



Celebrating Over 50 years of Integrity, Quality & Service

Prior to starting your application, take a moment to carefully read through the required items below. **If your application is incomplete or any of these required items are missing, IT WILL NOT BE PROCESSED.**

- Please write the **specific property/properties** you would like to apply for. Do not write “All”.
- You **must include** a copy of each household member’s Social Security card; or something legal with the full number on it.
- All household members over the age of 18 must report all asset and income information.
- When completing the income portion, be sure to report all gross weekly or monthly income (before taxes or deductions).
- All household members over the age of 18 must sign and date the application and all forms with the application.
- You **must provide** complete landlord contact information (full name, mailing address, and phone number; email, and/or fax if available to expedite your application).
 - If you do not have any rental history, please visit our website to print a Co-Signer Application.
www.hodgescompanies.com → Apartment Communities
→ Affordable Housing → scroll to the bottom of the page where you will find our Co-Signer Application. Anyone over the age of 18 can apply to be a co-signer **unless** they are already on a current lease with Hodges.

If you have any questions, please feel free to contact our office. Thank you.



The Residences at Abenaki Springs

Tenant Selection Plan

Update July 23, 2018



Overview

These tenant selection criteria shall be used for Federal Low Income Housing Tax Credit (LIHTC) and HOME Program units within The Residences at Abenaki Springs property under management by the Management Agent. This policy and all resident selection procedures shall comply with all state and federal laws and regulations, including any discrimination prohibited by the Fair Housing Act and other state and federal statutes and regulations that prohibit discrimination.

General Information

1. **Fair Housing:** Residency in The Residences at Abenaki Springs property is open to all qualified eligible persons in accordance with the Fair Housing Act which prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, age, marital status, sexual orientation, disability and familial status. All interested persons, applicants, tenants and the general public will be given information on LEP (Limited English Proficiency) and asked if they need any translation assistance.
2. **Reasonable Accommodation:** In keeping with Section 504 of the Rehabilitation Act of 1973 The Residences at Abenaki Springs property will make “reasonable accommodations” including reasonable modifications for individuals whose disabilities so require, in accordance with HUD regulations and management policies. This includes the application process and residency period. For more information on reasonable accommodations please refer to management’s Reasonable Accommodation Policy or the property’s Section 504 Coordinator.
3. **Accessible Units:** Because some of the units in The Residences at Abenaki Springs property have been architecturally designed for accessibility (to various degrees), someone in the family must qualify as “needing” the architecturally designed features to apply for or receive a priority to live in these units. These units may have wider doorways, an elevated commode, extra grab bar(s) and may or may not have cabinets under sinks and kitchen work areas. An applicant requesting an accessible unit will be requested to verify his or her need with a medical practitioner or similar worker and will be in accordance with HUD Handbook 4350.3.
4. **Applicant/Tenant Responsibilities:** In order to be a tenant in The Residences at Abenaki Springs property, an applicant must be capable of fulfilling all lease requirements. This means that all applicants must be able to meet all of his/her personal needs and be able to fulfill all lease obligations with or without assistance. Ownership does not provide, and does not have the authority to provide, any personal services, medical care or supervisory services. Ownership does not provide any assistance with personal activities of daily living. Should such assistance be needed by a resident, management will provide an applicant or resident with a list of third-party “providers” who deliver assisted living services in the community.
5. **Eligibility:** All potentially eligible, qualified applicants will be considered in accordance with the marketing procedures of the property. All applicants must comply with any applicable admissions requirements. Complete verification of all assets and income will be required when a household is being processed for move-in, as well as when the application or verifications exceed the regulatory requirement for the program.

6. **Income Limits:** The local MTSP and HOME limits apply to The Residences at Abenaki Springs and thus applicants must meet specific income restrictions to be eligible for tenancy at any portfolio property. HUD updates income limits on an annual basis.
7. Ownership reserves the right to alter The Residences at Abenaki Springs Tenant Selection Plan at any time. In such an event, management will provide applicants and residents with ample notice, as well as a copy of the update Tenant Selection Plan.

Smoke-Free Facility

The Residences at Abenaki Springs is a smoke-free building. The purpose of this rule is to protect the health and safety of our residents and property. It is a violation of the Handbook for any resident, guest, visitor, contractor and/or staff persons to smoke, carry, inhale or exhale lighted cigarettes, pipes, cigars or any other similar lighted product anywhere inside the building. Violations of the smoke-free policy will result in eviction as a violation of the Handbook (which rules are incorporated by reference in the Lease and Addendums). A violation of the Lease agreement allows for immediate termination of the Lease by the Landlord.

General Admissions

1. **Application Process:** Applicants will be considered on a first-received, first-reviewed basis, based upon the date that the completed and signed application is received and date and time stamped by management. Admission is limited to those applicants whose income meets the MTSP and/or HOME Income Limits for this area. HUD publishes and releases income limits on an annual basis.
2. **Apartment Assignments:** The Residences at Abenaki Springs will first assign apartment(s) to in-place tenants, who are current on their rent, who have demonstrated need for a change in housing before offering units to an applicant on the Waiting List. This will be done in chronological order, based on the date and time of the written tenant notification to the management for the new "need." All current in place tenant whose needs have changed will be housed and/or transferred before anyone on the Waiting List is housed.
3. **Independent Students:** For all LIHTC units, pursuant to Section 42 of the Internal Revenue Code, if all the occupants of a household are full-time students none of which are eligible to file a joint income tax return, such household is not an eligible Low Income Housing Tax Credit tenant. Exceptions are made for students receiving assistance under Title IV of the Social Security Act, if any household members previously were under the care and placement of the foster care program under Title IV of the Social Security Act, if all adults are single parents and neither they nor any of their children are dependents of a third party, if all adults are married and eligible to file a joint tax return, or those enrolled in job training programs receiving assistance under the Job Training Partnership Act or under other similar federal, state or local laws.

For all HOME units, pursuant to the Final HOME Rule of 2013, if any occupants of a household are enrolled in a high education institution AND is under the age of 24, is not a veteran of the U.S. military, is not married, does not have a dependent child(ren), is not a person with disabilities and is not otherwise individually eligible, or have parents who, individually or jointly, are not eligible on the basis of income then the household is not an eligible HOME tenant.

Student Status-LIHTC

To be eligible, not all household members are permitted to be a full-time student unless one of the following apply:

- 1) Full-time student that is married AND currently filing a joint tax return.
- 2) Household is currently receiving AFDC (Aid to Families with Dependent Children) or TANF.
- 3) Full-time student that is enrolled in the Job Training Partnership ACT (JTPA) or a similar program
- 4) Full-time student that is a single parent with children and none of us are dependents on anyone else's tax return
- 5) At least one household member will be residing in the unit who is NOT a full-time student.

Student Status-HOME PROGRAM

The 2013 Rule specifically excludes certain students (part or full time) from participating independently in the HOME program. Owner/Agent is to exclude any student that: 1. Is enrolled in a higher education institution; and 2. Is under age 24; and 3. Is not a veteran of the U.S. military; and 4. Is not married; and 5. Does not have a dependent child(ren); and 6. Is not a person with disabilities as such term is defined in section 3(b)(3)(E) of the 1937 Act and was not receiving assistance under section 8 of the 1937 Act as of November 30, 2005; and 7. Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income.

Procedures for Applying for Housing

1. **Application Procedure:** All persons/families interested in applying for housing in The Residences with Abenaki Springs property must meet with the following requirements to be “considered for housing.” Applications may be picked up at the Management Office located at 17 Avery Lane, Walpole, NH 03608 during normal business hours or downloaded from our website: www.hodgescompanies.com. Requests for applications to be sent through the mail may be made by writing to the above address or by calling 1-800-742-4686. Applications should be returned during business hours in person or via first class mail to 201 Loudon Road, Concord, NH 03301. Allowances will be made for persons with disabilities or who live out-of-state. Applications will be date and time stamped and applications will enter the Waiting List in the chronological order of receipt.

The Applicant(s) must:

- List all family members who will reside in the unit
 - Meet certain criminal reports standards. A criminal/sex offender registration report will be run on the applicant(s) by the management. This criminal report will be run on all adult (18 years of age or older) household members applying to live in The Residences at Abenaki Springs property. Applicant(s) must not have a conviction for;
 - Drug related criminal activity unless the applicant has successfully completed a drug-rehabilitation program, or;
 - No family member can have a conviction or adjudication other than acquittal for any sexual offence or requirement to register as a sex offender in any state, or;
 - A conviction that is classified as a hate crime, or;
 - Repeated conviction of crimes against persons or property, or;
 - Other criminal convictions that signify a threat to the health, safety, security or right to peaceful enjoyment of the premises by other residents, owners, or the agent of the owner and his or her employees, contractors, subcontractors or any persons who are involved with the property.
 - Demonstrate ability to meet financial obligations in a satisfactory manner, and on time.
 - Provide good/acceptable references from all landlord, both current and previous, listed on the application and in credit bureau files.
 - Demonstration that the applicant has the ability to fulfill all the lease requirements (with or without care assistance) where applicable.
 - Maintain satisfactory housekeeping practices that will not jeopardize the health, security or welfare of other residents. This is determined through the landlord/rental verification.
2. **Verification:** All of the above information will be verified in accordance with HUD Regulations and Requirements, as stated in HUD Handbook 4350.3 (including all revisions). Applicants will be required to sign appropriate forms authorizing management to verify any and all factors that affect the applicant’s eligibility or the rent that the applicant will pay. If an applicant fails to supply all necessary verification forms, information or meet the requests of the application process, or Management cannot obtain verification of specific required information due to illegible forms/application, the applicant will be rejected (please refer to Rejection Procedures for further information). Complete verification of all assets and income will be required when a household is being processed for move-in, as well as when the application or verifications exceed the regulatory requirement for the program.

3. **Applicant Assistance:** In the event the applicant is personally unable to complete the form, the applicant must provide the information of someone assisting in completing the form. The person assisting the applicant must sign and date the application, indicating that it was completed at the direction of the named applicant. **If the applicant is a person with disabilities, management must consider extenuating circumstances where this would be required as a matter of reasonable accommodation.**

Interviews

1. **Initial Eligibility:** Upon receipt of the original application, the application is preliminarily reviewed. The initial review will be for application completeness, to make sure that the application is legible and to initially determine if the applicant appears to qualify. This in no way means that an applicant qualifies or is eligible. Eligibility can be confirmed only after all items are verified: income, assets, family composition, etc. The applicant must be determined eligible to be offered housing. Failure to meet for an interview or failure to contact Management will cause the removal of the application from the Waiting List.
2. **Formal Interview:** After the application is submitted, if the applicant is determined to be eligible and a unit is available, the applicant household will be contacted. At the time the applicant is contacted, all items on the application will be discussed and confirmed. Until all items are verified, eligibility cannot be determined, nor any housing offered. Management must make an attempt to verify all factors with "third party" written verification.
3. **Alternate Verification:** In the absence of third-party verification within 14 days after attempting/requesting third party verification, and no response being received, management will use source documents to verify items/issues.

Waiting List

1. **Waiting List Placement:** Any applicant who appears to qualify after Management reviews the application, but before any information is formally verified, and for whom a unit is not currently available, will be placed on the Waiting List. All received applications are date and time stamped, entering the Waiting List in the chronological order of receipt. The applicant is informed of the approximate wait for a unit and/or placement position on the Waiting List. It is the applicant's responsibility to report changes on the application to Management in a timely fashion.
2. **Eligibility:** Applicants who are placed on the Waiting List are apparently eligible at the time of application, based on local applicable income limits as published annually in the Federal Register and information provided by the applicant. Verifications of income and other eligibility factors are only conducted at the time the applicant is contacted for an interview and prior to move-in. Being placed on the Waiting List does not guarantee that an applicant will be deemed qualified for an apartment, as that determination can only be made after all screening and verification has been completed.
3. **Incomplete Applications:** Any applicant who fails to complete his or her application form in its entirety will result in the disqualification of the application. The application will not be processed.

4. **Applicant Responsibilities for Information Updates:** All applicants on the Waiting List are required to contact Management in writing every twelve (12) months if the applicant decides to remain on the Waiting List. Failure to do so will result in the removal of the application from the Waiting List. Contact may be initiated by Management in the form of a routine letter/postcard, sent to all applicants on the Waiting List, requesting (1) updated information, (2) asking if they wish to remain on the Waiting List and (3) stating that if the letter is not responded to within fourteen (14) days, their name will be dropped from the Waiting List without further notice.
5. **Waiting List Status:** When the number of names/families on the Waiting List for any particular size exceeds the annual apartment turnover for that size unit, the Waiting List may be closed. Management will advise potential applicants of the closure of the Waiting List and refusal to take additional applications. A notice will be prominently posted in the Management Office or reception area and in a local newspaper, stating the reason the Waiting List is closed and the effective date of the closure. When the Waiting List is to be reopened, notice of this will be placed in the same local publication, as well as notifications sent to appropriate social service agencies stating when the Waiting List will be re-opened, as well as times and days that applications will be taken. This is done in accordance with the Affirmative Fair Housing Marketing Plan, if applicable.
6. **Waiting List Status Determinants:** The Waiting List may be closed again, to any further applicants, when the average wait for any apartment type exceeds one (1) year. This wait is calculated by taking the average number of apartments that turnover monthly x 12 months = annual apartment turnover. Management will advise potential applicants of the closure of the Waiting List and refusal to take addition applications. A notice will be prominently posted in the Management Office or reception area and in a local newspaper, stating the reason the Waiting List is closing and the effective date of the closure.
7. **Deferral of Processing an Application:** As an applicant's name approaches the top of the Waiting List, the applicant must proceed with the processing of the application within the required time frame. Any delay will result in the removal of their application from the Waiting List. An applicant can only defer the processing of his/her application for up to six (6) months on the basis of a verifiable medical reason. The applicant must contact management in writing during those six months if the medical condition persists. Failure to do so will indicate that the applicant is no longer interested in housing in The Residences at Abenaki Springs property and will result in the removal of his/her name from the Waiting List without further notice.
8. **Refusal of an Offered Apartment:** If an applicant on the Waiting List is offered an apartment and refuses the offered apartment (first offer), the application is removed from the Waiting List. The applicant may reapply in the future, at a time that new applications are being taken.
9. **In-Place Tenant Housing Needs:** When a unit becomes available, in-place tenants requiring a different apartment (see Transfer Policy) will be housed appropriately before we move in an applicant on the Waiting List. This allows management to treat current tenants having the greatest housing need prior to applicants on the Waiting List. In this manner, we are able to avoid displacing, through any action, current tenants whose housing needs have changed since admission. If a resident on the in-house transfer Waiting List is offered an apartment and refuses the offered apartment, the resident is removed from the transfer Waiting List. The resident may request a transfer in the future.

10. **Removal of Names From the Waiting List:** Applicant names will be removed from the Waiting List for any of the following reasons:
- a. The applicant no longer meets the eligibility requirements for the property or program;
 - b. The applicant fails to contact Management in writing every twelve (12) months to indicate their interest in retaining his/her placement on the Waiting List;
 - c. The applicant fails to respond to a written notice within the required time frame;
 - d. The applicant does not comply to the verification requests in a timely manner;
 - e. The applicant does not provide the required documentation in a timely manner;
 - f. The applicant fails to sign any and all documents in a timely way, up to and including the lease;
 - g. The applicant is offered an apartment and rejects the offer the first time;
 - h. The applicant seeks deferral in the processing of the application for any other reason other than a verifiable medical reason
 - i. Mail sent to the applicant's address is returned as undeliverable, unclaimed or not forwarded;
 - j. The apartment that is needed - using family size as the basis – changes, and no appropriate size unit exists in the portfolio;
 - k. The applicant requests removal from the Waiting List;
 - l. The applicant cancels their interest and decides not to proceed with the processing of the application.

Rejection Procedures

1. **Management Rejection of Applicant:** When management rejects an applicant, the applicant will be sent a letter notifying them of this decision in writing. It will include the reason(s) for the rejection, and will state that the applicant has the opportunity to request a meeting with management representatives to discuss the rejection, within fourteen (14) days of the date of the rejection letter. The Agent will meet with the Applicant within 10 days of receipt of the letter. The Agent will affirm the decision, reverse the decision, or remand the decision and notify the applicant of the outcome.
2. **Request Procedure:** If the applicant wants to request a meeting, the applicant's written request must be sent to the Management at 17 Avery Lane, Walpole, NH 03608 within fourteen (14) days of the date of the rejection notice. A staff member, who was not involved in the initial decision to deny admission or assistance to the applicant, will hold the requested meeting. Within five (5) business days of management's response or meeting, Management must advise the applicant, in writing, of the final decision regarding eligibility. All of this material (original application, rejection letter, applicant's request for a meeting, summary of the meeting and the final decision) must be kept for one (1) year in confidential files.

****Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.****

Unit Size Standards & Guidelines

1. Occupancy Standards:

Generally, in order to prevent overcrowding and conflicts with local building and occupancy codes, the following general occupancy standards shall apply for all sites.

- a. No more than two (2) persons shall be required to share a bedroom/sleeping area. Every room occupied for sleeping purposed by more than one (1) occupant should contain at least fifty (50) square feet of floor area for each occupant.
- b. Children of the opposite sex may share a bedroom/sleeping area at the discretion of the parents.
- c. Children of the same sex may share a bedroom/sleeping area.
- d. Unrelated adults and persons of the opposite sex (other than spouses) shall not be required to share a bedroom/sleeping area.
- e. A child may share a bedroom/sleeping area with a parent if the parent so wishes.
- f. For specifically designed (barrier-free) units, applicants needing those features will be given priority. Should no one apply who would benefit from special unit features, another applicant based on income level and occupancy policy should occupy this unit with a written lease agreement to transfer to a different unit when available and should an applicant now exist on the waiting list for the special unit.
- g. The resident may select a unit size he/she deems appropriate to his/her needs unless it constitutes overcrowding, there is a State or Local law restricting occupancy, or underutilization of the unit would occur.
- h. Owner/Management may change the occupancy standards during the lease term if changes in laws, ordinances or regulations make such change necessary. Owner/Management shall have the right to make reasonable accommodations for individuals with disabilities and may adjust occupancy standards to further the goal of reasonable accommodation.
- i. All households must provide positive identification of all persons who will be part of the entire household. Adoption or the custody in process must have written documentation. Pregnant women will not be required to undergo medical testing to determine whether she is pregnant in order to assign a unit with the appropriate number of bedrooms/sleeping areas.
- j. An eligible household may elect to be on a specific waiting list for more than one (1) unit size. Once applicant is housed in a unit, the applicant will be removed from the waiting list for other selected unit sizes.

2. When Assigning Bedrooms:

- a. Every full-time household member listed on the application is counted.
- b. An unborn child or children in the process of being adopted or secured by custody action may be counted for occupancy.
- c. Live-in attendants and foster children are counted when determining bedroom size.
- d. Children who live in the unit 50% of the time or more may be counted.
- e. Children away at school, who live with the family when school recesses, may be counted. Management will not count children who are away at school and who have established residency at another address or location as evidenced by a lease agreement or other proof.
- f. Visitors, permanently confined/institutionalized household members and children on active military duty are not counted when determining bedroom size.

3. **Apartment Change Request:** A larger apartment than needed may be assigned to an eligible family if the family can certify with third-party verification that there is a medical reason for the larger unit. This certification must include a specific explanation as to how the medical condition will improve by the assignment of a larger apartment.
4. **Family Change Needs:** Ownership will accommodate the changing needs of the in-house tenants because of the increases in the number of family members or changes in the family composition, before going to the Waiting List.

Accessible Units

1. **Accessible Units:** Because some of the units within The Residences at Abenaki Springs property have been architecturally altered for accessibility for persons with mobility impairment disabilities, to obtain a priority for these units someone in the family must qualify as “needing” the architecturally altered features to apply for or live in these units. This need may be verified with a medical practitioner. Units that have been altered in any way for a disabled person will be rented whenever possible to a family or individual needing that specific unit type, or the architectural features present in that unit. In all instances, “accessible” units shall be rented to a family or family with a member needing that type of unit.
2. In the unlikely event that no applicant or family can be found that have a need for that unit type or unit features, a non-disabled applicant or family can be housed there (temporarily), only after signing a statement, that will become a lease addendum, that states that they will move, within 30 days, when they are notified by Management, in writing, that a non-handicapped unit is available.

Transfer Policy

1. **In-House Transfers:** Management will approve in-house transfers, only in the following situations:
 - a. A verifiable medical reason requiring a different apartment or accessible unit, including the need for a 24-hour live-in care attendant (this will be verified with a medical practitioner using the Management form).
 - b. Change in family composition or size.
 - c. A household that is living in a mobility-impaired apartment and does not require the features of that apartment.
 - d. VAWA request.Management will house persons from the in-house transfer waiting list first before offering the unit to someone on the outside waiting list. If a resident declines an offer to transfer to a unit, the resident will then be moved to the bottom of the in-house transfer waiting list.
2. **Reasonable Accommodation:** Requests for transfers that are based on a need for a reasonable accommodation will be provided priority over other requests. Transfers will be provided to persons who have a medical or other verified need, because of a disability, in the chronological order of requests received. All other transfers will be provided after requests for reasonable accommodations and will occur in chronological order by the date the request was received.

Live-In Care Attendant (Aide)

A person who resides with one or more elderly person(s), near-elderly person(s), or person(s) with disabilities, and who:

- a. Is determined to be essential to the care and well-being of the person(s);
- b. Is not obligated for the support of the person(s); and
- c. Would not be living in the unit except to provide the necessary supportive services.

While a relative may be considered to be a Live-In Attendant (Aide), they must meet the above requirements and sign a statement to that effect. Management will verify the need of the resident for a full time live-in aide with a physician or recognized health care professional. The sole purpose of a Live-In Aide is to provide the tenant with support services and will not qualify for continued occupancy in the event the tenant vacates the unit. Management may re-verify the need for a Live-In Aide when necessary.

The screening of Live-In Aides at initial occupancy and the screening of persons or Live-In Aides to be added to the tenant household after initial occupancy involve identical screening activities as applicants. Live-In Aides must be screened for drug abuse and other criminal activity, including lifetime registration as a sex offender, by applying the same criteria established for screening other applicants. Owner-established screening criteria must also be applied to Live-In Aides.

To qualify as a Live-In Aide:

- The Owner must verify the need for the Live-In Aide, Verification should state that the Live-In Aide is needed to provide the necessary supportive services essential to the care and well-being of the person and must be obtained from the person's physician, psychiatrist or other medical practitioner or health care provider. Management will approve a Live-In Aide if needed as a reasonable accommodation to make the program accessible to and usable by the disabled person.
- Qualifies for occupancy only as long as the individual needing supportive services requires the aide's services and remains a tenant. The Live-In Aide will not qualify for continued occupancy as a remaining family member. The Live-In Aide is denied occupancy of the unit after the tenant, for whatever reason, is no longer living in the unit.
- Income of a Live-In Aide is excluded from annual income.
- Must meet the screening criteria as set forth by the Owner.

Annual Income

Annual Income includes all amounts, monetary or not, which:

- Go to, or on behalf of, the family head, partner, or co-head (even if temporarily absent) or to any other family member; or
- Are anticipated to be received from a source outside the family during the 12-month period following admission or annual re-examination effective date; and
- Which are not specifically excluded (by regulation).

Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access (24 CFR 5.609). Failure to report any income or assets at time of application or annual re-certification is considered tenant fraud and could affect residency.

The household's annual income may not exceed the applicable income limit as established by U.S. Department of Housing and Urban Development (HUD), Federal Low Income Housing Tax Credit (LIHTC) and HOME Program for the area in which the project is located. The applicant's gross annual income is compared to the income limits to determine eligibility. Please contact the Management to determine the limits applicable to the available units.

To qualify for a HOME unit at move-in;

- a. A household's gross income may not exceed the maximum income limit per household size of 60% AMI (High HOME rent) or 50% AMI (Low HOME rent) as published by HUD and;
- b. May not be lower than the income minimum* per gross unit rent.
- c. HOME units may also have Tax Credits and therefore the household's gross income may not exceed the LOWER of the HOME and LIHTC maximum income limit per household size.

To qualify for a Tax Credit (LIHTC) unit at move-in;

- a. A household's gross income may not exceed the maximum income limit per household size of 60% AMI or 50% AMI as published by HUD (MTSP limits based on Placed in Service date) and;
- b. May not be lower than the income minimum* per gross unit rent.

*Income minimum is determined by taking the household's gross income from the Tenant Income Certification (TIC) dividing it by 12 months and multiplying it by 40% to determine the Total Allowable Gross Rent. It is then compared against the unit desired by adding the proposed unit rent and applicable unit utility allowance to obtain the Total Unit Gross Rent. If the applicant's Total Allowable Gross Rent is equal to or less than the Total Unit Gross Rent the applicant will meet the minimum income requirement. If they do not this is grounds for application denial.

Victims of Domestic Violence

The Violence Against Women Reauthorization Act of 2013 (VAWA) protections apply to families (adults and children) applying for or receiving rental assistance payments and/or support through a number of HUD programs. The law protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their affiliated family members generally, from being evicted or being denied housing assistance if the eviction or denial is based upon an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking is not grounds for terminating the victim's tenancy. Owners and agents may bifurcate a lease in order to evict, remove or terminate the assistance of the offender while allowing the victim, who is a tenant or lawful occupancy, to remain in the unit.

Applicants and residents may certify their status as victims of domestic violence by using the optional HUD Form-91066, Certification of Domestic Violence. Furthermore, Management will have each household sign HUD Form-91067, VAWA Lease Addendum, at move-in and at recertification.

The 2013 VAWA Act required HUD to adopt a model emergency transfer plan to be used by owners and managers. The model plan must allow a victim (tenant) to transfer to another available and safe home under one of the HUD programs and must have reasonable confidentiality measures. If the tenant is unable to establish eligibility, Owner or Manager must provide the tenant with a reasonable amount of time to find new housing or establish eligibility under a different housing program.

The plan must allow tenants who are victims of domestic violence, dating violence, sexual assault or stalking, to transfer to another available and safe dwelling under a covered housing program and must incorporate reasonable confidentiality measures.

The tenant can be granted a transfer only if the tenant requests one and either reasonably believes he or she is threatened with imminent harm from further violence if he or she remains in the unit or, if the tenant is a victim of assault, the assault occurred on the premises during the 90-day period before the transfer request. Transfers are subject to the availability of other assisted housing and to all other HUD requirements being met.

Domestic Violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or partner, by a person similarly situated to a spouse or partner of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence means violence committed by a person: (A) who is or has been in a social relationship of a romantic or intimate nature with the victim, and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Sexual Assault means any nonconsensual sexual act proscribed by Federal, tribal or State law, including when the victim lacks capacity of consent.

Stalking means (A) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate; or to place under surveillance with the intent to kill, injure, harass or intimidate another person; and (B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to that person; a member of the immediate family of that person; or the spouse or intimate partner of that person.

Affiliated Family Member means, with respect to a person: (A) a spouse, partner, parent, sibling, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or (B) any individual, tenant or lawful occupant living in the household of that individual.

Bifurcate means to divide a lease as a matter of law so that the abusive tenant can be evicted or removed while the remaining family members' lease and occupancy rights are allowed to remain intact.

Screening/Rejection Criteria

All applicants 18 years of age or older in a household will be screened for rental history and criminal history, and general program eligibility prior to residency. The screening of Live-In Aides at initial occupancy and the screening of persons or Live-In Aides to be added to the tenant household after initial occupancy involve similar screening activities.

An application may be rejected for any one of the following reasons;

- a) Submission of false, incomplete or inaccurate information on the application or failure to cooperate in the verification process;
- b) The applicant has a history of unacceptable or unsatisfactory credit to include any outstanding account with a housing related company, including previous landlord and/or property management company and/or mortgage lien holder, or outstanding account with any local utility company that is not showing as “paid” or in repayment status, or criminal history as reported by a credit agency or other organization. This includes registration as a Sexual Offender (Please see Credit & Criminal Screening Criteria for more information);
- c) Negative reference from current or previous landlord, including but not limited to late rent, non-sufficient funds (NSF) checks, lease violations, evictions, etc.;
- d) The household (including a Live-In Aide) size is not appropriate for a specific apartment (Please refer to Apartment Size Standards & Guidelines);
- e) Failure to sign designated or required forms;
- f) Failure to provide required documentation in a timely manner;
- g) The applicant cannot pay the appropriate security deposit at move-in;
- h) The applicant will be maintaining a separate second residence and/or legal address;
- i) The applicant has been offered a housing apartment and has refused to take the apartment offered;
- j) The applicant is not capable of fulfilling the lease agreement, with or without assistance;
- k) The applicant has a criminal history (as defined in Criminal or Drug-Related Activity);
- l) The household income exceeds the applicable limits;

Criminal or Drug-Related Activity

Upon move-in, tenants sign leases requiring them to accept responsibility for the actions of individual household members, their guests or other persons on the premises with their consent. No tenant or member of the tenant’s family or household, guest or any other person visiting a tenant shall engage in criminal activity on or near the apartment complex. This criminal activity includes drug-related criminal activity, other criminal activity, or drug and alcohol abuse that threatens the health and safety of the tenants and staff or hinders the peaceful enjoyment of the housing premises. “Drug-related criminal activity” means the illegal manufacture, sale, distribution and/or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act).

- a) No tenant, or member of the tenant’s household or family, or any guest or other person shall engage in any act intended to facilitate criminal activity, drug-related activity on or near the apartment complex;
- b) No tenant, or member of the tenant’s household or family, or any guest or other person shall permit the dwelling unit to be used for, or to facilitate, criminal activity including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, family or a guest;
- c) No tenant, or member of the tenant’s household or family, or any guest or other person shall engage in the manufacture, sale or distribution of illegal drugs on or near the apartment complex or project site;
- d) No tenant, or member of the tenant’s household or family, or any guest or other person shall engage in acts of violence, including but not limited to, the unlawful discharge of firearms and/or weapons on or near the apartment complex.

Violation of the above provisions shall be a material noncompliance violation of the lease and good cause for termination of the lease. A single violation of any of these provisions shall be deemed a serious violation and material noncompliance of the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

Rental, Credit & Criminal Screening Criteria

1. Rental Approval:

An Applicant will be required to provide a minimum of three years of rental history. An Applicant can be rejected based on the following criteria;

- a. If a prior landlord reported the applicant(s) damaged property or had lease violations, the applicant can be denied. This includes lease violations, disturbing the peace, harassment, poor housekeeping habits, improper conduct or other negative reference against the household.
- b. Any eviction is automatically grounds for denial. This includes any household members who have been evicted from Federally-assisted housing for drug-related criminal activity. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, management will review on a case-by-case basis. Individuals whose applications are denied because of eviction may appeal the denial.
- c. Management may accept a rental history of no more than two (2) late payments of rent in a six (6) month period, with verification of all charges paid and no more than two (2) NSF checks in a one (1) year period. Anything beyond this specification can be grounds for denial.
- d. Any evidence of illegal activity including drugs, gangs, weaponry, etc. will be grounds for denial.
- e. Grossly unsanitary or hazardous housekeeping habits can be grounds for denial.
- f. Any debt balance owing to a prior management company or housing complex will need to be paid prior to move-in.
- g. Lack of rental history is not grounds for denial.

2. Credit Approval:

- a. A credit report shall be obtained for each applicant for admission.
- b. For applicants with a credit history, notwithstanding an applicant's credit score:
 - i. If the credit report shows that the applicant was delinquent in payment of rent during a prior occupancy, the applicant may be requested to explain the delinquency and to provide documentation as to payment. Failure to provide a satisfactory explanation or evidence of payment may be grounds for denial;
 - ii. If the credit report shows that the applicant was delinquent in payment of utility bills, the applicant may be requested to explain the delinquency and to provide documentation as to payment. Failure to provide a satisfactory explanation or evidence of payment may be grounds for denial;
 - iii. Any other item(s) that appear on the credit report, which reflects negatively on the applicant, will be reviewed and a decision will be made based on the date, source and nature of the action.
- c. Lack of credit history is not grounds for denial.

3. Criminal Background Check:

- a. Any conviction for illegal drug use, manufacture or distribution of a controlled illegal substance which would pose a direct threat to the health, safety and well-being of the property, staff and/or residents is grounds for denial.
- b. Any conviction for any crime of violence, fraud, theft or other crime which establishes that the applicant's tendency might constitute a direct threat to the health or safety of other individuals or result in the substantial physical damage to the property of others is grounds for denial.
- c. Any conviction for any activity concerning sexual abuse or assault is grounds for denial. This includes but is not limited to, any member of the household who is subject to a registration requirement under a nationwide sex offender registration program (Please refer to Screening for Sex Offender Registration).
- d. Any household member who is currently engaging in illegal drug use is grounds for denial. This can include a pattern of illegal drug use that may interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants.
- e. Any household member who has a pattern of alcohol abuse that may interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants is grounds for denial.

4. Screening for Sex Offender Registration:

- a. Management must perform criminal background checks during the application stage to determine if an applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under any State sex offender registration program. Criminal background checks must be performed in the state in which the housing is located and for states where the applicant and member of the applicant's household may have resided in the last three (3) years. Failure to accurately respond to any question during the application process is cause to deny the family admission.
- b. If the processes described above reveal an applicant's household includes an individual subject to State lifetime sex offender registration, Management must offer the family the opportunity to remove the ineligible family member from the household. If the family is unwilling to remove that individual from the household, Management must deny admission to the family.
- c. If Management discovers that a household member was erroneously admitted (the household member was subject to a lifetime registration requirement at admission), Management must immediately pursue eviction or termination of assistance for the household member.

NOTE: All applicants in a household will be processed as one approval or denial for an apartment. If any one of the applicants has negative rental history, negative credit history or negative criminal history all applicants will be denied.

Confidentiality

Ownership will keep copies of all application materials in the Applicant' file. All information obtained by Ownership will be confidential, except that;

- a. Information may be released to an Applicant or to his or her designated representative if he/she has filed a formal grievance with Management. In such cases, only information pertinent to the grievance will be released;
- b. Information will be released to third parties only under court order or subpoena or at the request of an authorized governmental agency. Upon written request from the Applicant, anything supplied to Owner or its Agent directly by the Applicant can be released (this does not include references). Information obtained regarding illegal activity on the part of the resident, their household member and/or guests, will be reported to the relevant authorities.
- c. Ownership may determine that the information is necessary to defend claim against The Residences at Abenaki Springs.
- d. Owner or its Agent may disseminate demographic information from residents' files on a periodic basis to the Owners' or it's partners, or federal agencies such as IRS, HUD, or NHHFA. This information is limited to town of residency prior to moving in to The Residences at Abenaki Springs, age, race, gender, gross income level, source of rent subsidy (if applicable), family composition (i.e. female headed household), employer name, as well as grade level of minors residing in the household.

The information will only be released in the aggregate and on a property-specific basis provided that the confidentiality of individual family information can be protected. Ownership will not prohibit other authorized agencies, such as agencies administering the Section 8 program, from requesting such updates.



Celebrating Over 50 years of Integrity, Quality & Service

Abenaki Springs Phase I & II LP

C/O Hodges Development Corp
201 Loudon Road, Concord, NH 03301
Phone: 1-800-742-4686
Fax: (603) 224-6785

Dear Housing Applicant:

Thank you for your interest in Hodges Development Corporation, Agent for Abenaki Springs Phase I LP. We look forward to you applying with us! **Please fill out the application COMPLETELY and return it to our main office. Applications not filled out completely will be rejected. Please do not use white out or multiple inks when completing the application.**

We screen all applicants very carefully, and we thoroughly verify all information provided to us on the rental application as well as other sources available to us. **We will require a credit report, a criminal check, sex offender check and will verify income and assets of all members of the household.** We will also check previous and current rental history. The same screening and verification process is used for every applicant - fair, consistent and uniform.

Please return the application along with the following (if applicable):

- ☐ **Copies of all household members Social Security cards**
- ☐ **Signed copy of the Acknowledgement of Receipt (attached to the application)**

All applicant households must qualify under The Residences at Abenaki Springs income limit;

Thank you for requesting an application with Hodges Development Corporation. We sincerely hope that we can be of service to you.

Sincerely,

Hodges Development Corporation



For Office Use Only

Date Received: _____

Time Received: _____

Applicant Questionnaire Abenaki Springs I & II

List all household members (including yourself) that are applying to live in this apartment with you.

Name <small>First, Middle Initial, Last</small>	Relationship to Head of Household <small>(Wife, Child, Husband, etc)</small>	Marital Status <small>1.Married 2.Single 3.Divorced 4.Separated</small>	Children Residence Status <small>(Full/Part)</small>	Full/Part Time Student <small>Yes/No</small>	Race <small>1.Caucasian 2.Afr.Amer 3.Hispanic 4. Asian 5.Other</small>	Sex M/F	Social Security Number <small>XXX-XX-XXXX</small>	Date Of Birth <small>MM/DD/YYYY</small>
1.	HOH							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

Current Address: _____

Phone: _____

Email: _____

YES

NO

Please answer **ALL** questions either Yes or No.

☐
☐

1.

Do you expect any additions to the household within the next twelve months?

Name & Relationship: _____

Explanation: _____

☐
☐

2.

Is there anyone living with you now who won't be living with you at this property?

Name & Relationship: _____

Explanation: _____

☐
☐

3.

Do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child(ren) will be living in unit.)*

Explanation: _____

☐
☐

4.

Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*

Explanation: _____

☐
☐

5.

Does your household have or anticipate having any pets?

Type: _____



07/23/18

Rental History

YES

NO

Please answer **ALL** questions either Yes or No.

☐
☐

6. Have you or anyone else named on this application filed for bankruptcy?

Explanation: _____

☐
☐

7. Have you or anyone else named on this application been convicted of a misdemeanor or felony?

Explanation: _____

☐
☐

8. Have you or anyone else named on this application been convicted for possession, dealing or manufacturing illegal drugs? Or a hate crime?

Explanation: _____

☐
☐

9. Are you or anyone else named on this application subject to registration under a State sex offender registration program?

Explanation: _____

☐
☐

10. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References

List the past THREE years of housing references starting with current housing. (If additional space is required, use the back of this page.)

<u>Landlord's Name /Address</u>	<u>Your Name/Address</u>	<u>Information</u>	<u>Dates</u>
Name: _____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	Rent <input type="radio"/>	To: _____
Phone: _____	_____	Monthly Rent/Mortgage:\$ _____	
		# of BRs: _____ Utilities Incl: _____	
Name: _____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	Rent <input type="radio"/>	To: _____
Phone: _____	_____	Monthly Rent/Mortgage:\$ _____	
		# of BRs: _____ Utilities Incl: _____	
Name: _____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	Rent <input type="radio"/>	To: _____
Phone: _____	_____	Monthly Rent/Mortgage:\$ _____	
		# of BRs: _____ Utilities Incl: _____	

Student Status

Are you or any other household members (INCLUDING MINORS) currently a full or part-time student, been a full or part-time student this or last year, or expect to be one in the next 12 months? ☐ YES ☐ NO

Please list ALL full and part-time students

Names: _____



Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

Tag/License Plate #

State Issued

Make/Model/Year

Vehicle #1: _____

Vehicle #2: _____

Emergency Contact

List someone in the area that is not already on the application. You hereby give permission for The Hodges Companies to contact them, in case of emergency or if you're unable to be reached.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Please answer **ALL** questions either Yes or No.

Include all GROSS income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES

NO

☐
☐

11. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company/Phone #

Gross Amount Per Month

☐
☐

12. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Gross Amount Per Month

☐
☐

13. Social Security, SSI, SSDI, or any other payments from the Social Security Administration?

Household Member

SSA Office

Gross Amount Per Month

☐
☐

14. Unemployment benefits or workman's compensation?

Household Member

Case Worker

Gross Amount Per Month



YES☐**NO**☐**15. Welfare, Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?****Household Member****Case Worker****Gross Amount Per Month**

☐☐**16. (a) Child support or Alimony?***(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)***Household Member****Payer****Gross Amount Per Month**

(b) How is the support received? (Check all that apply)☐ **Child Support Enforcement Agency**Name of Agency:

☐ **Court of Law**Name of Court:

☐ **Directly from Individual**Name of Person:

☐ **Other**Explain:

N/A

☐☐**(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?**Explanation:

☐☐**17. Regular pay as a member of the Armed Forces/Military or payment from Veteran's Benefit?****Household Member****Base Name & Branch****Gross Amount Per Month**

☐☐**18. Regular payments from a Pension, Retirement Benefit or Annuities?****Household Member****Source of Benefit****Gross Amount Per Month**

☐☐**19. Regular payments from a severance package?****Household Member****Source of Benefit****Gross Amount Per Month**

☐☐**20. Regular payments from any type of settlement? (For example, insurance settlements.)****Household Member****Source of Benefit****Gross Amount Per Month**

☐☐**21. Regular gifts or payments from anyone outside of the household?***(This includes anyone supplementing your income or paying any of your bills directly.)***Household Member****Source of Benefit****Gross Amount Per Month**

YES☐**NO**☐

22. Regular payments from lottery winnings or inheritances?

Household MemberSource of BenefitGross Amount Per Month

☐☐

23. Regular payments from rental property or other types of real estate transactions?

Household MemberSource of BenefitGross Amount Per Month

☐☐

24. Any other income sources or types not listed?

Household MemberSource of BenefitGross Amount Per Month

☐☐

25. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Please answer **ALL** questions either Yes or No.

Do YOU or ANYONE in your household hold:**YES**☐**NO**☐

26. Checking account?

Household MemberFinancial InstituteAmount

☐☐

27. Savings or Direct Express account?

Household MemberFinancial InstituteAmount

☐☐

28. Stocks, bonds, mutual funds or securities?

Household MemberCompany or BrokerAmount

☐☐

29. CDs, money market accounts, trust funds/accounts, or treasury bills?

Household MemberFinancial InstituteAmount



YES☐**NO**☐

30. Pensions, IRAs, Keogh, annuities or other retirement accounts?

Household Member**Financial Institute****Amount**

☐☐

31. Whole or Universal life insurance policy?

Household Member**Insurance Carrier****Amount**

☐☐

32. Real estate, rental property, land contracts/contract for deeds, other holdings or capital gains?

*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)***Household Member****Address of Property****Value**

☐☐

33. Personal property held as an investment?

*(This includes paintings, coin or stamp collections, artwork, collector or show cars, items in safe deposit box and antiques. This does not include your personal belongings such as your car, furniture or clothing.)***Household Member****Item****Amount**

☐☐

34. Cash on hand?

*(Money in the form of cash kept on your person or easily accessible, NOT in a bank account.)***Household Member****Amount**

☐☐

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program. Please answer **ALL** questions either Yes or No.**YES**☐**NO**☐

36. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

☐☐

37. Will your household be receiving Section 8 Rental Assistance (HCV) at the time of move-in?

Name of Agency/Contact Person: _____

Household Members Currently on Voucher: _____



Authorization to Release Information

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Applicant #1 Social Security Number

Signature

Date

Applicant #2 Social Security Number

Signature

Date

Applicant #3 Social Security Number

Signature

Date

Applicant #4 Social Security Number





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APPLICANT/TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it's service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Criminal Checks	Veterans Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical Providers
Banks/Financial Institutions	Current and Previous Landlords	Child Care Providers
Public Housing Agencies	State and Federal Agencies	Credit Agencies

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for 15 months from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

(✓)

Tenant Signature

(✓)

(Print Name)

(✓)

Date

(✓)

Co-Tenant Signature

(✓)

(Print Name)

(✓)

Date



201 Loudon Road • Concord, New Hampshire 03301-6000 • (603) 224-9221
Fax (603) 228-1387 • TDD (800) 545-1833 X118 • Equal Opportunity Provider and Employer



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Applicant Certification

I/We, _____, acknowledges Receipt of a copy of the following:

- HUD 5380 VAWA Notice of Occupancy Rights Under the VAWA Act
- HUD-5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation

✓ _____

Signature

✓ _____

Date

✓ _____

Signature

✓ _____

Date



Hodges Development Corporation¹

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 **Section 8 Rental Assistance** is 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 **HUD Section 8**, 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 **HUD Section 8**, 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 **HUD Section 8** 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

HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION chooses to remove the abuser or perpetrator, HODGES DEVELOPMENT CORPORATION 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, HODGES DEVELOPMENT CORPORATION 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, HODGES DEVELOPMENT CORPORATION must follow Federal, State, and local eviction procedures. In order to divide a lease, HODGES DEVELOPMENT CORPORATION 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, HODGES DEVELOPMENT CORPORATION 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, HODGES DEVELOPMENT CORPORATION 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.

HODGES DEVELOPMENT CORPORATION 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.

HODGES DEVELOPMENT CORPORATION's emergency transfer plan provides further information on emergency transfers, and HODGES DEVELOPMENT CORPORATION 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

HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION must be in writing, and HODGES DEVELOPMENT CORPORATION 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. HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION as documentation. It is your choice which of the following to submit if HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HODGES DEVELOPMENT CORPORATION does not have to provide you with the protections contained in this notice.

If HODGES DEVELOPMENT CORPORATION 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), HODGES DEVELOPMENT CORPORATION 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, HODGES DEVELOPMENT CORPORATION does not have to provide you with the protections contained in this notice.

Confidentiality

HODGES DEVELOPMENT CORPORATION 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.

HODGES DEVELOPMENT CORPORATION must not allow any individual administering assistance or other services on behalf of HODGES DEVELOPMENT CORPORATION (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.

HODGES DEVELOPMENT CORPORATION must not enter your information into any shared database or disclose your information to any other entity or individual. HODGES DEVELOPMENT CORPORATION, however, may disclose the information provided if:

- You give written permission to HODGES DEVELOPMENT CORPORATION to release the information on a time limited basis.
- HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION or your landlord to release the information.

VAWA does not limit HODGES DEVELOPMENT CORPORATION'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, HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION 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 HODGES DEVELOPMENT CORPORATION can demonstrate the above, HODGES DEVELOPMENT CORPORATION 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 **HUD, Norris Cotton Federal Building, 275 Chestnut Street, 4th Floor, Manchester, NH 03101-2487.**

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2014/10/20/2014-24284/violence-against-women-act>

Additionally, HODGES DEVELOPMENT CORPORATION must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **HUD, Norris Cotton Federal Building, 275 Chestnut Street, 4th Floor, Manchester, NH 03101-2487.**

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 Crisis Center of Central NH, PO Box 1344, Concord, NH 03302-1344, 1-866-841-6229 (Crisis Line), 603-225-7376 (Office).

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 Bridges: Domestic & Sexual Violence Support, PO Box 217, Nashua, NH 03061-0217, 603-883-3044 (Crisis Line), 603-672-9833 (Milford office), 603-889-0858 (Nashua Office).

Victims of stalking seeking help may contact Voices Against Violence, PO Box 53 Plymouth, NH 03264, 603-536-1659 (Crisis Line), 603-536-5999 (Office).

Attachment: Certification form HUD-5382

Attachment to VAWA

The following is a list of some of the organizations that offer assistance to victims of domestic violence, dating violence, sexual assault, and/or stalking:

- 1) Voices Against Violence
 PO Box 53
 Plymouth, NH 03264
 603-536-1659 (Crisis Line)
 603-536-5999 (Office)
- 2) New Beginnings Without Violence and Abuse
 PO Box 622
 Laconia, NH 03247
 1-866-644-3574 (Domestic Violence)
 1-800-277-5570 (Sexual Assault)
 603-528-6511 (Office)
- 3) Crisis Center of Central NH
 PO Box 1344
 Concord, NH 03302-1344
 1-866-841-6229 (Crisis Line)
 603-225-7376 (Office)
- 4) YWCA Crisis Service
 72 Concord Street
 Manchester, NH 03101
 603-668-2299 (Crisis Line)
 603-625-5785 (Manchester Office)
- 5) Bridges: Domestic & Sexual Violence Support
 PO Box 217
 Nashua, NH 03061-0217
 603-883-3044 (Crisis Line)
 603-672-9833 (Milford office)
 603-889-0858 (Nashua Office)

**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) _____

Form HUD-5382
12/2016)

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.