

LaBelle Greene I, II, III & IV

FILL OUT APPLICATION AND RETURN WITH THE FOLLOWING:

- \$35 application fee PER ADULT – check or money order
- Birth Certificate (for every household member)
- Social Security Card (for every household member)
- Divorce Papers (if applicable)
- Proof of Income
 - Name, Address, Phone Number, Fax Number and Email Of Employer
 - 6 Most Recent Paystubs
 - Social Security Benefit Letter (Dated Less Than 90 Days Old)
 - Name And Address Of Any Source Of Income (Pension, informal gift, etc)
 - Proof Of Assets
 - Name And Address Of Bank
 - Copy Of Direct Express Or Deposit Card And ATM Receipt Showing Current Balance
 - Name And Address Of Any Whole Life Insurance Policy
 - If Any Real Estate Is Owned Submit Tax Form Showing Current Value

For Questions Contact Us At (304) 559-1449 or (304) 559-7820 or email us at labellegreene@wodagroup.com

****FOR A LIMITED TIME – MOVE IN SPECIAL ----\$99 SECURITY DEPOSIT
AND FIRST MONTH'S RENT FREE ****

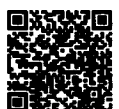
10/2024

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: LaBelle Greene II			
Street Address: 31st Wood Street			
City: Wheeling	State: WV	Zip: 26003	
Phone: (304) 559-1449	Phone (TTY):	Fax: (234) 425-5835	
Email: labellegreene@wodagroup.com		Website: www.wodagroup.com	
Office Hours: 8:00 AM - 4:30 PM			

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>(Recommended)</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
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> 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)
- Income & Asset Questionnaire (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. Will this member live with both parents in the unit? Yes No *

**If you answered No, please complete a Child Support Self-Certification.*

3. 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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INCOME & ASSET QUESTIONNAIRE

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 CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

<p>1. Employment Wages/Salaries <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.</i></p>	<p>12. Military Pay <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.</i></p>
<p>2. Self-Employment <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i></p>	<p>13. Regular Payments from Retirement Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).</i></p>
<p>3. Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.</i></p>	<p>14. Social Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).</i></p>
<p>4. Regular Payments from Annuities or Life Insurance Policies Yes No</p>	<p>15. Supplemental Security Income (SSI) or State Supplemental Payments (SSP) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Disability Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>16. Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Recurring Monetary Contributions <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.</i></p>	<p>17. Student Financial Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.</i></p>
<p>7. Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Unemployment Benefits or Severance Pay <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Regular Payments from Pensions <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>19. Death Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Regular Payments from Indian Trusts <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>20. Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Alimony / Spousal Support <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>21. Other Income: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list source(s):</p>
<p>11. Adoption Assistance Payments <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	



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ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children.
Any information provided is subject to verification.

1. Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Cash Apps or Peer-to-Peer Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i>
2. Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include qualified Education Savings Accounts or ABLE Accounts.</i>	11. Stocks <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Prepaid Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i>	12. Life Insurance Policies <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include term life insurance policies.</i>
4. Trust Funds <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include irrevocable trusts or revocable trusts that are controlled by someone who does not/will not live in the unit.</i>	13. Cryptocurrency / Bitcoin <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i>
5. Mutual Funds or Brokerage Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Bonds or Treasury Bills <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Certificate of Deposit (CD) or Money Market Account <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Non-Necessary Personal Property Held as an Investment <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i>
7. Real Estate or Real Property <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Cash <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include any cash that is held as savings. Only include cash that has not been invested in any of the accounts reported on this form.</i>
8. Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Other Asset(s): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list source(s):
9. Lump Sum Amounts Received <input type="checkbox"/> Yes <input type="checkbox"/> No	

Assets Disposed Of For Less Than Fair Market Value

21. I/We hereby certify that I/we **HAVE** **HAVE NOT** sold or given away assets for less than their fair market value within the last 2 years. (*Excluding items lost in bankruptcy, divorce, or foreclosure*)

If Applicable: Identify all assets sold or disposed of for less than fair market value in the last 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received



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Housing History Disclosure

Property Name: LaBelle Greene II Unit Number: _____

Member Name: _____

Please provide the last <u>24 months</u> of housing history. All adult household members must complete this form.		
<input type="checkbox"/> Check this box if you had no established housing during this 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) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> 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) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> 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) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> 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) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Monthly Rent (if applicable): \$ _____
Landlord Name:	Landlord Phone:	
Signature Required:		
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 denial of admission or termination of a lease agreement.		

Applicant Signature

Printed Name

Date Signed



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Emergency Contact Form

Property Name: LaBelle Greene II

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 Number: _____ Cell Phone Number: _____

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"/> Late payment of rent |
| <input type="checkbox"/> Other Reason: _____ | |

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.

Member Signature

Printed Name

Date Signed



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Student Certification
(For use with the LIHTC Program)

Property Name: LaBelle Greene II Unit Number: _____

This information on this form is used to help determine the household's eligibility for certain housing programs. A household member is considered a student if they attend an educational institution such as elementary, junior and senior high, college, university, technical, trade, and mechanical schools.

Part A - Check only one statement below.

- 1. 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 during the current and/or upcoming calendar year (*months need not be consecutive*).
- 2. Household contains all students, but is qualified because **at least one occupant is a part-time student** who is not/will not be a full-time student for five months or more during the current and/or upcoming calendar year.

Names of Part-Time Students: _____

- 3. Household consists of **all members who have been/will be full-time students** for five months or more during the current and/or upcoming calendar year (*months need not be consecutive*).

Part B - Complete this section only if you checked box #3 in Part A.

- 1. Does the household include students who are married and entitled to file a joint tax return? Yes No
- 2. Does the household include at least one single parent and their child(ren)? If yes, Yes No
 - a. Is this parent a dependent of another individual? Yes No
 - b. Are these child(ren) dependents of an individual other than a parent? Yes No
- 3. Does the household include at least one student receiving assistance under Title IV of the Social Security Act? (*This includes Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC).*) Yes No
- 4. Does the household include at least one student participating 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. Job Corp, AmeriCorp, etc.*)? Yes No
- 5. Does the household include at least one student who was under the care and placement responsibility of a state agency administering foster care under Part B or Part E of Title IV of the Social Security Act (*i.e. adults who were in the foster care system during childhood*)? Yes No

REQUIRED SIGNATURES - All adult members must sign below.

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 denial of admission or termination of a lease agreement.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date



Woda Cooper Companies

Race and Ethnic Data Form

Property: LaBelle Greene II

Unit Number: _____

Name: _____

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

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

Applicant's Signature

Date

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



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



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:

HUD Local Office Charleston Field Office

414 Summers St., Ste. 110
Charleston, WV 25301

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

You may also contact any of the below listed organizations.

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

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

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

The National Domestic Violence Hotline	800-799-7233 (SAFE)	www.ndvh.org
National Dating Abuse Helpline	866-331-9474	www.loveisrespect.org
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	www.866uswomen.org
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	www.childhelp.org
National Sexual Assault Hotline	800-656-4673 (HOPE)	www.rainn.org
National Center for Victims of Crime	202-437-8700	www.victimsofcrime.org
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	www.polarisproject.org
National Resource Center on Domestic Violence	800-537-2238	www.nrcdv.org and www.vawnet.org
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	www.futureswithoutviolence.org
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	www.nationalcenterdvtraumamh.org
Domestic Violence Initiative	303-839-5510	www.dvforwomen.org
Deaf Abused Women's Network (DAWN)	877-839-5510	Hotline@deafdawn.org www.deafdawn.org
Women of Color Network	202-559-5366	www.wocninc.org
INCITE! Women of Color Against Violence	800-537-2238	incite.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 (CAA AV)	212-473-6485	www.caaav.org
Manavi	732-435-1414	www.manavi.org
Institute on Domestic Violence in the African American Community	877-643-8222	www.dvinstitute.org
The Black Church and Domestic Violence Institute	770-909-0715	www.bcdvi.org
The Audre Lorde Project		www.alp.org
LAMBDA GLBT Community Services	206-350-4283 178-596-0342	http://www.qrd.org/qrd/www/orgs/avproject/main.htm
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	www.ncavp.org
National Gay and Lesbian Task Force	202-393-5177	www.nglft.org
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	www.nwnetwork.org
National Clearinghouse on Abuse in Later Life	608-255-0539	www.ncall.us
National Center for Elder Abuse	855-500-3537	https://ncea.acl.gov/
American Bar Association Commission on Domestic Violence	202-662-1000	www.abanet.org/domviol
Battered Women's Justice Project	800-903-0111	www.bwjp.org
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		www.victimsofcrime.org/our-programs/stalking-resource-center
The National Organization for Victim Assistance	800-879-6682	www.trynova.org
iSafetyNet		http://www.isafetynet.org/

Attachment: Certification form HUD-5382

Form HUD-5380
(12/2016)

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

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

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

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

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

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

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

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

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

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

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

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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

VAWA Acknowledgement of Receipt

Property name LaBelle Greene II
Unit number

Household Name

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

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

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

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



Modified 4/20/2020
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ASSET SELF-CERTIFICATION TC 100H

For households whose **combined** net assets do not exceed the applicable Imputed Income Limitation.
 (Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:				Unit#:	
PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).			
Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	
PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT					
Have you received a federal tax return or refundable federal tax credit in the last 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of return/credit:				\$	
PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any non-necessary personal property			
Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$	N/AP	Cryptocurrency	\$	\$
Pre-paid Debit Card (including Govt. Benefits)	\$	N/AP	Money Market/ CD	\$	\$
Checking/Savings	\$	\$	Annuities	\$	\$
Checking/Savings	\$	\$	Brokerage Account	\$	\$
Savings	\$	\$	Stocks/Bonds	\$	\$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$	\$	Other: _____	\$	\$
Whole Life Insurance	\$	\$	Other: _____	\$	\$
Non-Account Based					
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business					
Description				(A) Cash Value *	
				\$	
				\$	
				\$	
				\$	
PART IV. REAL PROPERTY					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any real property			
Description of Property			(C) Cash Value*		(D) Income
			\$		\$
			\$		\$

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 of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date
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PENALTIES FOR MISUSING THIS CONTENT: 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 uses 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).