

**PROPERTY CONTACT INFORMATION/NEED FOR SPECIAL ACCOMMODATIONS**

**Property Contact Information**

Office Hours	Telephone Number
Property Address	TDD Number
18 Elk Lane	Fax Number
Coalmont, TN 37313	(606) 618-0049
elkmeadows@wodagroup.com	

**After we receive your application, we will:**

- Determine your preliminary eligibility
- Then your application will either be processed for admission or placed on our waiting list.

This does not guarantee that your household will be eligible for a unit.

**Need for Special Accommodations**

If you need help in completing this application, please contact us and advise us of your needs when you receive this application.

Woda Cooper Companies, Inc. does not discriminate on the basis of disability status in the admission, access to, treatment, or employment in its federally-assisted programs and activities.

We designate the person named below to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988.)

NAME:		
_____		
ADDRESS:		
_____		
_____		
_____		
EMAIL:		
_____		
PHONE:	TTY:	FAX:



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**FOR OFFICE USE ONLY**

<b>Date &amp; Time Received:</b>	<i>(Record with a date &amp; time stamp <b>OR</b> write in and initial the date and time the application was received)</i>	
<b>Property Name:</b> Elk Meadows		
<b>Unit Number:</b>	<b>Effective Date:</b>	

**TO BE COMPLETED BY APPLICANT**

<b>Head of Household Name:</b>	
<b>State Issued ID # (Head of Household):</b>	<b>State:</b>
<b>Home phone:</b>	<b>Cell phone:</b>
<b>Email:</b>	
<b>Preferred Number of Bedrooms:</b>	



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**FOR APPLICANT USE ONLY**

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

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

**HOUSEHOLD COMPOSITION**

1. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.

Member #	Household member First name, middle initial, and last name	Relationship	Date of Birth	Sex If decline, put "D"	Marital Status	Student Status	SSN	Is this person disabled?
1		HEAD				Full-Time Part-Time Not a Student		Yes No Decline
2						Full-Time Part-Time Not a Student		Yes No Decline
3						Full-Time Part-Time Not a Student		Yes No Decline
4						Full-Time Part-Time Not a Student		Yes No Decline
5						Full-Time Part-Time Not a Student		Yes No Decline
6						Full-Time Part-Time Not a Student		Yes No Decline
7						Full-Time Part-Time Not a Student		Yes No Decline
8						Full-Time Part-Time Not a Student		Yes No Decline
9						Full-Time Part-Time Not a Student		Yes No Decline



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## HOUSEHOLD QUESTIONS

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

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



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## INCOME INFORMATION

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

*Include income for all members of the household*

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

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



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**INCOME DETAILS**

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

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



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**ASSET INFORMATION**

For each household member (including children), list all assets. All information must be verified.

*Include assets for all members of the household*

30. <b>Checking accounts</b>	Yes	No
31. <b>Savings accounts</b>	Yes	No
32. <b>Cash Card</b> (including government benefits cards)	Yes	No
33. <b>Stocks</b>	Yes	No
34. <b>Bonds</b>	Yes	No
35. <b>Money Market/Mutual Funds</b>	Yes	No
36. <b>Certificate of Deposit</b>	Yes	No
37. <b>Trust</b>	Yes	No
38. <b>Lump Sum Receipts</b> (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	Yes	No
39. <b>401(k) or 403(b) Account</b>	Yes	No
40. <b>IRA Account</b>	Yes	No
41. <b>Keogh Account</b>	Yes	No
42. <b>Capital Investments</b>	Yes	No
43. <b>Real Estate</b>	Yes	No
44. <b>Land Contracts</b>	Yes	No
45. <b>GoFundMe/Crowdsourcing Funds</b>	Yes	No
46. <b>Bitcoin/Cryptocurrency</b>	Yes	No
47. <b>Life Insurance Policies</b> (excluding Term Life Insurance)	Yes	No
48. <b>Pension/Annuity/Other Retirement Accounts</b>	Yes	No
49. <b>Cash on Hand</b>	Yes	No
50. <b>Personal items held as an investment</b>	Yes	No
51. <b>Other (list):</b>	Yes	No

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

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

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

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



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## ASSET DETAILS

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

Item Number	Member Name	Financial Institution	Market Value	This asset... <small>* indicate only if owned with someone outside of the household</small>	Interest Rate	Annual Income
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$



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**EXPENSE INFORMATION**

Households may be able to deduct all or part of the household's expenses from the total annual income.

**Child Care Expenses**

53. **Anticipated expenses for the care of children under age 13 (including foster children) may be deducted from annual income if the care is necessary to enable a family member to work, seek employment, or further their education.**

Does this household incur child care expenses that meet the criteria above? Yes No

**Disability Expenses**

54. **Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and auxiliary apparatus for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any family member 18 years of age or older to be employed. (This may or may not be the member who is a person with disabilities)**

Does this household include any member who is a person with disabilities? Yes No

*If Yes, please indicate whether or not the household incurs any of the following unreimbursed expenses, which are necessary for a member of the household to be employed:*

55. **Expenses from attendant care?** Yes No

56. **Expenses from the cost of an auxiliary apparatus or service animal, including costs for maintenance and upkeep?** Yes No

**Medical Expenses**

57. **Households in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities are eligible to deduct unreimbursed medical expenses for all family members.**

Does this household meet this qualification? Yes No

*If Yes, please indicate whether or not any member of the household incurs any of the following unreimbursed expenses:*

58. **Expenses from Medicare premiums?** Yes No

59. **Expenses from other medical insurance premiums?** Yes No

60. **Expenses from medical assistance through a public assistance agency?** Yes No

61. **Expenses incurred from ongoing visits to a dentist or doctor's office?** Yes No

62. **Expenses from prescription medications?** Yes No

63. **Expenses from over-the-counter medication prescribed by a healthcare professional?** Yes No

64. **Outstanding medical bills for which you or a member of your household are currently paying?** Yes No

65. **Additional out-of-pocket medical expenses?** Yes No



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**EXPENSE DETAILS**

*Please provide additional information for each expense the household answered YES to on the previous page.*

Item Number	Member Name	Frequency	Cost	Expense Source Name and Phone Number
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
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			\$	
			\$	



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**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**

66. **Applicant name**

67. **Applicant signature**

**Date**

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

68. **Would you like to provide information to help determine your eligibility for special accessible housing features?**  
**Yes**      **No** *(If No, skip to the next page)*

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person’s ability to live independently
- is such that the person’s ability to live independently could be improved by more suitable housing conditions

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

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

71. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: \_\_\_\_\_

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

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

Name

Address

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



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## SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

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

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

1.	<b>Applicant Signature</b>	<b>Date</b>
2.	<b>Applicant Signature</b>	<b>Date</b>
3.	<b>Applicant Signature</b>	<b>Date</b>
4.	<b>Applicant Signature</b>	<b>Date</b>
5.	<b>Applicant Signature</b>	<b>Date</b>
6.	<b>Applicant Signature</b>	<b>Date</b>
7.	<b>Applicant Signature</b>	<b>Date</b>
8.	<b>Applicant Signature</b>	<b>Date</b>
9.	<b>Applicant Signature</b>	<b>Date</b>



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### HOUSEHOLD DEMOGRAPHICS

The information regarding race, ethnicity, and gender designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

<b>ETHNICITY</b>	<b>MEMBER #1</b>	<b>MEMBER #2</b>	<b>MEMBER #3</b>	<b>MEMBER #4</b>	<b>MEMBER #5</b>	<b>MEMBER #6</b>	<b>MEMBER #7</b>	<b>MEMBER #8</b>	<b>MEMBER #9</b>
HISPANIC OR LATINO									
NON-HISPANIC/LATINO									
DECLINED TO ANSWER (MANAGEMENT ENTRY)									
<b>RACIAL CATEGORIES</b>	<b>MEMBER #1</b>	<b>MEMBER #2</b>	<b>MEMBER #3</b>	<b>MEMBER #4</b>	<b>MEMBER #5</b>	<b>MEMBER #6</b>	<b>MEMBER #7</b>	<b>MEMBER #8</b>	<b>MEMBER #9</b>
AMERICAN INDIAN/ ALASKA NATIVE									
ASIAN									
BLACK OR AFRICAN AMERICAN									
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER									
WHITE									
DECLINED TO ANSWER (MANAGEMENT ENTRY)									
<b>GENDER</b>	<b>MEMBER #1</b>	<b>MEMBER #2</b>	<b>MEMBER #3</b>	<b>MEMBER #4</b>	<b>MEMBER #5</b>	<b>MEMBER #6</b>	<b>MEMBER #7</b>	<b>MEMBER #8</b>	<b>MEMBER #9</b>
MALE									
FEMALE									
DECLINED TO ANSWER (MANAGEMENT ENTRY)									



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# Housing History Disclosure

**Property name** Elk Meadows

**Head of household**

**Unit number**

**Member name**

Please provide the last 24 months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.

**1. Street Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving:

Start (Month/Year): \_\_\_\_\_ End (Month/Year): \_\_\_\_\_

(Check One)  Rent  Own  Other \_\_\_\_\_ Rent per month: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Is this a government subsidized development?  Yes  No This is my current address

**2. Street Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving:

Start (Month/Year): \_\_\_\_\_ End (Month/Year): \_\_\_\_\_

(Check One)  Rent  Own  Other \_\_\_\_\_ Rent per month: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Is this a government subsidized development?  Yes  No This is my current address

**3. Street Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving:

Start (Month/Year): \_\_\_\_\_ End (Month/Year): \_\_\_\_\_

(Check One)  Rent  Own  Other \_\_\_\_\_ Rent per month: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Is this a government subsidized development?  Yes  No This is my current address

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

**Signature** \_\_\_\_\_ **Printed name** \_\_\_\_\_ **Date** \_\_\_\_\_

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).\*\*



# Housing History Disclosure

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**Head of household**

**Unit number**

**Member name**

Please provide the last 24 months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.

**1. Street Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving:

Start (Month/Year): \_\_\_\_\_ End (Month/Year): \_\_\_\_\_

(Check One)  Rent  Own  Other \_\_\_\_\_ Rent per month: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Is this a government subsidized development?  Yes  No This is my current address

**2. Street Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving:

Start (Month/Year): \_\_\_\_\_ End (Month/Year): \_\_\_\_\_

(Check One)  Rent  Own  Other \_\_\_\_\_ Rent per month: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Is this a government subsidized development?  Yes  No This is my current address

**3. Street Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for leaving:

Start (Month/Year): \_\_\_\_\_ End (Month/Year): \_\_\_\_\_

(Check One)  Rent  Own  Other \_\_\_\_\_ Rent per month: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Is this a government subsidized development?  Yes  No This is my current address

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

**Signature** \_\_\_\_\_ **Printed name** \_\_\_\_\_ **Date** \_\_\_\_\_

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).\*\*



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
CERTIFICATION OF STUDENT STATUS**

BIN Number	Head of Household Name	Unit Number
------------	------------------------	-------------

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses

**Please choose one option below that best describes your household**

<input type="checkbox"/>	The household contains no occupants who are students (full time or part time).
<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current calendar year and/or upcoming calendar year. (months need not be consecutive).
<input type="checkbox"/>	List non-student here:
<input type="checkbox"/>	The household contains all students, but is qualified because at least one occupant is a part time student. Verification of part time student status is required.
<input type="checkbox"/>	List part time student here:
<input type="checkbox"/>	The household contains all full time students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

		yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Signatures**

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

This form must be signed by each household member age 18 and older.

Resident Signature	Date
Resident Signature	Date
Resident Signature	Date
Resident Signature	Date



# Annual Student Certification

**Property name** Elk Meadows  
**Unit number**

**Head of household Member name**

Every adult household member must complete this form to confirm their higher education status for housing eligibility.

## Part 1

1. <b>What is your student status?</b> (Check One) If your answer is <b>Not A Student</b> , please sign and date the form. If your answer is <b>Full-Time</b> or <b>Part-Time</b> , please continue to Part 2.	<b>Full-Time</b>	<b>Part-Time</b>	<b>Not A Student</b>
--	------------------	------------------	----------------------

## Part 2 (Complete if you are a Full-Time or Part-Time student)

*A student enrolled in an Institution of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria, and can verify at least one of the following requirements (#5-12 below).*

2. <b>Where are you currently enrolled as a student?</b>	<i>School Name</i>			
3. <b>Contact number for the institution where you are currently enrolled as a student?</b>	<i>Phone</i>			
4. <b>Are you a student at an Institution of Higher Education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002)?</b> If you answer <b>No</b> , please sign and date the form. If you answer <b>Yes</b> , please continue to Part 3.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;"><b>Yes</b></td> <td style="width: 15%; text-align: center;"><b>No</b></td> </tr> </table>		<b>Yes</b>	<b>No</b>
	<b>Yes</b>	<b>No</b>		

## Part 3 (Complete if you are a student at an Institution of Higher Education)

5. <b>Are you 24 years of age or older?</b>	<b>Yes</b>	<b>No</b>
6. <b>Are you married?</b>	<b>Yes</b>	<b>No</b>
7. <b>Are you a veteran of the United States Armed Services?</b>	<b>Yes</b>	<b>No</b>
8. <b>Do you have a dependent child?</b>	<b>Yes</b>	<b>No</b>
9. <b>Are you a person with disabilities and were receiving Section 8 assistance as of November 30, 2005?</b>	<b>Yes</b>	<b>No</b>
10. <b>Will you be living with your parent(s)/guardian(s)?</b>	<b>Yes</b>	<b>No</b>
<i>If you answered <b>No</b> to 10, please answer 11. If you answered <b>Yes</b>, please skip to 12.</i>		
11. <b>Have you lived independent of your parents for at least one year and were not claimed on their most recent tax return?</b>	<b>Yes</b>	<b>No</b>
<i>If Yes:</i>		
a. <b>Were you an orphan or ward of the court through the age of 18?</b>	<b>Yes</b>	<b>No</b>
b. <b>Do you have legal dependents other than a spouse (such as an elderly dependent parent)?</b>	<b>Yes</b>	<b>No</b>
c. <b>Are you a graduate or professional student?</b>	<b>Yes</b>	<b>No</b>
d. <b>Are you an unaccompanied youth who is homeless or at risk of homelessness?</b>	<b>Yes</b>	<b>No</b>
12. <b>Are your parent(s)/guardian(s) receiving or eligible to receive Section 8 Assistance?</b>	<b>Yes</b>	<b>No</b>

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



# Annual Student Certification

**Part 4** (Complete if you are a Full Time or Part Time Student)

Any financial assistance that exceeds the cost of tuition that a student receives under the Higher Education Act of 1965 from private sources or an institution of higher education shall be considered income to that individual.

Please answer #13 if you answered **Full-Time** or **Part-Time** to Part 1.

13. **Are you receiving any financial assistance to pay for your education?** Yes  No

Under the Higher Education Act of 1965, financial assistance from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) is not considered income if the student is:

- a. living with his/her parents/guardian in a Section 8 assisted unit or
- b. 24 years or older with dependent children

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

**Signature**

**Printed name**

**Date**

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).\*\*



# Annual Student Certification

**Property name** Elk Meadows  
**Unit number**

**Head of household Member name**

Every adult household member must complete this form to confirm their higher education status for housing eligibility.

## Part 1

1. <b>What is your student status?</b> (Check One) If your answer is <b>Not A Student</b> , please sign and date the form. If your answer is <b>Full-Time</b> or <b>Part-Time</b> , please continue to Part 2.	Full-Time	Part-Time	Not A Student
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## Part 2 (Complete if you are a Full-Time or Part-Time student)

*A student enrolled in an Institution of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria, and can verify at least one of the following requirements (#5-12 below).*

2. <b>Where are you currently enrolled as a student?</b>	School Name			
3. <b>Contact number for the institution where you are currently enrolled as a student?</b>	Phone			
4. <b>Are you a student at an Institution of Higher Education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002)?</b> If you answer <b>No</b> , please sign and date the form. If you answer <b>Yes</b> , please continue to Part 3.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> </tr> </table>		Yes	No
	Yes	No		

## Part 3 (Complete if you are a student at an Institution of Higher Education)

5. <b>Are you 24 years of age or older?</b>	Yes	No
6. <b>Are you married?</b>	Yes	No
7. <b>Are you a veteran of the United States Armed Services?</b>	Yes	No
8. <b>Do you have a dependent child?</b>	Yes	No
9. <b>Are you a person with disabilities and were receiving Section 8 assistance as of November 30, 2005?</b>	Yes	No
10. <b>Will you be living with your parent(s)/guardian(s)?</b>	Yes	No
<i>If you answered <b>No</b> to 10, please answer 11. If you answered <b>Yes</b>, please skip to 12.</i>		
11. <b>Have you lived independent of your parents for at least one year and were not claimed on their most recent tax return?</b>	Yes	No
<i>If Yes:</i>		
a. <b>Were you an orphan or ward of the court through the age of 18?</b>	Yes	No
b. <b>Do you have legal dependents other than a spouse (such as an elderly dependent parent)?</b>	Yes	No
c. <b>Are you a graduate or professional student?</b>	Yes	No
d. <b>Are you an unaccompanied youth who is homeless or at risk of homelessness?</b>	Yes	No
12. <b>Are your parent(s)/guardian(s) receiving or eligible to receive Section 8 Assistance?</b>	Yes	No

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# Annual Student Certification

**Part 4** (Complete if you are a Full Time or Part Time Student)

Any financial assistance that exceeds the cost of tuition that a student receives under the Higher Education Act of 1965 from private sources or an institution of higher education shall be considered income to that individual.

Please answer #13 if you answered **Full-Time** or **Part-Time** to Part 1.

13. **Are you receiving any financial assistance to pay for your education?** Yes  No

Under the Higher Education Act of 1965, financial assistance from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) is not considered income if the student is:

- a. living with his/her parents/guardian in a Section 8 assisted unit or
- b. 24 years or older with dependent children

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

**Signature**

**Printed name**

**Date**

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## Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner’s Certification of Compliance with HUD’s Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner’s Certification of Compliance with HUD’s Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record’s check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner’s Certification of Compliance with HUD’s Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

\_\_\_\_\_  
Borrower or Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

“This institution is an equal opportunity provider.”



## Wage Match Notice to Tenants

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\_\_\_\_\_  
Borrower or Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

“This institution is an equal opportunity provider.”



**LEASE ADDENDUM**

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

TENANT	LANDLORD Elk Meadows	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

**LEASE ADDENDUM**

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

TENANT	LANDLORD Elk Meadows	UNIT NO. & ADDRESS Unit:
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2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date



Woda Cooper Companies

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

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

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

### **Protections for Applicants**

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

### **Protections for Tenants**

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

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

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

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

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

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

Woda Cooper Companies may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Woda Cooper Companies chooses to remove the abuser or perpetrator,

Woda Cooper Companies may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Woda Cooper Companies must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, Woda Cooper Companies must follow Federal, State, and local eviction procedures. In order to divide a lease, Woda Cooper Companies may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, Woda Cooper Companies may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, Woda Cooper Companies may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Woda Cooper Companies will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Woda Cooper Companies's emergency transfer plan provides further information on emergency transfers, and Woda Cooper Companies must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Woda Cooper Companies can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from Woda Cooper Companies must be in writing, and Woda Cooper Companies must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Woda Cooper Companies may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to Woda Cooper Companies as documentation. It is your choice which of the following to submit if Woda Cooper Companies asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Woda Cooper Companies with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Woda Cooper Companies has agreed to accept.

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

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

If Woda Cooper Companies receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Woda Cooper Companies has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Woda Cooper Companies does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Woda Cooper Companies must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Woda Cooper Companies must not allow any individual administering assistance or other services on behalf of Woda Cooper Companies (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Woda Cooper Companies must not enter your information into any shared database or disclose your information to any other entity or individual. Woda Cooper Companies, however, may disclose the information provided if:

- You give written permission to Woda Cooper Companies to release the information on a time limited basis.
- Woda Cooper Companies needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires Woda Cooper Companies or your landlord to release the information.

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

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Woda Cooper Companies cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Woda Cooper Companies can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If Woda Cooper Companies can demonstrate the above, Woda Cooper Companies should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD field office.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, Woda Cooper Companies must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your local HUD office at:

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

You may also contact any of the below listed organizations.

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

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

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



The National Domestic Violence Hotline	800-799-7233 (SAFE)	<a href="http://www.ndvh.org">www.ndvh.org</a>
National Dating Abuse Helpline	866-331-9474	<a href="http://www.loveisrespect.org">www.loveisrespect.org</a>
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	<a href="http://www.866uswomen.org">www.866uswomen.org</a>
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	<a href="http://www.childhelp.org">www.childhelp.org</a>
National Sexual Assault Hotline	800-656-4673 (HOPE)	<a href="http://www.rainn.org">www.rainn.org</a>
National Center for Victims of Crime	202-467-8700	<a href="http://www.victimsofcrime.org">www.victimsofcrime.org</a>
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	<a href="http://www.polarisproject.org">www.polarisproject.org</a>
National Resource Center on Domestic Violence	800-537-2238	<a href="http://www.nrcdv.org">www.nrcdv.org</a> and <a href="http://www.vawnet.org">www.vawnet.org</a>
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	<a href="http://www.futureswithoutviolence.org">www.futureswithoutviolence.org</a>
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	<a href="http://www.nationalcenterdvtraumamh.org">www.nationalcenterdvtraumamh.org</a>
Domestic Violence Initiative	303-839-5510 877- 839-5510	<a href="http://www.dviforwomen.org">www.dviforwomen.org</a>
Deaf Abused Women's Network (DAWN)	202-559-5366	<a href="mailto:Hotline@deafdawn.org">Hotline@deafdawn.org</a> <a href="http://www.deafdawn.org">www.deafdawn.org</a>
Women of Color Network	800-537-2238	<a href="http://www.wocninc.org">www.wocninc.org</a>
INCITE! Women of Color Against Violence		<a href="mailto:incite.natl@gmail.com">incite.natl@gmail.com</a> <a href="http://www.incite-national.org">www.incite-national.org</a>
Alianza	505-753-3334	<a href="http://www.dvalianza.org">www.dvalianza.org</a>
Casa de Esperanza	651-772-1611	<a href="http://www.casadeesperanza.org">www.casadeesperanza.org</a>
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	<a href="http://www.apiidv.org">www.apiidv.org</a>
Committee Against Anti-Asian Violence (CAA AV)	212- 473-6485	<a href="http://www.caaav.org">www.caaav.org</a>
Manavi	732-435-1414	<a href="http://www.manavi.org">www.manavi.org</a>
Institute on Domestic Violence in the African American Community	877-643-8222	<a href="http://www.dvinstitute.org">www.dvinstitute.org</a>
The Black Church and Domestic Violence Institute	770-909-0715	<a href="http://www.bcdvi.org">www.bcdvi.org</a>
The Audre Lorde Project		<a href="http://www.alp.org">www.alp.org</a>
LAMBDA GLBT Community Services	206-350-4283 178- 596-0342	<a href="http://www.qrd.org/qrd/www/orgs/avproject/main.htm">http://www.qrd.org/qrd/www/orgs/avproject/main.htm</a>
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	<a href="http://www.ncavp.org">www.ncavp.org</a>
National Gay and Lesbian Task Force	202-393-5177	<a href="http://www.nglft.org">www.nglft.org</a>
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	<a href="http://www.nwnetwork.org">www.nwnetwork.org</a>
National Clearinghouse on Abuse in Later Life	608-255-0539	<a href="http://www.ncall.us">www.ncall.us</a>
National Center for Elder Abuse	855-500-3537	<a href="http://www.ncea.aoa.gov/">http://www.ncea.aoa.gov/</a>
American Bar Association Commission on Domestic Violence	202-662-1000	<a href="http://www.abanet.org/domviol">www.abanet.org/domviol</a>
Battered Women's Justice Project	800-903-0111	<a href="http://www.bwjp.org">www.bwjp.org</a>
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		<a href="http://www.victimsofcrime.org/our-programs/stalking-resource-center">www.victimsofcrime.org/our-programs/stalking-resource-center</a>
The National Organization for Victim Assistance	800-879-6682	<a href="http://www.trynova.org">www.trynova.org</a>
iSafetyNet		<a href="http://www.isafetynet.org/">http://www.isafetynet.org/</a>

**Attachment:** Certification form HUD-5382

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

# VAWA Acknowledgement of Receipt

**Property name** Elk Meadows  
**Unit number**

**Household Name**

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

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

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

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



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# Acknowledgement of Receipt- RD

Woda Cooper Companies

Page 1 of 1

**Property name** Elk Meadows  
**Unit number**

**Head of household**  
**Member name**

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

1. Things You Should Know about USDA Rural Housing
2. Receipt of lead based paint disclosure brochure, if applicable

I hereby state that everything on this statement is true to the best of my knowledge.	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	
<b>Signature</b>	<b>Date</b>
<b>Printed name</b>	

STATEMENT REQUIRED BY THE PRIVACY ACT: USDA/Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) to solicit the information requested on this form. Disclosure of the information is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for Rural Development to deny eligibility because of the refusal to disclose the Social Security Account Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Development financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory proceedings.



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## Rural Housing and Community Programs

### Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

#### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

#### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

#### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

#### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

#### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

### **Avoid Fraud, Report Abuse**

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

### **If You Disagree With a Decision**

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### **Notice of Adverse Action**

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### **Grievance Process Overview**

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### **When a Grievance Is Legitimate**

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

<b>A complaint may not be filed with the owner/management if:</b>	<b>A complaint may be filed with the owner/management if:</b>
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.