

For Office Use Only		
Date & Time Received:		Received By (<i>Management Signature</i>):
Unit:	Move-In Date:	

Application for Rental Housing

Property Contact Information			
Property Name: Whitman Crossing			
Street Address: 10750 W. Coomer Street			
City: Morenci	State: MI	Zip: 49256	
Phone: (517) 458-6935	Phone (TTY):		Fax: 380-203-2930
Email: whitmancrossing@wodagroup.com		Website:	
Office Hours:			

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



APPLICATION SUMMARY

Preferred Unit Size:

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

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

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

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

	Member Name	Relationship to Head of Household <i>(Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)</i>	Phone Number <i>(optional)</i>
1			
2			
3			
4			
5			
6			
7			
8			

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one *Anticipated Household Addition* form for each.

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

Member Name	Member Type			
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster

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

If Yes, please explain:

HOUSEHOLD QUESTIONS

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

If Yes, please explain:

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

If Yes, please indicate the source:

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

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



APPLICATION SUMMARY

PENALTIES FOR MISUSING THIS FORM:

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

REQUIRED SIGNATURES

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

Application Package Documents:

- Application Summary (One Per Household)
- Member Information Document (One Per Member)
- Supplemental Income / Asset Document (One Per Adult Member / One Per Household)

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

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



Preferred Language (optional): _____

MEMBER INFORMATION DOCUMENT

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

Full Legal Name: _____

First Name

Middle Name

Last Name

Optional Information:

Driver's License # / State ID #: _____ State Issued: _____

Date of Birth: _____ Gender: Female Male Decline to Disclose

Check box if member is an emancipated minor.

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

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are **foster children, foster adults, or live-in aides.**

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

2. Marital Status (optional): _____

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

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

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

MEMBER SIGNATURE REQUIRED:

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

Member Signature

Printed Name

Date

Check here if an adult signed for a child.



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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Housing History Disclosure

Property Name: Whitman Crossing Member Name: _____

Unit Number: _____

Please provide the last _____ months of housing history. All adult household members must complete this form at move-in.	
<input type="checkbox"/> Check this box if you had no established housing during the requested timeframe and provide a brief explanation below.	
Explanation:	_____

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

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

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

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

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 Signature	Printed Name	Date



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Modified 12/8/2023
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Emergency Contact Form

Property name Whitman Crossing
Unit number

Head of household

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

I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization: _____

Address: _____

Telephone No: _____ Cell Phone No: _____

Email Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact (Check all that apply)

Emergency

Assist with recertification process

Unable to contact you

Change in lease terms

Termination of rental assistance (if applicable)

Change in house rules

Eviction from unit

Other: _____

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



SUPPLEMENTAL INCOME / ASSET DOCUMENT

For Office Use Only:

Certification Effective Date:

This document reflects the sources of income & assets received by:

Individual Member: _____

All Members

If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.

OR

If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.

INCOME SOURCES

Please provide additional information for each source of income received.

Member Name	Income Type	Income Source	Total Annual Income	CONTACT INFORMATION	
				Mailing Address	Phone/Fax Number
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:



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(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name: Whitman Crossing	

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources? __
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

Yes	No	COMPLETE EACH ITEM:			
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____		
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.		
28			I receive other recurring or periodic income not listed above. Describe: _____		
29			I receive student financial assistance (does not include student loans).		
CHILD SUPPORT					
30			I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.		
32			I anticipate filing a claim for child support within the next twelve months.		
ASSETS (Include all assets held or owned either in or outside of the United States)					
				Cash Value*	Interest Rate**
33			I have a savings account(s) at: _____ (List name(s) of institution)	\$	
34			I have a checking account(s) at: _____ (List name(s) of institution)	\$	
35			I have certificates of deposit at: _____ (List name(s) of institution)	\$	
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____	\$	
37			I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____	\$	
38			I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)	\$	
39			I have cash held in my home or in a safety deposit box.	\$	
40			I have savings bonds. If yes, how many? _____	\$	
41			I have Treasury Bills. If yes, how many? _____	\$	
42			I have stocks, bonds, mutual funds, or securities.	\$	
43			I own a house or mobile home. (Section 8 PBRA Programs only: Is the home suitable for occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$	
44			I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____	\$	
45			I have land contracts. If yes, how many? _____	\$	
46			I hold a mortgage or deed of trust.	\$	
47			I have revocable trusts. If yes, how many trusts? _____	\$	
48			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____	\$	
49			I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).	\$	
50			I have lump sum receipts or one-time receipts.	\$	

Yes	No	COMPLETE EACH ITEM:
51		I have assets from sources other than those listed above. Describe: _____ \$ _____
52		A member of my household is under the age of 18 and has assets. Describe: _____ \$ _____
53		I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54		I have joint ownership on one or more of the above assets.
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)		
55		I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
56		I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
57		I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
58		I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
59		I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.
60		The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays <input type="checkbox"/> full <input type="checkbox"/> partial.
61		I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
62		I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS		
63		I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
SPECIAL CONSIDERATION OF ASSETS		
64		Section 8 PBRA Programs only: My household's assets exceed \$100,000+
65		I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ _____ <i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Household Asset(s) Verification vs. Self-Certification:

- Move-In/Initial Certification – All household assets must be 3rd party verified.**
 - 1st Year Annual Recertification – Year: _____ Asset Threshold: \$ _____**
(can be found on huduser.org)
 - 2nd Year Annual Recertification – Year: _____ Asset Threshold: \$ _____**
(can be found on huduser.org)
 - 3rd Year Annual Recertification – All household assets must be 3rd party verified.**
- The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.**

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: _____ % (can be found on huduser.org)

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.

Owner/Management Signature

Date

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Household Name:	Unit Number:
Development Name: Whitman Crossing	

	Name of Household Member	Currently a Student	If not currently a student, was the member a student at any time during the current calendar year?
Head		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

- A. At least one household member (_____) is currently a **non-student** and has not been (and will not be) a student during any part of any five different months of the calendar year.¹ A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.
- B. Household contains all students but is qualified because the following occupant (_____) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification** form is required for the part-time student.
- C. Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.
- At least one student is receiving assistance under Title IV of the Social Security Act (i.e., welfare, AFDC, TANF, etc.) Yes No Program:
 - At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care. If yes, attach documentation of previous foster care participation. Yes No
 - At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (i.e., Housing Reconnect Program). If yes, attach documentation of current participation.
 Yes, Program Name: No
 - At least one household member (who is not themselves a dependent of anyone) is a single parent with their own dependent child(ren) who are not dependent(s) of anyone else other than the other non-custodial parent. If yes, attach documentation such as a tax form or statement.
 Yes No Explanation:
 - At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.
 Yes No Document Attached:

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. I/we agree to notify management immediately of any changes in this household's student status. 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 of Applicant/Resident	_____ Printed Name of Applicant/Tenant	_____ Date
_____ Signature of Applicant/Resident	_____ Printed Name of Applicant/Tenant	_____ Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

ⁱ Note: The five months need not be consecutive. If the individual attended school full-time for even one day of a calendar month, that month counts toward the five months.

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

A. General Instructions:

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

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

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

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

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

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

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

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD Whitman 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

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:

Detroit Field Office McNamara Federal Building

477 Michigan Avenue
Detroit, MI 48226-2592

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 Whitman 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. 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)**

