

ASHTON SPRING 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 each household member

Age Requirement: 62 years of age or older; or handicapped, or disabled

Pet Policy- Limit one pet- Max. Weight 25 lbs.

NO SMOKING PERMITTED ANYWHERE

Maximum Gross Annual Income Allowed Per Household Size

Household Size	40%	50%
1	\$23,720	\$29,650
2	\$27,120	\$33,900
3	\$30,520	\$38,150
4	\$33,880	\$42,350
5	\$36,600	\$45,750

Maximum Adjusted Income

	1 Person	2 Person	3 Person	4 Person	5 Person
Very Low	\$28,850	\$33,000	\$37,100	\$41,250	\$44,550
Low	\$46,200	\$52,800	\$59,400	\$66,000	\$71,300
Moderate	\$51,700	\$58,300	\$64,900	\$71,500	\$76,800

Rent Schedule:

1BR

2BR

40%	4 @ \$0-1129	3 @ \$0-1184
50%	11 @ \$0-1129	6 @ \$0-1184
50%	1 @ \$590-\$644	N/A

NOTE: RENTS SUBJECT TO CHANGE WITH LENDER APPROVAL

Rent Based on Income- Rental Assistance Available

Utility Allowance: \$78 \$88

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

Security Deposit \$1075 \$1130 \$590

Minimum Income Requirement:

With RA None Without RA \$16,032

For Office Use Only		
Date & Time Received:		Received By (<i>Management Signature</i>):
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:		

Request for Accommodation

If you need help in completing this application, please contact us and advise us of your needs.

_____ does not discriminate on the basis of disability status in the admission, access to, treatment, or employment in its federally-assisted programs and activities.

We designate the person named below to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504. (24CFR, Part 8 dated June 2, 1988)

504 Coordinator Name:		
Street Address:		
City:	State:	Zip:
Phone:	Phone (TTY):	Fax:
Email Address:		

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? (ex. Housing Choice Voucher, Rural Development RA, etc.) Yes No

If Yes, please indicate the source:

3. Has any household member received a federal tax refund / refundable tax credit in the last 12 months? Yes No

If Yes, provide the total value of tax refunds/credits received by members of this household: _____



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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)
- Expense Questionnaire (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.

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



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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: _____ Check box if member is an emancipated minor.

Gender: Female Male Decline to Disclose Marital Status (optional): _____

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

For HUD Properties Only

If you did not provide a Social Security Number, check the applicable exemption below:

Member does not contend eligible immigration status.

Member was 62 years or older as of January 31st, 2010 and was eligible to receive assistance.

Under 6 years old and without an assigned SSN.

(Note: Must disclose and provide verification within 90 days of move-in)

Are you subject to a lifetime registration requirement under a state sex offender registration program? Yes No

List all states where you have ever lived: _____

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 **live-in aides**.

1. Student Status: Full-Time Student Part-Time Student Not a Student

2. Disability Status: Disabled Not Disabled Decline to Disclose

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

1. Will this minor live in the unit at least 50% of the time? Yes No

2. Name of the parent/guardian who will sign paperwork on this minor'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.



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.

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



Households may be able to deduct all or part of the household's expenses from their total annual income determination. Eligibility for these deductions depends on several different factors. The following questions are asked in order to assist in determining this household's total income and overall eligibility. Any information provided is subject to verification. **Please complete one form for the entire household.**

SECTION A: CHILD CARE EXPENSE

Does the household incur expenses to care for a child/children under the age of 13? ☐ Yes ☐ No

If **Yes**, provide additional information below; If **No**, continue to Section B.

1. Name of Child: _____ Total Annual Unreimbursed Cost: \$ _____
 Provider Name: _____ Provider Phone Number: _____
 Child care is necessary because it enables (Member Name) _____ to:
 (Select at least one) ☐ Work ☐ Seek Work ☐ Go to School ☐ None of these options apply
 Is there an adult member in the unit who is capable of providing care during the hours needed? ☐ Yes ☐ No
2. Name of Child: _____ Total Annual Unreimbursed Cost: \$ _____
 Provider Name: _____ Provider Phone Number: _____
 Child care is necessary because it enables (Member Name) _____ to:
 (Select at least one) ☐ Work ☐ Seek Work ☐ Go to School ☐ None of these options apply
 Is there an adult member in the unit who is capable of providing care during the hours needed? ☐ Yes ☐ No
3. Name of Child: _____ Total Annual Unreimbursed Cost: \$ _____
 Provider Name: _____ Provider Phone Number: _____
 Child care is necessary because it enables (Member Name) _____ to:
 (Select at least one) ☐ Work ☐ Seek Work ☐ Go to School ☐ None of these options apply
 Is there an adult member in the unit who is capable of providing care during the hours needed? ☐ Yes ☐ No

SECTION B: ATTENDANT CARE & AUXILIARY APPARATUS EXPENSE

Does this household incur any attendant care or auxiliary apparatus expenses on behalf of a disabled household member, which allows that member (or any other household member) to work? ☐ Yes ☐ No

If **Yes**, identify all out-of-pocket Attendant Care or Auxiliary Apparatus Expenses below; If **No**, continue to Section C.

Member Name	Description	Total Annual Unreimbursed Cost (Estimated)	Recurring Expense?
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No

Continue on Next Page



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Is the Head, Spouse, or Co-Head of this household at least 62 years old or a person with a disability? ☐ Yes ☐ No

If **Yes**, identify all out-of-pocket medical expenses that the household expects to incur over the next 12 months.
If **No**, complete this form by signing the bottom.

1. Medicare Premiums ☐ Yes ☐ No **2. Assistance Animals** ☐ Yes ☐ No

Include premiums paid for Medicare A, B, or D. Do not include amounts from payroll tax for Medicare A.

Include the costs of buying, training, and maintaining a service animal. Maintenance costs include food, grooming, veterinary care, and other costs incurred in maintaining the health and vitality of the animal so that it may perform its duties.

3. Medical/Dental Insurance Premiums ☐ Yes ☐ No **4. Medical Devices/Supplies** ☐ Yes ☐ No

Including, but not limited to, expenses paid to an HMO, Medicaid insurance payments that have not been reimbursed, and long-term care premiums.

Including, but not limited to, the cost of wheelchairs, walkers, artificial limbs, oxygen and oxygen equipment, the purchase and upkeep of devices such as hearing aid batteries.

5. Prescription Medication ☐ Yes ☐ No **6. Medical Services/Appointments** ☐ Yes ☐ No

Include amounts paid for prescribed medicines and drugs.

Including, but not limited to, surgeries, office visits, inpatient/outpatient care, dental treatments, therapy, x-rays, etc.

7. Over-The-Counter Medication ☐ Yes ☐ No **8. Medical Transportation/Trips** ☐ Yes ☐ No

Include only items that are recommended by a medical professional as treatment for a specific medical condition.

Include unreimbursed amounts paid for transportation to/from treatment. Include any applicable parking fees and tolls.

9. Other Medical Expenses ☐ Yes ☐ No

If Yes, list: _____

If you answered **Yes** to any of the above expenses, provide additional information for each expense below, as applicable. Otherwise, complete this form by signing at the bottom.

Member Name	Expense Type	Source Name	Total Annual Unreimbursed Cost (Estimated)	Recurring Expense?
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No

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



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INCOME & ASSET QUESTIONNAIRE

For Office Use Only:
Certification Effective Date:

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

Individual Member: _____

All Members

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

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 <i>Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.</i>	11. Military Pay Yes No <i>Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.</i>
2. Self-Employment Yes No <i>Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i>	12. Payments from Retirement Accounts Yes No <i>Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).</i>
3. Public Assistance Yes No <i>Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.</i>	13. Social Security Income Yes No <i>Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).</i>
4. 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 <i>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.</i>	16. Student Financial Assistance Yes No <i>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.</i>
7. Payments from Pensions Yes No	17. Unemployment Benefits or Severance Pay Yes No
8. 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):



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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:
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			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
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			\$		Ph: Fax:



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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 Accounts Yes No	11. Savings Accounts Yes No <i>Do not include qualified Education Savings Accounts or ABLA Accounts.</i>
2. Prepaid Card Accounts Yes No <i>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)</i>	12. Payment Exchange Accounts Yes No <i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i>
3. Certificate of Deposit (CD) Accounts Yes No	13. Stocks Yes No <i>Do not include stock invested in retirement accounts.</i>
4. Bonds Yes No <i>Do not include bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i>	14. Trust Funds Yes No <i>Do not include irrevocable trusts or revocable trusts that are controlled by someone who does not/will not live in the unit.</i>
5. Money Market Accounts Yes No	15. Brokerage Accounts Yes No
6. Real Estate / Real Property Yes No	16. Capital Investments Yes No
7. Crowdfunding Accounts Yes No <i>Including, but not limited to, GoFundMe, Kickstarter, Indiegogo, Fundly, etc.</i>	17. Cryptocurrency Yes No <i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i>
8. Receipt of Lump Sum Payments Yes No <i>Including, but not limited to, one-time payments received from inheritance, lottery winnings, capital gains, etc.</i>	18. Personal Property Held as an Investment Yes No <i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i>
9. Cash Yes No <i>Include any cash that is held as savings. To avoid duplicating reported assets, do not include cash that has already been invested in any of the accounts reported on this form.</i>	19. Other Asset(s): Yes No If Yes, list source(s):
10. Life Insurance Policies Yes No <i>Do not include term life insurance policies.</i>	

Assets Disposed Of For Less Than Fair Market Value

20. 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



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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



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TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release 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.

Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

Borrower or Manager Signature

Date

Tenant/Applicant Signature

Date

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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:
 - o Public Housing
 - o Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - o Section 8 Project-Based Rental Assistance (PBRA)
 - o Section 8 Moderate Rehabilitation Single Room Occupancy
 - o Section 202 Supportive Housing for the Elderly
 - o Section 811 Supportive Housing for Persons with Disabilities
 - o Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - o Section 236 Multifamily Rental Housing
 - o Housing Opportunities for Persons With AIDS (HOPWA) program
 - o HOME Investment Partnerships (HOME) program
 - o The Housing Trust Fund
 - o Emergency Solutions Grants (ESG) program
 - o Continuum of Care program
 - o 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:

Email:

Fax:

TTY Number:

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 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:

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
Unit number

Household Name

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).**



Modified 2/06/2024
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Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

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

Penalties for Committing Fraud

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

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

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

How To Complete Your Application

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

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

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

Ask for Help if You Need It

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

Before You Sign the Application

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

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

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

Tenant Recertification

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

You must **immediately** report:

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

For your annual recertification, you must report:

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

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

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

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

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

If You Disagree With a Decision

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

Notice of Adverse Action

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

Grievance Process Overview

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

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

When a Grievance Is Legitimate

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

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

PA 1998
December 2008

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Acknowledgement of Receipt
(For participants of USDA Rural Development Housing Programs)

Property Name: _____ **Unit Number:** _____

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

- **“Things You Should Know about USDA Rural Housing”**

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

