



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, 3/24/25

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.

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).

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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);
- 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.

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- If an applicant has no landlord history or sufficient landlord history is unable to be secured, 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;
 - 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. 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.

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

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- 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 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.

**Laconia Area Community Land Trust (LACLТ)
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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.

- 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 LACLТ's Resident Selection Criteria.

Rejection of Application for LACLТ 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 LACLТ 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. (LACLТ) 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 LACLТ to conform to all Federal, State and Local housing laws and regulations, including all Fair Housing laws.

Waiting Lists:

LACLТ 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.

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.

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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.

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.



Lakes Region Community Developers

Housing Application

Proudly Managed by:
The Hodges Companies
201 Loudon Road, Concord, NH 03301
Tel: 1-800-742-4686 Fax: 603-228-1387

Dear Housing Applicant:

Thank you for your interest in housing proudly developed by Lakes Region Community Developers and managed by Hodges Development Corporation. Please return your completed application to our main office at 201 Loudon Road, Concord, New Hampshire 03301. Please note that we are unable to process incomplete applications, so it is best for you to take your time to fill out all sections and gather/attach the corresponding documentation before you send in your application.

We screen all applicants using the same process. We are required to verify all information provided to us on the rental application using documentation you provide as well as other sources available to us. We perform a credit screening, a criminal background check, and sex offender registration check on all household members over the age of 18. Please be sure to attach documentation verifying all income and assets you list in the application. We cannot process applications that do not provide verification of income and assets. We will also verify current and previous rental history.

Please return your completed application along with the following:

- Copies of all household members Social Security cards, or an alternative legal document with the full social security number on it.
- Signed copy of the Acknowledgement of Receipt of the Violence Against Women Act (VAWA) notices.
- Documentation of all income and assets listed on your application.

All applicant households must qualify under the Resident Selection Plan and applicable published income limit for the property.

Thank you for requesting an application

Sincerely,

Hodges Development Corporation

Revised February 2022

Adopted October 2022



Date Received (Office Use Only): _____ Time Received: _____ Initials _____

Housing Application

Do you need a handicap accessible unit? _____

of bedrooms: 1 _____ 2 _____ 3 _____ 4 _____

Put a next to the property(ies) below for which you are applying:

Laconia Scattered Sites _____ Harriman Hill I & II (Wolfeboro) _____

Please fill in details below for all household members who would live in the apartment, including yourself.

Name	Social Security Number	Date of Birth	Relationship to Head of Household (Ex: spouse, significant other, child, grandchild)	If this person is a dependent, do they live with you full-time? (Y/N)	Race (White, Black, Asian, American Indian / Alaska Native, Native Hawaiian / Pacific Islander)	Hispanic or Latino? (Y/N)	Gender
			HOH				

Current Address: _____

Mailing Address: _____

Phone Number: _____ Email: _____

How did you hear about us? _____



Please answer **ALL** questions:

1. Do you expect any additions to the household within the next twelve months? YES NO

Name & Relationship: _____

Explanation: _____

2. Is there anyone living with you now who won't be living with you at this property? YES NO

Name & Relationship: _____

Explanation: _____

3. Do you have full custody of the child(ren) who will live with you in the apartment? YES NO
(If no, please provide documentation of partial custody that specifies how often the child lives with you.)

Explanation: _____

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

Explanation: _____

5. Does your household have or anticipate having any pets? YES NO

If YES, is this a service animal or emotional support animal as determined by a medical provider? YES NO

Describe type of animal and size at maturity: _____



Credit and Criminal History

YES

NO

Please answer **ALL** questions either Yes or No and provide explanation

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

Member & Date: _____

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

Household Member, Offense & Date: _____

8. **Are you or anyone else named on this application subject to registration under a state sex offender registration program?**

Member: _____

9. **Have you or anyone else named on this application been evicted by a sheriff lock-out from a rental unit of any type including an apartment, home, mobile home or trailer?**

Member, Date & Landlord name & address: _____

Housing References - Do not list relatives

List the past TWO years of housing references starting with current housing. *(If additional space is required, use the back of this page.)*
If additional addresses appear on your credit, we reserve the right to verify your landlord history at the address listed. Relatives will not be considered landlords, unless you had a lease agreement and/or can demonstrate you paid rent on a regular basis.

	<u>Landlord's Name /Address</u>	<u>Your Name/Address</u>	<u>Information</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
			Monthly Rent/Mortgage: \$ _____	
Phone:	() _____	_____	# of BRs: ___ Utilities Incl: _____	
			Are you in good standing? _____	
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
			Monthly Rent/Mortgage: \$ _____	
Phone:	() _____	_____	# of BRs: ___ Utilities Incl: _____	
			Did you leave in good standing? _____	
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
			Monthly Rent/Mortgage: \$ _____	
Phone:	() _____	_____	# of BRs: ___ Utilities Incl: _____	
			Did you leave in good standing? _____	

Student Status

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

Please list **ALL full and part-time students**:

Names/Status: _____



Vehicle Identification

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

Tag/License Plate # State Issued Make/Model/Year

Vehicle #1: _____

Vehicle #2: _____

Emergency Contact

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

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Gross Income Information (before taxes or deductions)

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

Include all GROSS income (before taxes) anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

YES **NO**

- | | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> | |
| | | <u>Household Member</u> <u>Employer Name/Address/Phone #</u> <u>Gross Amount Per Week</u> | |
| | | _____ | _____ |
| | | _____ | _____ |
| | | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> | |
| | | <u>Household Member</u> <u>Type of Business</u> <u>Gross Amount Per Week</u> | |
| | | _____ | _____ |
| | | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Social Security, SSI, SSDI, or any other payments from the Social Security Administration? | |
| | | <u>Household Member</u> <u>SSA Office Address</u> <u>Gross Amount Per Month</u> | |
| | | _____ | _____ |
| | | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Unemployment benefits or workman's compensation? | |
| | | <u>Household Member</u> <u>Agency Address</u> <u>Gross Amount Per Week</u> | |
| | | _____ | _____ |
| | | _____ | _____ |



YES

NO

14. Welfare, Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member

Office/Address

Gross Amount Per Month

15. (a) Child support or Alimony?

Household Member

Payer/Address

Gross Amount Per Week

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

Child Support Enforcement Agency

Name of Agency: _____

Court of Law

Name of Court: _____

Directly from Individual

Name of Person: _____

Other

Explain: _____

N/A

16. Regular pay as a member of the Armed Forces/Military or payment from Veteran's Benefit?

Household Member

Base Name & Branch

Gross Amount Per Month

17. Regular payments from a Pension, Retirement Benefit or Annuities?

Household Member

Name/Address

Gross Amount Per Month

18. Regular payments from a severance package?

Household Member

Name/Address

Gross Amount Per Month

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

Household Member

Name/Address

Gross Amount Per Month

20. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills directly.)

Household Member

Name/Address

Gross Amount Per Month



YES

NO

21. Regular payments from lottery winnings or inheritances?

Household Member

Source of Benefit

Gross Amount Per Month

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

Household Member

Name/Address

Gross Amount Per Month

23. Any other income sources or types not listed?

Household Member

Name/Address

Gross Amount Per Month

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

Explanation: _____

Asset Information

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

Do YOU or ANYONE in your household have:

YES

NO

25. Checking or Debit account (Chime, Venmo, Direct Express, etc.)?

Household Member

Financial Institute/Address

Typical monthly balance

26. Savings account?

Household Member

Financial Institute/Address

Current Balance

27. Stocks, bonds, mutual funds or securities?

Household Member

Company or Broker

Current Balance

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

Household Member

Financial Institute/Address

Current Balance



YES

NO

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

Household Member

Financial Institute/Address

Current Balance

30. Whole or Universal life insurance policy?

Household Member

Insurance Carrier/Address

Cash Value

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

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member

Address of Property

Market Value

32. Personal property held as an investment?

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

Household Member

Item

Cash Value

33. Cash on hand?

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

Household Member

Amount

34. 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

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

Name of Attendant _____

Relationship (if any): _____

36. Will your household be receiving Section 8 Rental Assistance (Housing Choice Voucher) or any other rental assistance at the time of move-in? (e.g. Rapid Rehousing, Bridge Program, other subsidy)

Name of Agency/Contact Person: _____

Type /explanation of subsidy: _____

Household member(s) currently on voucher: _____



Release Info

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

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

All ADULT household members must sign below:

Signature

Date

Applicant #1 Social Security Number

Signature

Date

Applicant #2 Social Security Number

Signature

Date

Applicant #3 Social Security Number

Signature

Date

Applicant #4 Social Security Number

Have you or any member listed on this application served in the military? YES NO

Are you or any member listed on this application a Veteran? YES NO

Do you require this information in another language? YES NO

If yes, what language _____

Is there a person who you authorize us to speak with regarding your application or your application decision? If yes, please fill in their information here:

Name _____

Agency _____

Contact phone or email _____





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GENERAL 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/Sex Offender Checks | Veteran 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.

SIGNATURE(S)

✓ _____ Applicant Signature	✓ _____ (Print Name)	✓ _____ Date
✓ _____ Applicant Signature	✓ _____ (Print Name)	✓ _____ Date
✓ _____ Applicant Signature	✓ _____ (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





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Acknowledgement of Receipt of VAWA

I hereby acknowledge receipt of the following documents:

1. VAWA Appendix A: Notice of Occupancy Rights Under the Violence Against Women Act, form HUD-5380
2. VAWA Appendix C: Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, form HUD-5382

✓ _____ Applicant Signature	✓ _____ (Print Name)	✓ _____ Date
✓ _____ Applicant Signature	✓ _____ (Print Name)	✓ _____ Date



Hodges Development Corporation¹

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8 Rental Assistance** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **HUD Section 8**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

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

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

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

If you are receiving assistance under **HUD Section 8**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **HUD Section 8** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

If HODGES DEVELOPMENT CORPORATION chooses to remove the abuser or perpetrator, HODGES DEVELOPMENT CORPORATION may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HODGES DEVELOPMENT CORPORATION must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility

under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

Moving to Another Unit

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

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

HODGES DEVELOPMENT CORPORATION can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating

violence, sexual assault, or stalking. Such request from HODGES DEVELOPMENT CORPORATION must be in writing, and HODGES DEVELOPMENT CORPORATION must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HODGES DEVELOPMENT CORPORATION may, but does not have to, extend the deadline for the submission of documentation upon your request.

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

- A complete HUD-approved certification form given to you by HODGES DEVELOPMENT CORPORATION with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in

addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that HODGES DEVELOPMENT CORPORATION has agreed to accept.

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

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

Confidentiality

HODGES DEVELOPMENT CORPORATION must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

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

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

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

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

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HODGES DEVELOPMENT CORPORATION cannot hold tenants who

have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

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

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

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

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **HUD, Norris Cotton Federal Building, 275 Chestnut Street, 4th Floor, Manchester, NH 03101-2487.**

For Additional Information

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

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

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

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

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Crisis Center of Central NH, PO Box 1344, Concord, NH 03302-1344, 1-866-841-6229 (Crisis Line), 603-225-7376 (Office).

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

For help regarding sexual assault, you may contact Bridges: Domestic & Sexual Violence Support, PO Box 217, Nashua, NH 03061-0217, 603-883-3044 (Crisis Line), 603-672-9833 (Milford office), 603-889-0858 (Nashua Office).

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

Attachment: Certification form HUD-5382

Attachment to VAWA

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

- 1) Voices Against Violence
 PO Box 53
 Plymouth, NH 03264
 603-536-1659 (Crisis Line)
 603-536-5999 (Office)

- 2) New Beginnings Without Violence and Abuse
 PO Box 622
 Laconia, NH 03247
 1-866-644-3574 (Domestic Violence)
 1-800-277-5570 (Sexual Assault)
 603-528-6511 (Office)

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

- 4) YWCA Crisis Service
 72 Concord Street
 Manchester, NH 03101
 603-668-2299 (Crisis Line)
 603-625-5785 (Manchester Office)

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

**CERTIFICATION OF 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.



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 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