student loans)</i>	Yes	No
23. <b>Veterans benefits</b>	Yes	No
24. <b>Regular payments from pensions</b> <i>(including PERA, railroad, etc.)</i>	Yes	No
25. <b>Regular payments from retirement benefits</b>	Yes	No
26. <b>Periodic payments from Indian Trusts</b>	Yes	No
27. <b>Death benefits</b> <i>(receiving income as a beneficiary of annuities, pensions, life insurance, etc.)</i>	Yes	No
28. <b>Regular payments from annuities or life insurance dividends</b>	Yes	No
29. <b>Other (list):</b>	Yes	No

30. <b>Does any adult member of the household have zero income?</b>	Yes	If Yes, please list name(s):	No
---	-----	------------------------------	----



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**INCOME DETAILS**

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

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



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**ASSET INFORMATION**

For each household member (including children), list all assets. All information provided is subject to verification.

31. <b>Checking Accounts</b>	Yes	No
32. <b>Savings Accounts</b>	Yes	No
33. <b>Depository Debit Cards</b> (ie. A debit card where pay or benefits are deposited. Not linked to a checking or savings account.)	Yes	No
34. <b>Mobile Payment Service Accounts</b> (ie. Venmo, CashApp, Apple Pay, etc.)	Yes	No
35. <b>Stocks/Bonds</b>	Yes	No
36. <b>Money Market Accounts</b>	Yes	No
37. <b>Certificate of Deposit</b>	Yes	No
38. <b>Trust Funds</b>	Yes	No
39. <b>Lump Sum Receipts</b> (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	Yes	No
40. <b>Retirement Accounts</b> (including, but not limited to, 401(k), 403(b), IRA, Pension, etc.)	Yes	No
41. <b>Capital Investments</b>	Yes	No
42. <b>Real Estate/Land</b>	Yes	No
43. <b>GoFundMe/Crowdsourcing Funds</b>	Yes	No
44. <b>Bitcoin/Cryptocurrency</b>	Yes	No
45. <b>Life Insurance Policies</b> (excluding Term Life Insurance)	Yes	No
46. <b>Personal Items Held as an Investment</b>	Yes	No
47. <b>Cash on Hand</b>	Yes	No
48. <b>Other (list):</b>	Yes	No

**ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE**

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

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



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ASSET DETAILS

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

Item Number	Member Name	Financial Institution	Market Value	This asset... <small>* indicate only if owned with someone outside of the household</small>	Interest Rate	Annual Income
			\$	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.)	%	\$
			\$	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**

50. **Applicant name**

51. **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.

52. **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

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

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

55. **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: \_\_\_\_\_

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

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

Name

Address

City	State	Zip	Phone
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**SIGNATURES**

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member 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.	<b>Applicant Signature</b>	<b>Date</b>
2.	<b>Applicant Signature</b>	<b>Date</b>
3.	<b>Applicant Signature</b>	<b>Date</b>
4.	<b>Applicant Signature</b>	<b>Date</b>
5.	<b>Applicant Signature</b>	<b>Date</b>
6.	<b>Applicant Signature</b>	<b>Date</b>
7.	<b>Applicant Signature</b>	<b>Date</b>
8.	<b>Applicant Signature</b>	<b>Date</b>
9.	<b>Applicant Signature</b>	<b>Date</b>



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# Housing History Disclosure

Property name **Center Crossing**  
 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** Center Crossing  
**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



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# SUPPLEMENTAL DEMOGRAPHIC FORM

Form should be completed for all new move-ins.

The North Carolina Housing Finance Agency request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on residents residing in LIHTC financed properties. Although NCHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it.

If you do **NOT** wish to furnish this information, please check the box below.

Applicant/Resident:

INITIALS							
HH#	1	2	3	4	5	6	7

If you **DO** wish to furnish this information, please complete the information below for each household member (see below for codes)

APPLICANT/RESIDENT DEMOGRAPHIC PROFILE							
HH #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Veteran (Y or N)
1							
2							
3							
4							
5							
6							
7							

**The Following Race Codes should be used:**

- 1 - White - A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 - Black/African American - A person having origins in any of the black racial groups of Africa.
- 3 - American Indian/Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 - Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
  - 4a - Asian Indian
  - 4b - Chinese
  - 4c - Filipino
  - 4d - Japanese
  - 4e - Korean
  - 4f - Vietnamese
  - 4g - Other Asian
- 5 - Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - 5a - Native Hawaiian
  - 5b - Guamanian or Chamorro
  - 5c - Samoan
  - 5d - Other Pacific Islander
- 6 - Other

*Note: Multiple racial categories may be indicated as such: 3 - 1 - American Indian/Alaska Native & White, 4b-1 - Asian & White, etc.*

**The Following Ethnicity Codes should be used:**

- 1 - Hispanic - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  - 1a - Puerto Rican
  - 1b - Cuban
  - 1c - Mexican, Mexican American, Chicano/a
  - 1d - Another Hispanic, Latino/a or Spanish Origin
- 2 - Not Hispanic - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Disability Status:**

Check "Y" if any member of the household is disabled according to Fair Housing Act definition for disability:

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms used, please see 24 CFR 100.201.
- "Disability" does not include **current** illegal use of or addiction to a controlled substance.

**Veterans Status:**

Check "Y" if any member of the household is "A person who took their oath and served or is serving in any branch of the US armed forces, including the Coast Guard or National Guard, regardless of deployment, rank, position or when they served."



# ANNUAL STUDENT CERTIFICATION

Complete one form per household.

Development Name: Center Crossing

Head of Household Name: \_\_\_\_\_

Unit No: \_\_\_\_\_

Certification Type:      Initial      Recertification (Effective Date: \_\_\_\_\_)

**SELECT ONE OPTION:**

**\*\*Note:** Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses:

Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, STOP and sign bottom of form)**

Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant.* **(If selected, STOP and sign bottom of form)**

Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, questions 1-5 below must be completed)**

1.	Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is at least one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*Full-time student households that satisfy one 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 ineligible.*

All household members age 18 or older must sign and date.

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

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date



**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD Center Crossing	UNIT NO. & ADDRESS Unit:
--------	-----------------------------	-----------------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

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

**Conflicts with Other Provisions of the Lease**

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

**Term of the Lease Addendum**

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

**VAWA Protections**

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

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

Woda Cooper Companies

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

### **To all Tenants and Applicants**

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

### **Protections for Applicants**

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

### **Protections for Tenants**

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

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

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

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

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

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

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)	<a href="http://www.ndvh.org">www.ndvh.org</a>
National Dating Abuse Helpline	866-331-9474	<a href="http://www.loveisrespect.org">www.loveisrespect.org</a>
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	<a href="http://www.866uswomen.org">www.866uswomen.org</a>
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	<a href="http://www.childhelp.org">www.childhelp.org</a>
National Sexual Assault Hotline	800-656-4673 (HOPE)	<a href="http://www.rainn.org">www.rainn.org</a>
National Center for Victims of Crime	202-437-8700	<a href="http://www.victimsofcrime.org">www.victimsofcrime.org</a>
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	<a href="http://www.polarisproject.org">www.polarisproject.org</a>
National Resource Center on Domestic Violence	800-537-2238	<a href="http://www.nrcdv.org">www.nrcdv.org</a> and <a href="http://www.vawnet.org">www.vawnet.org</a>
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	<a href="http://www.futureswithoutviolence.org">www.futureswithoutviolence.org</a>
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	<a href="http://www.nationalcenterdvtraumamh.org">www.nationalcenterdvtraumamh.org</a>
Domestic Violence Initiative	303-839-5510 877-839-5510	<a href="http://www.dvforwomen.org">www.dvforwomen.org</a>
Deaf Abused Women's Network (DAWN)	202-559-5366	<a href="mailto:Hotline@deafdawn.org">Hotline@deafdawn.org</a> <a href="http://www.deafdawn.org">www.deafdawn.org</a>
Women of Color Network	800-537-2238	<a href="http://www.wocninc.org">www.wocninc.org</a>
INCITE! Women of Color Against Violence		<a href="mailto:incite.natl@gmail.com">incite.natl@gmail.com</a> <a href="http://www.incite-national.org">www.incite-national.org</a>
Alianza	505-753-3334	<a href="http://www.dvalianza.org">www.dvalianza.org</a>
Casa de Esperanza	651-772-1611	<a href="http://www.casadeesperanza.org">www.casadeesperanza.org</a>
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	<a href="http://www.apiidv.org">www.apiidv.org</a>
Committee Against Anti-Asian Violence (CAA AV)	212-473-6485	<a href="http://www.caaav.org">www.caaav.org</a>
Manavi	732-435-1414	<a href="http://www.manavi.org">www.manavi.org</a>
Institute on Domestic Violence in the African American Community	877-643-8222	<a href="http://www.dvinstitute.org">www.dvinstitute.org</a>
The Black Church and Domestic Violence Institute	770-909-0715	<a href="http://www.bcdvi.org">www.bcdvi.org</a>
The Audre Lorde Project		<a href="http://www.alp.org">www.alp.org</a>
LAMBDA GLBT Community Services	206-350-4283 178-596-0342	<a href="http://www.qrd.org/qrd/www/orgs/avproject/main.htm">http://www.qrd.org/qrd/www/orgs/avproject/main.htm</a>
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	<a href="http://www.ncavp.org">www.ncavp.org</a>
National Gay and Lesbian Task Force	202-393-5177	<a href="http://www.nglftf.org">www.nglftf.org</a>
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	<a href="http://www.nwnetwork.org">www.nwnetwork.org</a>
National Clearinghouse on Abuse in Later Life	608-255-0539	<a href="http://www.ncall.us">www.ncall.us</a>
National Center for Elder Abuse	855-500-3537	<a href="https://ncea.acl.gov/">https://ncea.acl.gov/</a>
American Bar Association Commission on Domestic Violence	202-662-1000	<a href="http://www.abanet.org/domviol">www.abanet.org/domviol</a>
Battered Women's Justice Project	800-903-0111	<a href="http://www.bwjp.org">www.bwjp.org</a>
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		<a href="http://www.victimsofcrime.org/our-programs/stalking-resource-center">www.victimsofcrime.org/our-programs/stalking-resource-center</a>
The National Organization for Victim Assistance	800-879-6682	<a href="http://www.trynova.org">www.trynova.org</a>
iSafetyNet		<a href="http://www.isafetynet.org/">http://www.isafetynet.org/</a>

**Attachment:** Certification form HUD-5382

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

_____
_____
_____
_____

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

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

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

# VAWA Acknowledgement of Receipt

**Property name**    Center Crossing  
**Unit number**

**Household Name**

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

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

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

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



Modified 4/20/2020  
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