ASHEBROOKE Rental & Qualification Information

Application Fee- $35 non-refundable for all household members 18 years of age and older due at the time of application submittal

Required Documents-Copy of birth certificate and social security card for all household members

Security Deposit – One Month's Rent

NO PETS ALLOWED

Smoking, including e-cigarettes will be prohibited in all residential units including porches and balconies. Smoking will be permitted 25 feet and beyond from all buildings. This policy applies to all residents, guests, employees, service personnel, and all other visitors to the property.

Maximum Gross Annual Income Allowed Per Household Size

Household Size	40%	50%	60%
1	$23,720	$29,650	$32,940
2	$27,120	$33,900	$37,620
3	$30,520	$38,150	$42,300
4	$33,880	$42,350	$46,980
5	$36,600	$45,750	$50,760
6	$39,320	$49,150	$54,540
7	$42,040	$52,550	$58,260

Minimum Income Required for Occupancy

*NOTE: No minimum income required for voucher holders

	1BR	2BR	3BR
40% AMI	$14,688	$16,752	$19,032
50% AMI	$16,488	$20,472	$22,992
60% AMI	$20,208	$23,112	$25,152

Rent Schedule:	**1BR**	**2BR**	**3BR**
40%	1 @$430	5 @ $495	8 @ $550
50%	3 @ $505	5 @ $650	6 @ $715
60%	4 @ $660	12 @ $760	11 @ $805

NOTE: RENTS SUBJECT TO CHANGE WITH LENDER APPROVAL

Utility Allowance:

$182 $203 $243

(estimated utility cost per month - based on average utility cost for electricity) 5/2026

For Office Use Only		
Date & Time Received:		Received By *(Management Signature)*:
Unit:	Move-In Date:	

Application for Rental Housing

Property Contact Information		
Property Name:		
Street Address:		
City:	**State:**	**Zip:**
Phone:	**Phone (TTY):**	**Fax:**
Email:	**Website:**	
Office Hours:		

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.

APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? Yes* No

If Yes, please complete a **Special Unit Questionnaire.*

HOUSEHOLD COMPOSITION - Complete one ***Member Information Document*** form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household *(Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)*	Phone Number *(Recommended)*
1			
2			
3			
4			
5			
6			
7			
8			

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one ***Anticipated Household Addition*** form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type			
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster

1. **Do you anticipate any other change in household composition over the next 12 months?** Yes No
   (e.g. adding a new member or removing a current member)

   If Yes, please explain:

HOUSEHOLD QUESTIONS

1. **Is any household member temporarily absent, but under normal conditions would live in the unit?** Yes No

   If Yes, please explain:

2. **Does/Will this household receive rent assistance?** Yes No

   If Yes, please indicate the source (e.g. Housing Choice Voucher, Rural Development Rent Assistance, etc.)

EQUAL HOUSING OPPORTUNITY

APPLICATION SUMMARY

PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary (*One Per Household)*
- Member Information Document *(One Per Member)*
- Income & Asset Questionnaire *(One Per Adult Member / One Per Household)*

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

	Member Signature	Printed Name	Date Signed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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Preferred Language *(optional)*:

MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. *(Ex. Driver's License, Government Issued ID, etc.).*

Full Legal Name: _____

First Name *Middle Name* *Last Name*

Optional Information: *(Applicable at Move-In Only)*

Driver's License # / State ID #:_____ State Issued:_____

Date of Birth: _____ **Gender:** Female Male Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN):_____ *(If you do not have a SSN please enter 999-99-9999)*

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: *This section is optional to household members who are* ***foster children, foster adults, or live-in aides****.*

1. Student Status: Full-Time Student Part-Time Student Not a Student
2. Marital Status (*optional*):_____

Part B: *Complete this section if the member is* ***under 18 years old and not emancipated:***

1. Will this member live in the unit at least 50% of the time? Yes No
2. Name of the parent/guardian who will sign paperwork on this member's behalf: _____

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature Printed Name Date

Check here if an adult signed for a child.

EQUAL HOUSING OPPORTUNITY

Modified 9/4/2024

Emergency Contact Form

Property Name:_____

Instructions: As part of your application for housing, you have the option of providing the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization:_____

Address:_____

Telephone Number:_____ **Cell Phone Number:**_____

Email Address *(if applicable)*:_____

Relationship to Applicant:_____

Reason for Contact *(Check all that apply)*

Emergency	Assist with recertification process
Unable to contact you	Change in lease terms
Termination of rental assistance *(if applicable)*	Change in house rules
Eviction from unit	Late payment of rent
Other Reason:_____	

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement:
The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

_____	_____	_____
Member Signature	Printed Name	Date Signed

EQUAL HOUSING OPPORTUNITY

Housing History Disclosure

Property Name:_____ Unit Number:_____

Member Name:_____

Please provide the last ____months of housing history. All adult household members must complete this form.			
Check this box if you had no established housing during this timeframe and provide a brief explanation below.			
Explanation:			
Current Address			
Street Address:			Apt #:
City:		State:	Zip Code:
Move-In Date *(Month/Year)*:		Reason for leaving:	
(Check One) Rent Own Other_____			Monthly Rent *(if applicable):* $_____
Landlord Name:		Landlord Phone:	
Previous Addresses			
1.	Street Address:		Apt #:
City:		State:	Zip Code:
Reason for leaving:			
Move-In Date *(Month/Year)*:		Move-Out Date *(Month/Year)*:	
(Check One) Rent Own Other_____			Monthly Rent *(if applicable):* $_____
Landlord Name:		Landlord Phone:	
2.	Street Address:		Apt #:
City:		State:	Zip Code:
Reason for leaving:			
Move-In Date *(Month/Year)*:		Move-Out Date *(Month/Year)*:	
(Check One) Rent Own Other_____			Monthly Rent *(if applicable):* $_____
Landlord Name:		Landlord Phone:	
3.	Street Address:		Apt #:
City:		State:	Zip Code:
Reason for leaving:			
Move-In Date *(Month/Year)*:		Move-Out Date *(Month/Year)*:	
(Check One) Rent Own Other_____			Monthly Rent *(if applicable):* $_____
Landlord Name:		Landlord Phone:	

Signature Required:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of admission or termination of a lease agreement.

_____ _____ _____

Applicant Signature **Printed Name** **Date Signed**

EQUAL HOUSING OPPORTUNITY

Modified 10/8/2024

Special Unit Questionnaire

Property Name:_____

This form is to be completed by any household that would benefit from a special needs unit or a unit accommodation due to a mobility, visual, or hearing impairment.

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

1. Does any member on this application have a physical impairment which meets the definitions stated above? Yes No

If Yes, list the name(s) of member(s):_____

2. Do you or any other household member have a condition which requires *(check those that apply)*:

a separate bedroom

a unit for a visually-impaired person

a unit for a hearing-impaired person

a barrier-free apartment

a one-level unit

a bathroom on the first floor

other physical modifications

3. Please explain in detail what you need for this accommodation:

4. Please provide contact information for someone who can verify the need for the requested accommodation(s):

Name			
Address			
City	State	Zip	Phone

_____ _____ _____

Member Signature Printed Name Date Signed

EQUAL HOUSING OPPORTUNITY

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:

Housing Provider/Grantee Name:
Address:
Phone: Fax: TTY Number:
Email: Website:

You can read translated VAWA forms at 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*[1] 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.

[1] 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, contact:

Housing Provider/Grantee Name:
Address:
Phone: Fax: TTY Number:
Email: Website:

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.

Covered Housing Program(s)	**Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.**
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)	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. 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.
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	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. 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.
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 <u>one</u> of the following:

1. <u>A self-certification form (for example, Form-HUD 5382)</u>, 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. <u>A statement from a victim/survivor service provider, attorney, mental health professional or medical professional</u> 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. <u>A police, administrative, or court record</u> (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. <u>If allowed by your covered housing provider, any other statement or evidence provided by you.</u>

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 **<u>will not be disclosed</u>** 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:

Staff Member:
Address:
Phone: Fax: TTY Number:
Email:

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:

Local HUD FHEO Field Office:
Address:
Phone: Fax: TTY Number:
Email:

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. 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:

Local Advocacy/Legal Aid Organization:
Address:
Phone: Fax: TTY Number:
Email: Website:

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:

Housing Provider/Grantee Name:
Address:
Phone: Fax: TTY Number:
Email: Website:

You can read translated VAWA forms at 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:

Local Advocacy/Legal Aid Organization:
Address:
Phone: Fax: TTY Number:
Email: Website:

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.

_____ _____

Signature **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.

VAWA Acknowledgement of Receipt

Property name **Household Name**
Unit number

I/We have received a copy of the following documents:

1. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act
2. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

I hereby state that everything on this statement is true to the best of my knowledge.		
1. Applicant/Resident Signature	**Printed Name**	**Date**
2. Applicant/Resident Signature	**Printed Name**	**Date**
3. Applicant/Resident Signature	**Printed Name**	**Date**
4. Applicant/Resident Signature	**Printed Name**	**Date**
5. Applicant/Resident Signature	**Printed Name**	**Date**
6. Applicant/Resident Signature	**Printed Name**	**Date**
7. Applicant/Resident Signature	**Printed Name**	**Date**
8. Applicant/Resident Signature	**Printed Name**	**Date**
9. Applicant/Resident Signature	**Printed Name**	**Date**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

EQUAL HOUSING OPPORTUNITY

INCOME & ASSET QUESTIONNAIRE

For Office Use Only:

Certification Effective Date:

This document reflects the sources of income & assets received by:

Individual Member:_____

If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.

OR

All Members

If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.

INCOME CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

1. Employment Wages/Salaries	**Yes**	**No**	**11. Military Pay**	**Yes**	**No**
Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.			*Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.*		
2. Self-Employment	**Yes**	**No**	**12. Regular Payments from Retirement Accounts**	**Yes**	**No**
Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.			*Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).*		
3. Public Assistance	**Yes**	**No**	**13. Social Security Income**	**Yes**	**No**
Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.			*Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).*		
4. Regular Payments from Annuities *or* **Life Insurance Policies**	**Yes**	**No**	**14. Supplemental Security Income (SSI)** *or* **State Supplemental Payments (SSP)**	**Yes**	**No**
5. Disability Benefits	**Yes**	**No**	**15. Veterans Benefits**	**Yes**	**No**
6. Recurring Monetary Contributions	**Yes**	**No**	**16. Student Financial Assistance**	**Yes**	**No**
Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.			*Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.*		
7. Regular Payments from Pensions	**Yes**	**No**	**17. Unemployment Benefits** *or* **Severance Pay**	**Yes**	**No**
8. Regular Payments from Indian Trusts	**Yes**	**No**	**18. Death Benefits**	**Yes**	**No**
9. Alimony / Spousal Support	**Yes**	**No**	**19. Child Support**	**Yes**	**No**
10. Adoption Assistance Payments	**Yes**	**No**	**20. Other Income:**	**Yes**	**No**
			If Yes, list source(s):		

EQUAL HOUSING OPPORTUNITY

INCOME SOURCES

Please provide additional information for each source of income received, including at least one method of contact.

Member Name	Income Type	Income Source	Total Annual Income	CONTACT INFORMATION *(Optional)*	
				Mailing Address	Phone/Fax Number
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:
			$		Ph: Fax:

ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans *(recognized as such by the IRS)* and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children.
Any information provided is subject to verification.

1. Checking Account	**Yes**	**No**	**9. Internet Based Assets**	**Yes**	**No**
			Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.		
2. Savings Account	**Yes**	**No**	**10. Stocks / Bonds**	**Yes**	**No**
Do not include qualified Education Savings Accounts or ABLE Accounts.			*Do not include stocks or bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.*		
3. Prepaid Debit Card	**Yes**	**No**	**11. Brokerage Account**	**Yes**	**No**
Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)					
4. Trust Fund Account	**Yes**	**No**	**12. Cryptocurrency**	**Yes**	**No**
Do not include irrevocable trusts or revocable trusts that are controlled by someone who does not/will not live in the unit.			*Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.*		
5. Annuities	**Yes**	**No**	**13. CD/Money Market Account**	**Yes**	**No**
6. Real Estate / Real Property	**Yes**	**No**	**14. Non-Necessary Personal Property**	**Yes**	**No**
			Include any non-necessary personal items held as an investment. Do not include necessary personal items.		
7. Cash	**Yes**	**No**	**15. Lump Sum Payment**	**Yes**	**No**
Include any cash that is held as savings. Only include cash that has not been invested in any of the accounts reported on this form.					
8. Life Insurance Policy	**Yes**	**No**	**16. Other Asset(s):**	**Yes**	**No**
Do not include term life insurance policies.			If Yes, list source(s):		

Assets Disposed Of For Less Than Fair Market Value

17. I/We hereby certify that I/we **HAVE** **HAVE NOT** sold or given away assets for less than their fair market value within the last 2 years. *(Excluding items lost in bankruptcy, divorce, or foreclosure)*

If Applicable: Identify all assets sold or disposed of for less than fair market value in the last 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received

EQUAL HOUSING OPPORTUNITY

Modified 11/5/2024

ASSET SOURCES

Please provide additional information for each asset owned.

Member Name	Asset Type	Asset Source	Cash Value*	Annual Income from Asset
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

**Cash value is the market value of the asset less reasonable expenses that would be incurred in selling or converting the asset to cash.*

Adult Household Members - *Review the information provided and initial below*

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:	_____ #1	_____ #2	_____ #3	_____ #4	_____ #5	_____ #6	_____ #7	_____ #8

EQUAL HOUSING OPPORTUNITY

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all

persons or companies in the categories listed below to release without liability, information

regarding employment, income, and/or assets to _____ for
(owner or agent)

purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED
I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any 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	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement Systems
Public Housing Agencies)	Social Security Administration	Banks and Other Financial
Support and Alimony Providers	Medical and Child Care Providers	Institutions

Colleges, Universities, and Higher Educational Institutions

Utility Company _____

CONDITIONS
I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.