



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 familial 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.

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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: 603-224-6785

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 & III (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 <small>(Ex: spouse, significant other, child, grandchild)</small>	If this person is a dependent, do they live with you full-time? <b>(Y/N)</b>	Race <small>(White, Black, Asian, American Indian / Alaska Native, Native Hawaiian / Pacific Islander)</small>	Hispanic or Latino? <b>(Y/N)</b>	Gender
			<b>HOH</b>				

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: \_\_\_\_\_





**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.

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Signature of Applicant

---

Date

---

Signature of Applicant

---

Date





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## *Applicant Certification*

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

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

✓ \_\_\_\_\_  
Signature

✓ \_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Signature

✓ \_\_\_\_\_  
Date



### **Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

#### **What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

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<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, [ENTER SPECIFIC CONTACT INFORMATION, WEBSITE, AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER OR A COPY OF THE APPLICABLE VAWA EMERGENCY TRANSFER PLAN]. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

<b>Covered Housing Program(s)</b>	<b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act (“VAWA”), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim’s age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider’s written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, “What do I need to document that I am a victim?”. Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person’s access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

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

1. Name(s) of victim(s): \_\_\_\_\_

2. Your name (if different from victim's): \_\_\_\_\_

3. Name(s) of other member(s) of the household: \_\_\_\_\_

\_\_\_\_\_

4. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail:  Yes  No

E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email:  Yes  No

Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider:  Yes  No

Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

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

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

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

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.



# RELEASE OF INFORMATION

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

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

### ARBITRATION AGREEMENT("AGREEMENT")

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

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

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

### PRIVACY POLICY

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

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

_____	XXX - XX - _____	_____
Applicant Name	Social Security #	Date of Birth

_____		_____
Applicant Signature		Today's Date

_____	XXX - XX - _____	_____
Applicant Name	Social Security #	Date of Birth

_____		_____
Applicant Signature		Today's Date

_____	XXX - XX - _____	_____
Applicant Name	Social Security #	Date of Birth

_____		_____
Applicant Signature		Today's Date