



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.



**Laconia Area Community Land Trust (LACLT)**  
**dba Lakes Region Community Developers (LRCD)**  
**Resident Selection Plan**  
**Adopted March 1, 2007**

Rev 7/22/13, 3/25/14, 6/30/15, 11/4/15, 9/27/17, 5/10/18, 6/4/18, 1/7/19, 2/12/19, 9/21/22, 10/1/22

Applicant's applying for housing must meet the criteria of this plan. This applies to all applicants with the exception of those persons selected for and who have successfully completed LACLT's Transitional Housing Program.

We have a Crime-Free/Drug-Free Policy and Smoke-Vape-Free for all of our properties (2/12/19).

**Compliance:**

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.

**Nondiscrimination:**

LACLT and its Agents do not discriminate on the basis of age, race, color, national origin, sex, religion, age, disability, sexual orientation, and marital status or familial status.

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, sexual orientation, and marital or familiar status.

**Income Guidelines:**

Due to the differing requirements among the various funding sources and special programs utilized by LACLT, minimum and maximum income levels for applicants/residents may vary from one property to another. LACLT targets its housing to moderate income households (those earning less than 80% of area median income), low income households (those earning less than 60% of area median income), and very low income households (those earning less than 50% of median income).

Income guidelines will only be used to select incoming residents. LACLT or its Agents may make special exceptions to this rule if the effect of a small amount of displacement would be outweighed by significant positive community impact. Income guidelines will not be used to displace LACLT residents if their income rises over the limits after they move into LACLT housing.

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LACLT or its Agents will generally consider an Applicant able to afford a unit if the rent is at or below the affordability standard, which, at the time of this policy revision is not more than 40% of gross income; unless otherwise authorized by the Owner. In most instances, if an Applicant's income is not sufficient, LACLT or its Agent will accept a rental subsidy to help the Applicant afford the unit.

**Income Guidelines – USDA RD Properties:**

Depending on the location of the property, minimum and maximum income levels for applicants/residents may vary from one property to another. Income guidelines are published annually by USDA RD and are utilized in determining eligibility for applicants/residents during the initial application process as well as during the recertification process. LACLT targets its housing to very low-income households (those earning less than 50% of the median income) and low-income households (those earning less than 80% of the area median income).

**Occupancy Standards:**

LACLT requires a minimum of one person per bedroom in a unit for any property (for instance, a single individual is eligible only for a one-bedroom unit). In cases where other federal or state housing programs are involved, such as the low-income housing tax credits program or USDA RD program, Applicants must comply with those programs' regulations. LACLT may make exceptions to the minimum requirements in order to fill vacant units or for the overall benefit of the project.

The maximum number of people who may occupy a unit is two people per bedroom plus one (e.g., a two-bedroom unit could house up to five people).

**Confidentiality:**

LACLT will keep copies of all application materials in the Applicant's file. All information obtained by LACLT will be confidential, except that information will be released to third parties:

- A. Only under court order or subpoena or at the request of an authorized governmental agency;
- B. Upon written request from the Applicant. (Anything supplied to LACLT directly by the Applicant can be released (this does not include references);



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- C. If information is obtained regarding illegal activity on the part of the resident, their household member and/ or guests, which will be reported to the relevant authorities;
- D. If the LACLT Board determines that the information is necessary to defend a claim against LACLT.

LACLT may disseminate demographic information from residents' files on a periodic basis. This information is limited to town of residency prior to moving in to LACLT housing, 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. LACLT will not prohibit other authorized agencies from requesting such updates.

**General criteria for rejection/acceptance:**

Applications for housing will be accepted by the property manager on a continuing basis. Applicants will be first evaluated based on income eligibility. Income eligible applicants will be screened for previous landlord assessment, rent payment history, criminal record, credit worthiness and housekeeping habits. Lack of credit history will not disqualify an applicant.

**Income Verification:**

Applicants will be required to provide income and asset verification at the time of application.

**Rental History:**

- An Applicant's ability to comply with the terms of the Lease from past or current landlords will be considered in determining an Applicant's ability to reside in LACLT housing. An Applicant will provide at least 2 years (2/12/19) of rental and/or mortgage references, which indicate an ongoing ability to pay all rental expenses and ability to be respectful of persons and property.
- If an applicant has no landlord history, at least one of the following criteria must be met in order to determine eligibility:
  - A. The Applicant has successfully owned and maintained his/her own home within the last three years;

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- B. The landlord is no longer in business and is not able to be found (documentation will be required);
- C. The Applicant can demonstrate good payment history (receipts) as well as a letter of recommendation from the current landlord, not from a relative;
- D. A qualified Co-Signer is added to the lease. The Co-Signer must meet the Resident Creditworthiness Criteria as set forth in the document. If the Resident demonstrates a good payment history for the first twelve (12) months of their residency, the Co-Signer may be removed. Where a Co-Signer is approved, the Rental Payment must be made directly from the Primary Applicant themselves;
- E. A Rent Guarantee or subsidy is obtained from a third party agency f;
- F. The applicant's credit report reflects good payment history with open credit (car loan, cell phone, credit cards, etc.)

An Applicant will be rejected based on the following criteria, unless Owner/Agent waives this clause based on a waiver request submitted by the applicant as described below under "Waiver of Poor Rental History or Criminal Background.:

- A. A history of non-payment or late payment of rent;
- B. Repeated violations of Lease or Rental Agreement;
- C. A history of living or housekeeping habits that would pose a threat to the health and safety of the other residents;
- D. A history of disturbances or right to peaceful enjoyment;
- E. A history of violations or non-compliance that resulted in an eviction or termination from rental housing programs within the previous three years.
- F. Refusal of a landlord to provide a written landlord reference. Due diligence will be completed by the Rental Agent before a rejection is issued on this basis
- G. The household has a member who is known, at the time of application, to be using a controlled substance, including marijuana in any form for any reason including medical reasons.

**Criminal Background Check (Rev 09-20-2022):**

All persons listed on the application 18 years and older are required to undergo a criminal background check.

Any applicant who is registered as a sex offender in any state will be rejected.



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Applicants who have been convicted of the following types of offenses will be rejected, unless the Owner waives this clause based on a waiver request submitted by the applicant as described below under “Waiver of Poor Rental History or Criminal Background.

- A. Violent crime
- B. Destruction of property
- C. Weapons charge
- D. A criminal history that signifies a disregard for the law and the rights and safety of others.

An applicant who is currently known to be using any controlled substance as defined by the federal Controlled Substance Act will be rejected. “Controlled substances” includes marijuana in any form, for any reason; including medical marijuana.

**Waiver of Poor Rental History or Criminal Background:**

Any applicant requesting a waiver of the rejection clauses under “Rental History” and/or “Criminal Background” must submit the following:

- A. A written statement explaining the circumstances of the poor rental history or criminal conviction(s) in their record, what is different about their life today, what steps they took to rehabilitate themselves, and what ongoing steps they continue to take to ensure that the conditions that led to the poor rental history or criminal offense(s) no longer occur.
- B. The name and contact information for three references who are not relatives who can corroborate the circumstances and rehabilitation efforts described in the applicant’s written statement.
- C. In the case where substance use disorder was a factor, the applicant must also submit:
  - a. Written proof that they have been diagnosed with a substance use disorder by a Licensed Alcohol and Drug Counselor (LADC), a Master Licensed Alcohol and Drug Counselor (MLADC), or equivalent.
  - b. Written proof that they meet at least one of the following criteria:
    - i. They are a participant or graduate of a NH Drug Court or equivalent program in another state. If the applicant is a current participant, they must at least be in Step 2 of the Drug Court and must provide a

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signed release authorizing Owner/Agent to communicate with their treatment provider; or

- ii. They have completed, or received early termination of, probation or parole; or
- iii. They are currently receiving or have completed treatment from a LADC / MLADC / equivalent and provide a signed release authorizing their treatment provider to share information about their progress in recovery/treatment with Owner/Agent.

The waiver committee is composed of the Agent's property manager and Owner's resident services coordinator and asset manager. The committee will review the information submitted by the applicant and respond within ten business days of receipt via the Agent to let the applicant know when to expect a decision or if additional information is required. Owner/Agent may require the applicant to interview personally with the committee to clarify information submitted. If the applicant does not submit additional information requested by the committee within ten business days of the request, Owner/Agent may reject the application without further review. In cases where applicant submits additional information, Owner/Agent will respond within ten days of receipt.

**Creditworthiness Criteria:**

An Applicant's past and present performance in meeting financial obligations. The following will be considered as examples of unfavorable credit references and will serve as the basis for rejection of an application:

- A. Any outstanding account or public record with a utility company or another landlord or management company (excluding cell phones, cable companies and medical)

If any of the above mentioned *unfavorable credit references are the result of a financial hardship or medical catastrophe* (military duty, divorce, death of an immediate family member, etc.), the Agent shall, at his or her own discretion, waive any or all of the above referenced creditworthiness guidelines. In such cases, the Applicant will be required to provide documentation and/or a letter of explanation of such hardship or catastrophe.



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- B. In cases where the Applicant is denied housing based on a negative credit history, s/he is encouraged to re-apply once the credit history is improved to a standard that meets LACLT's Resident Selection Criteria.

### **Rejection of Application for LACLT Housing**

Applicants will have the right to appeal a denial for housing decision made by the Agent. Applicants who have been rejected for housing should submit a written request for an appeal meeting to go over the reason for denial. 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.

For applicants who have been rejected from a LACLT sponsored USDA RD 515 property, the applicant can appeal the decision in accordance with the USDA RD 515 Grievance Procedures.

### **Marketing:**

The availability of rental units and/or the solicitation of names for a waiting list for units will be marketed in accordance with the Affirmative Fair Marketing Housing Plan and may include advertising in local newspapers, word of mouth, or referrals obtained through inter-agency referrals utilizing the existing network of social service agencies in the area.

Laconia Area Community Land Trust, Inc. (LACLT) is dedicated to meeting the affordable housing needs of varied family sizes in accordance with its prescribed mission. Occupancy guidelines conform to local housing codes, which are based on the number of bedrooms contained within a particular unit.

It is the policy of LACLT to conform to all Federal, State and Local housing laws and regulations, including all Fair Housing laws.

### **Waiting Lists:**

LACLT will accept applications for housing in advance of vacancies. Incomplete applications will be listed as such on the waiting list but will not be processed until all requested information has been supplied.



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Applications will be processed when they reach the top three of the waiting list. A list of applications will be kept in chronological order by bedroom size by its Agents. When there is a vacancy, the property manager will contact Applicants and process completed applications for those who are interested in the unit; on a first come first serve basis. A unit will not be held for an applicant without a deposit and an Intent to Lease form signed.

The Agent is delegated the responsibility of maintaining waiting lists and screening applications and they will be informed of LACLT's expectations about this responsibility. In particular they will be informed of the importance to LACLT of treating Applicants with dignity and abiding by all fair housing law regulations.

**Completion of process:**

When an apartment is offered to a family or individual on the waiting list, that potential tenant must ensure all appropriate information is presented to LACLT or its Agent to complete the final certification. This must be accomplished within seven days of the date of such notification.

Should the applicant fail to:

- Submit a complete application form;
- Submit properly executed release forms (for tenant certification and investigation);
- Come in for a personal interview and/or submit any other forms or documentation required by LACLT to accurately evaluate a potential tenant; within the requested time then the application process for that applicant will be terminated without further notice.

Such a potential tenant would then be required to submit a new application form, thereby starting the process anew. That potential tenant will then be placed on a waiting list as if they were a new applicant.

**Preferences for Section 811 PRA Units**

The properties owned or managed by Hodges Development Corporation has a preference for Section 811 Project Rental Assistance (PRA) eligible residents. 811 PRA residents are referred to the property by the New Hampshire Division of Health and Human Services.

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LRCD has one-bedroom units with an occupancy preference for 811 PRA eligible residents

These applicants are selected from the HUD 811 waiting list. All marketing and outreach to identify applicants for the HUD 811 program will be done by DHHS.

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005 (5/09).**

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

The VAWA protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence 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 or stalking is not grounds for terminating the victim's tenancy. O/As 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 occupant, to remain in the unit.



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**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.

**Social Security Number Requirements for Section 811 PRA Residents**

Applicants must disclose and provide verification of the complete and accurate SSN assigned to each household member. Failure to disclose and provide documentation and verification of SSNs will result in an applicant not being admitted or a tenant household's tenancy being terminated.

2. Exceptions to disclosure of SSN:

a. Individuals who do not contend eligible immigration status.

(1) Mixed Families: For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN.

b. Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.



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(1) The exception status for these individuals is retained even if there is a break in his or her participation in a HUD assisted program.

**HUD's Enterprise Income Verification Existing Tenant Search**

HUD provides the Owner or management agent information about a Section 811 Project Rental Assistance applicant's current status as a recipient of rental assistance at another location. We use the Existing Tenant Search at the time we are processing your application to determine if any member of the applicant household is currently being assisted at another location. If the report identifies that the applicant or a member of the applicant's household is receiving assistance at another location, we will give the applicant the opportunity to explain any circumstances relative to being assisted at another location. This may be the case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child.

The Owner or management agent will follow up with the respective assistance provider to confirm the individual's assistance participation status before admission and coordinate the move out of that location with the move into our location.



## 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.**

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 sometimes 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. Please keep Hodges updated if there are changes, 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 the 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)



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





Celebrating Over 50 years of Integrity, Quality & Service

HODGES USE ONLY: DATE SENT:

DATE RECEIVED: TIME RECEIVED: INITIALS: ID #:

## APPLICATION FOR ASSISTED HOUSING (USDA, Rural Development)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Hodges Development to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Hodges Development is a management company that provides low rent housing to eligible households, elderly households and single people. Hodges Development is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, sexual orientation, age, marital status, disability handicap or familial status. In addition, Hodges Development has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Hodges Development can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).
- To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

| Name | Relationship | Gender | Soc Sec # | Birth Date | Place of Birth |
|------|--------------|--------|-----------|------------|----------------|
| 1    | Head         |        |           |            |                |
| 2    |              |        |           |            |                |
| 3    |              |        |           |            |                |
| 4    |              |        |           |            |                |
| 5    |              |        |           |            |                |
| 6    |              |        |           |            |                |

Mailing Address: City: State: Zip:

Physical Address: City: State: Zip:  
(if different than mailing address)

Telephone No. E-Mail Address

REV 07/14







Celebrating Over 50 years of Integrity, Quality & Service

Applying to Property(s): \_\_\_\_\_ Requested Unit Size: \_\_\_\_\_ Bedrooms

How did you hear about the apartment for which you are applying? \_\_\_\_\_

If you require a handicap-accessible unit, check here ☐

If you require any modifications to an apartment, check here and explain in a note to us ☐

**B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.**

| Family Member Name | Sources of Income  | Gross Amount |
|--------------------|--|--------------|
|                    | Social Security <b>Gross Monthly Amount</b>  | \$           |
|                    | Social Security <b>Gross Monthly Amount</b>  | \$           |
|                    | Pension <b>Gross Monthly Amount</b>  | \$           |
|                    | Source:  |              |
|                    | Address:   |              |
|                    | Pension <b>Gross Monthly Amount</b>  | \$           |
|                    | Source:  |              |
|                    | Address:   |              |
|                    | Regular Pay from Military or Armed Forces  | \$           |
|                    | Source Address:  |              |
|                    | VA Benefits (Claim # )   | \$           |
|                    | SSI/SSD/SSA Benefits <b>Gross Monthly Amount</b>   | \$           |
|                    | Unemployment Compensation <b>Gross Monthly Amount</b>  | \$           |
|                    | Disability/Worker's Comp Benefits <b>Gross Monthly Amount</b>  | \$           |
|                    | TANF, OAA, APTD <b>Gross Monthly Amount</b>  | \$           |
|                    | Wages <b>Gross Monthly Amount</b>  | \$           |
|                    | Employer:  | \$           |
|                    | Address:   |              |
|                    | Wages <b>Gross Monthly Amount</b>  | \$           |
|                    | Employer:  |              |
|                    | Address:   |              |
|                    | Alimony <b>Gross Monthly Amount</b>  | \$           |
|                    | Child Support <b>Gross Monthly Amount</b>  | \$           |
|                    | Other Income Gross Monthly Amount (for example, Business income, rental income, annuities, resident services stipend over \$200/mo, severance pay, etc.) | \$           |
|                    | Self-Employment Income   | \$           |
|                    | Education scholarships, grants   | \$           |





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C. **ASSETS:** Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of asset (e.g., money/land/house) \_\_\_\_\_

Market value when sold/disposed \$ \_\_\_\_\_ Amount sold/disposed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

Provide the following information for all members of the household (use another sheet of paper if necessary).

**Checking/Savings Accounts/Debit Card**

|             |             |
|-------------|-------------|
| Bank        | Bank        |
| Address     | Address     |
|             |             |
| Account No. | Account No. |
| Int. Rate   | Balance \$  |
| Int. Rate   | Balance \$  |

**Life Insurance (Whole or Universal Life)**

|               |               |
|---------------|---------------|
| Name          | Name          |
| Address       | Address       |
|               |               |
| Policy No.    | Policy No.    |
| Cash Value \$ | Cash Value \$ |

**Certificates of Deposit, Money Market**

|                              |               |         |                              |               |         |
|------------------------------|---------------|---------|------------------------------|---------------|---------|
| Bank                         | Bank          |         |                              |               |         |
| Address                      | Address       |         |                              |               |         |
|                              |               |         |                              |               |         |
| Acct.#                       | Int Rate      | Amt. \$ | Acct.#                       | Int Rate      | Amt. \$ |
| Penalty for Early Withdrawal | Maturity Date |         | Penalty for Early Withdrawal | Maturity Date |         |

**Stocks**

**IRA's, 401-K, Annuities**

|          |           |
|----------|-----------|
| Name     | Bank      |
| Address  | Address   |
|          |           |
| Value \$ | Div. Rate |
| Value \$ | Div. Rate |

**Savings Bonds, T-Bills**

**Trust Accounts**

|                  |             |            |
|------------------|-------------|------------|
| Bank             | Bank        |            |
| Address          | Address     |            |
|                  |             |            |
| Present Value \$ | Account No. |            |
| Maturity Date    | Int. Rate   | Balance \$ |

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C. **ASSETS** (continued)

**Real Estate**

Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type & location of property \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_ Mortgage or outstanding loan due \$ \_\_\_\_\_

Name & address of broker/realtor who would provide verification of market value:

| Broker/Realtor | Address | City | State | Zip |
|----------------|---------|------|-------|-----|
|----------------|---------|------|-------|-----|

D. **MEDICAL AND CHILD CARE EXPENSES (FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY)**

**Medical Costs** - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

**Medicare**

|                   |                   |
|-------------------|-------------------|
| Monthly Amount \$ | Monthly Amount \$ |
|-------------------|-------------------|

**Medical Insurance**

|                 |                 |
|-----------------|-----------------|
| Name            | Name            |
| Address         | Address         |
| Claim No.       | Claim No.       |
| Monthly Amt. \$ | Monthly Amt. \$ |

**Pharmacy**

|  |  |
|--|--|
| Name   | Name   |
| Address  | Address  |
| Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$ | Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$ |

**Physician**

|   |   |
|---|---|
| Are you seeing a physician <b>REGULARLY</b> ? Yes _____ No _____      |   |
| Name  | Name  |
| Address   | Address   |
| Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$ | Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$ |

**Outstanding Medical Bills for which You are Making Monthly Payments**

|  |  |
|--|--|
| Name   | Name   |
| Address  | Address  |
| Anticipated costs <b>not covered by insurance</b> - Balance Due \$ Monthly Amount \$ | Anticipated costs <b>not covered by insurance</b> - Balance Due \$ Monthly Amount \$ |

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**Child Care Expenses - Complete for children 12 and younger -** Weekly cost for Child Care \$\_\_\_\_\_

Name & Address of Person/Agency caring for children: \_\_\_\_\_

**E. PROGRAM INFORMATION**

Are you currently living in subsidized housing? Yes\_\_\_\_ No\_\_\_\_ Subsidy Type? HUD USDA SEC 8

**F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.**

Do you have a Section 8 Voucher or any other type of voucher? Yes\_\_\_\_ No\_\_\_\_

1. Have you been served a Notice to Quit or been asked to leave by a previous landlord Yes\_\_\_\_ No\_\_\_\_

2. Have you been served with lease violations from a previous landlord Yes\_\_\_\_ No\_\_\_\_

3. Have you been evicted Yes\_\_\_\_ No\_\_\_\_ Name of Landlord and date

4. Have you or any household member have been evicted from federally assisted housing for drug-related criminal activity? Yes\_\_\_\_ No\_\_\_\_ Name of Landlord and Date

5. Have you or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes\_\_\_\_ No\_\_\_\_

List all states in which all adult members have ever lived in during their lifetime?

6. Have you or a household member been convicted of a misdemeanor or felony? Yes\_\_\_\_ No\_\_\_\_

List the type, nature and date of criminal action. \_\_\_\_\_

7. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an education institution (other than correspondence school) with regular faculty and students? Yes\_\_\_\_ No\_\_\_\_

If **YES**, please answer the following questions:

a) Are any full-time students married and filing a joint tax return? Yes\_\_\_\_ No\_\_\_\_

b) Are any students enrolled in job-training program receiving instance under the Job Training partnership Act? Yes\_\_\_\_ No\_\_\_\_

c) Are any full-time students a TANF or Title IV recipient? Yes\_\_\_\_ No\_\_\_\_

d) Are any full-time students a single parent living with his/her minor child who is not a dependent or another's tax return? Yes\_\_\_\_ No\_\_\_\_

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**G. REFERENCE INFORMATION-Please list at least 3 years (If you don't have three years, you may provide a letter of recommendation from your current LL or request a Co-signer application from us.**

**Current Landlord** (Name, Address,& Phone No.)

How long have you lived there? \_\_\_\_\_ Is this landlord related to you? Yes\_\_\_ No\_\_\_  
Are you required to give a 30-day notice? Yes\_\_\_ No\_\_\_ What is the current amount of your rent? \_\_\_\_\_

**List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address & Phone No.)

|   |   |
|---|---|
| 1.  | 2.  |
|   |   |
|   |   |
| Address of Apt.                               | Address of Apt.                               |
| How long did you live there?                  | How long did you live there?                  |
| Is this landlord related to you? Yes___ No___ | Is this landlord related to you? Yes___ No___ |

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

|                        |                        |
|------------------------|------------------------|
| 1.                     | 2.                     |
|                        |                        |
|                        |                        |
| Phone No. Relationship | Phone No. Relationship |

**All information received by Hodges Development during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**

**Other Information**

Please provide us with the name, address, & phone number of an emergency contact and relationship to you:

Vehicles - List any vehicle owned

Type \_\_\_\_\_ Year/Make \_\_\_\_\_

Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

Do you own a pet? Yes\_\_\_ No\_\_\_ If yes, describe \_\_\_\_\_



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### **CERTIFICATION**

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Hodges Development's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

Head of Household ☒ \_\_\_\_\_ Date ☒ \_\_\_\_\_

Spouse/Co-Head ☒ \_\_\_\_\_ Date ☒ \_\_\_\_\_

For The Hodges Companies \_\_\_\_\_ Date \_\_\_\_\_

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/HUD, 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.

You are not required to furnish this information, but are encourage to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

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

**Race:** ( ) American Indian or Alaskan Native ( ) Black ( ) Hispanic

( ) Asian or 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  
Support and Alimony Providers  
Educational Institutions  
Banks/Financial Institutions  
Public Housing Agencies

Criminal Checks  
State Unemployment Agencies  
Social Security Administration  
Curent and Previous Landlords  
State and Federal Agencies

Veterans Administration  
Retirement Systems  
Medical Providers  
Child Care Providers  
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

(✓) \_\_\_\_\_  
Head of Household

(✓) \_\_\_\_\_  
(Print Name)

(✓) \_\_\_\_\_  
Date

(✓) \_\_\_\_\_  
Co-Head/Spouse

(✓) \_\_\_\_\_  
(Print Name)

(✓) \_\_\_\_\_  
Date

(✓) \_\_\_\_\_  
Other Adult

(✓) \_\_\_\_\_  
(Print Name)

(✓) \_\_\_\_\_  
Date

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### **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





## Rural Housing and Community Programs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Tenant Recertification**

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

You must **immediately** report:

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

For your annual recertification, you must report:

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



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

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

Prevent fraudulent schemes through these steps:

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

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

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

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

### ***Notice of Adverse Action***

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

### ***Grievance Process Overview***

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

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

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

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

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

PA 1998  
December 2008

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

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



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***RECEIPT OF "THINGS YOU SHOULD KNOW***

I/We \_\_\_\_\_, acknowledge

Receipt of a copy of the USDA published "Things You Should Know" Notice

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Property

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Signature





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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  
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.





2900 Monarch Lakes Blvd  
Suite 201  
Miramar, FL 33027  
Tel: 954.526.6110  
www.screeningreports.com

## RELEASE OF INFORMATION

### COMMUNITY YOU ARE APPLYING FOR: \_\_\_\_\_

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed and approved all information listed on my application and hereby affirm that it is true, correct and complete. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

### ARBITRATION AGREEMENT("AGREEMENT")

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute ("Notice") to SRI, 220 Gerry Dr., Wood Dale, IL 60191 ("Notice Address"). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association ("AAA"), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at [www.adr.org](http://www.adr.org) or by writing to the Notice Address.

### PRIVACY POLICY

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate, disclose and make use of personal information. The following outlines our privacy policy.

- Before or at the time of collecting personal information, we will identify the purposes for which information is being collected.
- We will collect and use personal information solely with the objective of fulfilling those purposes specified by us and for other compatible purposes, unless we obtain the consent of the individual concerned or as required by law.
- We will collect personal information by lawful and fair means and, where appropriate, with the knowledge or consent of the individual concerned.
- Personal data should be relevant to the purposes for which it is to be used, and, to the extent necessary for those purposes, should be accurate, complete, and up-to-date.
- We will protect personal information by reasonable security safeguards against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.
- We will make readily available to customers information about our policies and practices relating to the management of personal information.
- We are committed to conducting our business in accordance with these principles in order to ensure that the confidentiality of personal information is protected and maintained.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
XXX - XX -  
Social Security #

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
XXX - XX -  
Social Security #

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
XXX - XX -  
Social Security #

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Today's Date