

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.





## Lakes Region Community Developers

C/O The Hodges Companies  
201 Loudon Road, Concord, NH 03301  
Tel: 1-800-742-4686 Fax: 603-228-1387

### **PRINT & RETAIN FOR YOUR RECORDS**

Dear Applicant,

Thank you for your interest in Lakes Region Community Developers permanently affordable housing professionally managed by The Hodges Companies. **Your completed application; along with copies of Social Security cards for each household member, should be sent directly to our property management company, The Hodges Companies, 201 Loudon Road, Concord, NH 03301. Faxed Applications are not accepted. An original signature must be received.**

Once received, your application will be quickly verified for eligibility. If it is determined you are eligible, you will be placed on the Lakes Region Community Developers waiting list maintained by Hodges. Hodges will advise you if it is determined you are not eligible.

When there is an opening and your name is at the top of the list, Hodges will contact you to verify you are still interested in housing with Lakes Region Community Developers. Once you have indicated your continued interest, Hodges will begin the process of verifying your income and checking prior landlord references. This process can take approximately two weeks or less; with your cooperation. Hodges will contact you if additional information is needed. As soon as your application is processed, Hodges will contact you directly. Meanwhile, please keep Hodges updated if things change for you, such as phone numbers or addresses.

Lakes Region Community Developers has strict income guidelines imposed by its lenders. These guidelines must be followed in the qualification process. This means that although you may qualify for some of Lakes Region Community Developers properties, you may not qualify for other properties with different guidelines.

Although we understand your need for a prompt response, we do ask for your patience during this process. Thank you.

**Proudly & Professionally Managed by**



201 Loudon Road, Concord, NH 03301  
(603) 224-9221  
Toll Free 1-800-742-4686  
TDD 1-800-545-1833 X118  
[housing@hodgescompanies.com](mailto:housing@hodgescompanies.com)

**Revised 01/18**



*For Office Use Only*  
 Date Sent \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Time Rec'd \_\_\_\_\_

## Applicant Questionnaire

### Applying for Property (s) \_\_\_\_\_

#### Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>
	Self			

**Current Address:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**(1) Daytime Phone:** (1) \_\_\_\_\_ **(3) Email:** (3) \_\_\_\_\_

**(2) Evening Phone:** (2) \_\_\_\_\_ **(4) How did you hear about us?:** (4) \_\_\_\_\_

- | <u>YES</u>            | <u>NO</u>             |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <b>1. Do you expect any additions to the household within the next twelve months?</b><br>Name & Relationship: _____<br>Explanation: _____                                       |
| <input type="radio"/> | <input type="radio"/> | <b>2. Is there anyone living with you now who won't be living with you at this property?</b><br>Name & Relationship: _____<br>Explanation: _____                                |
| <input type="radio"/> | <input type="radio"/> | <b>3. Do you have full custody of your child(ren)?</b><br>Explanation: _____  |
| <input type="radio"/> | <input type="radio"/> | <b>4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)</b><br>Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | <b>5. Does your household have or anticipate having any pets other than those used as service animals?</b>  |

## Rental History

YES

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 dealing or manufacturing illegal drugs?

Explanation: \_\_\_\_\_

9. Have you or anyone else named on this application been convicted of property damage?

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 your past THREE housing references. *(If additional space is required, a blank piece of paper.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
			Amount	\$ _____
Phone:	(    ) _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
			Amount	
Phone:	(    ) _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
			Amount	
Phone:	(    ) _____	_____		

## Personal Reference

List a personal reference other than a relative.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Vehicle Identification

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

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

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.

**Include all income anticipated for the next 12 months.**

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

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	11.	<b>Employment wages or salaries?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	
			<u>Household Member</u>	<u>Name of Company</u>
			<u>Amount</u>	
			_____	_____
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	12.	<b>Self-employment or Net Income from a Business?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	
			<u>Household Member</u>	<u>Type of Business</u>
			<u>Amount</u>	
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	13.	<b>Regular pay as a member of the Armed Forces/Military Pay?</b>	
			<u>Household Member</u>	<u>Base Name &amp; Branch</u>
			<u>Amount</u>	
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	14.	<b>Unemployment benefits, disability pay or workman's compensation?</b>	
			<u>Household Member</u>	<u>Contact Person</u>
			<u>Amount</u>	
			_____	_____
			_____	_____

o o 15. **Public Assistance, General Relief or Temporary Aid for Needy Families** (*TANF, OAA, APTD*)?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 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 payor.)*

<u>Household Member</u>	<u>Pavor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) **How is the support received?** (*Check all that apply*)

<input type="checkbox"/> <b>Child Support Enforcement Agency</b>	<i>Name of Agency:</i>	_____
<input type="checkbox"/> <b>Court of Law</b>	<i>Name of Court:</i>	_____
<input type="checkbox"/> <b>Directly from Individual</b>	<i>Name of Person:</i>	_____
<input type="checkbox"/> <b>Other</b>	<i>Explain:</i>	_____

o o (c) **If money is not actually received, are you taking legal action to remedy?**  
 Explanation: \_\_\_\_\_

o o 17. **Social Security, SSI, SSD or any other payments from the Social Security Administration?**

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 18. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 19. **Regular payments from a severance package or Long Term Care Insurance Policies?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 20. **Regular payments from any type of settlement?** (*For example, insurance settlements.*)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 21. **Regular gifts or payments from anyone outside of the household?**  
*(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

22. Educational grants, scholarships, or other student benefits?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
23. Regular payments from lottery winnings or inheritances?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
24. Regular payments from rental property or other types of real estate transactions?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
25. Resident Services Stipend (\$200 or more a month) or any other income sources or types not listed?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
26. 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.

Do YOU or ANYONE in your household have:

YES

NO

27. Checking, savings, debit card account?
- | <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> |
|-------------------------|------------------|---------------|
| _____                   | _____            | _____         |
| _____                   | _____            | _____         |
28. CDs, money market accounts, savings bonds or treasury bills?
- | <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> |
|-------------------------|------------------|---------------|
| _____                   | _____            | _____         |
| _____                   | _____            | _____         |
29. Stocks, bonds or securities, or capital gains?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

- o o 30. Trust funds or whole/universal life?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- o o 31. Pensions, IRAs, Keoghs, Annuities or other retirement accounts?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- o o 32. Cash on hand over \$500? Lump sum or One-Time Cash Receipts?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- o o 33. Real estate, rental property, land contracts/contract for deeds, capital gains or other real estate holdings?  
*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- o o 34. Personal property held as an investment?  
*(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- o o 35. A safe deposit box? Any other assets not listed above?
- | <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> |
|-------------------------|------------------|---------------|
| _____                   | _____            | _____         |
| _____                   | _____            | _____         |
- o o 36. 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.

YES      NO

- o o 37. Are you or any other ADULT household member(s) claiming zero income?
- Household Member: \_\_\_\_\_
- Explanation: \_\_\_\_\_



- 38. Are any household members (INCLUDING MINORS) currently a part or full-time student(s) or expect to be in the next 12 months?**

Household Member(s): \_\_\_\_\_  
\_\_\_\_\_

- 39. Do you or any ADULT household member now require a live-in care attendant in order to live independently?**

Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

- 40. Will your household be receiving Section 8 or any other rental assistance at time of move-in (Examples: NHHFA, Laconia Housing, Ozanam Place)?**

Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

- 41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?**

Expected Date: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

## Signature Clause

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, 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.

**Penalties for misusing this consent:** 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA 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 42 U.S.C. 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

### **Authorization-This release may be used for 15 months from the date of signature.**

I/we do hereby authorize Hodges Companies and its staff to contact any agencies, offices, employers, financial institutions, pension/retirement accounts, etc, credit bureaus, landlords, criminal records, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

### **All ADULT household members over the age of 18 must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Have you or any member listed on the application served in the military?  Yes  No

Are you or any member listed on the application a Veteran?  Yes  No

If yes, list the names \_\_\_\_\_

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

**Ethnicity:** ( ) Hispanic or Latino ( ) Not Hispanic or Latino

**Race: (mark one or more)** ( ) American Indian or Alaskan Native ( ) Black or African American ( ) Asian

( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Other

**Gender:** ( ) Male ( ) Female



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**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***

(**Π**) \_\_\_\_\_  
Tenant Signature

(**Π**) \_\_\_\_\_  
(Print Name)

(**Π**) \_\_\_\_\_  
Date

(**Π**) \_\_\_\_\_  
Co-Tenant Signature

(**Π**) \_\_\_\_\_  
(Print Name)

(**Π**) \_\_\_\_\_  
Date

## Disclaimer

I hereby make application for an apartment and certify that this information is correct. I authorize Lakes Region Community Developers (LRCD) property management company, The Hodges Companies (Hodges), to contact any references that I have listed. By signing this application, the applicants understand that this information may be shared with members of the Lakes Region Rental Association.

I also authorize Hodges to obtain consumer reports, and any other information necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension, or collection in connection with the rental or lease of a residence for which this application was made.

I hereby expressly release LRCD, Hodges, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation, various law enforcement agencies.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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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 Corporation**<sup>1</sup>

**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 **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**

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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 **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, 4<sup>th</sup> 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, 4<sup>th</sup> 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 U.S. Department of Housing  
DOMESTIC VIOLENCE, and Urban Development  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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.