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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.





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**Concord Village Apartments
Adopted November 1, 2015**

Thank you for your interest in an apartment managed by The Hodges Companies.

Enclosed you will find your application package. Please complete all documents entirely. Return all "OFFICE COPY" documents **along with copies of the social security cards for each person who will reside in the apartment. Your application will be returned if they are not included.**

LIST OF DOCUMENTS INCLUDED IN THIS PACKAGE:

1. **Application for Assisted Housing.** Please complete in full. If a question does not apply to you; please mark the answer space with a N/A. All household members over the age of 18 must sign and date the application.
2. **Selection Criteria for Housing.** Please review the criteria for more information on our selection process and become familiar with it.
3. **Notice and Consent for the Release of Information.**
4. **Receipt of Things You Should Know (02/09).** Please sign the receipt and submit it with your housing application.

**Note: This property has a "No Pet" policy.
Faxed applications will not be accepted.**

Please feel free to call us at 603-224-9221 or TDD 1-800-545-1833 Extension 118 if you have any questions. Our office hours are Monday through Friday, 8:00 AM to 4:30 PM. If you'd like an appointment, please call to set up a convenient time. You may also e-mail your request to housing@hodgescompanies.com

Sincerely,
The Hodges Companies





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TENANT SELECTION PLAN FOR ASSISTED HOUSING

The Hodges Companies may reject an applicant, if at any time during the selection process, any negative information is received from any source that would indicate that the applicant would interfere with the other residents (such as disturbances, police reports, criminal record, etc), diminish their right to quiet enjoyment of the premises, affect their health or safety, welfare, comfort, or financial stability of the property.

The Hodges Companies will follow the Waiting List Procedures required by Rural Development (RD).

Preference will be given to an applicant's whose income is Very Low according the published Income Limits.

Family or household size must meet and/or not exceed the following criteria:

Minimum 1 person per bedroom, or not more than 2 people per bedroom.

For example:

1 Bedroom	Minimum 1 person	Maximum 2 people
2 Bedroom	Minimum 2 people	Maximum 4 people

The Hodges Companies must prohibit admission of an applicant if any member has been evicted from any federally assisted housing for drug-related criminal activity, if it is determined that any household member is currently engaging in illegal use of a drug, or if it is determined that we have reasonable cause to believe that a households member's illegal use or a pattern of illegal use of a drug may interfere with the heath, safety, or right to peaceful enjoyment of the premises by other residents.

The Hodges Companies must prohibit admission of an applicant if they are subject to a lifetime registration requirement under a State Sex Offender Registration Program.

All Rental Applications are considered without regard to race, color, religion, sex, national origin, marital status, mental or physical handicap, and/or age.





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ALL RENTAL APPLICATIONS ARE PROCESSED AND REVIEWED ACCORDING TO THE FOLLOWING CRITERIA:

- 1). **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 past due with a utility company or another landlord or management company, within three years from the date of application; excluding medical accounts (02/09).
- 2). **All persons listed on the application 18 years and older are required to complete a state Criminal Record Release form. The following will be the basis for rejection:**
 - a). Any misdemeanor within 3 years from the date of application; excluding driving offenses
 - b). Any felony record on the applicant's criminal record
 - c). Any drug-related criminal activity
 - d). Any sexual offense criminal activity
 - e). Any hate crime or violent criminal activity
 - f). Other criminal activity that would threaten the health, safety, security, or right to peaceful enjoyment of the premises by other residents or of the Owner's or any employee, contractor, subcontractor or agent of the Owner who is involved with the property.
- 3). **An applicant's ability to comply with the terms of the Lease or Rental Agreement from past or current landlords. An applicant will be required to provide a minimum of three years rental history (Note: Landlords who are related will not meet the definition of a past or current landlord). If an applicant cannot meet the minimum requirement, at least one of the following criteria must be met in order to determine eligibility:**
 - a). The applicant owned his/her own home within the last five years,
 - b). The landlord is no longer in business and is not able to be found (documentation will be required)
 - c). The applicant must demonstrate good payment history (receipts) and a letter of recommendation from the landlord will be required.
 - d). The applicant will be required to have a Co-signer on the lease. Rental payments must be made directly by the applicant themselves. If the applicant demonstrates a good payment history in the first year, they may have the Co-signer removed. The Co-signer must meet the credit criteria outlined in the Tenant Selection Plan.

An application will be rejected based on the following criteria:

 - a). A history of non-payment or late payment of rent,
 - b). A history of living or housekeeping habits that would pose a threat to the health and safety of the other residents,
 - c). A history of disturbances or right to peaceful enjoyment,





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- d). A history of violations or non-compliance that resulted in an eviction or termination from housing or rental programs. Management will reject an application for three (3) years from the date of eviction or termination.
- e). Refusal of the landlord to provide a written landlord reference. Several attempts will be made to obtain this information and a phone reference will be attempted before rejection.
- f). Failure to respond to a written correspondence within the specified time frame in the correspondence (02/09).

Information provided on the application must be true and accurate. Any false, misleading, or incomplete information will result in rejection.

If an applicant is rejected, they must wait six (6) months from the time of rejection to reapply for housing with The Hodges Companies.

<p>The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin.</p> <p>Federal law prohibits discrimination on the basis of age.</p>





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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

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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 Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Regular Pay from Military or Armed Forces	\$
	Source Address:	
	VA Benefits (Claim #)	\$
	SSI/SSD/SSA Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Disability/Worker's Comp Benefits Gross Monthly Amount	\$
	TANF, OAA, APTD Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	\$
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	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/dispensed \$ _____ Amount sold/dispensed 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 \$

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

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
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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 \$
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Medical Insurance

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

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

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

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - 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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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.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
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 Corporation¹

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

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

Protections for Applicants

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

Protections for Tenants

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

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

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

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

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

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

Removing the Abuser or Perpetrator from the Household

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

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

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

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

Moving to Another Unit

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

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

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

OR

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

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

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

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

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

Other Laws

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

Non-Compliance with The Requirements of This Notice

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

For Additional Information

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

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

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

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

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

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

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

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

Attachment: Certification form HUD-5382

Attachment to VAWA

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

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

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

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

OMB Approval No. 2577-0286

Exp. 06/30/2017

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

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

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

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

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

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

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

Form HUD-5382
12/2016)

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



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