

Preliminary Application Instructions

ALL REQUIRED FORMS LISTED BELOW MUST BE SUBMITTED IN ORDER TO BE PLACED ON THE WAITLIST:

- Preliminary Application
- HUD-27061-H Race and Ethnic Data Reporting Form (one for each person listed on the application)
- HUD-92006 Form: Supplement to Application for Federal Assisted Housing Form (one for each person over the age of 18)
- VAWA Policy

Please fill out the attached application completely:

- Using blue ink only, please print answers to all questions on the application truthfully and completely.
- Do not leave any questions blank even if the questions do not apply to you or your household. Enter "none" or "N/A" for those questions.
- It is important to remember that falsification, or incomplete information provided by you and your household members is grounds for automatic rejection.
- ALL signatures must be original in order for your application to be accepted.
- Disclosure of Social Security Numbers for all non-exempt persons anticipated to live in the apartment home is required.
- Applications will not be considered unless they are filled out completely and correctly. Incomplete applications will be returned to the applicant for completion and will delay placement on the waitlist for housing.
- Please also bring a copy of your proof of social security number, proof of birth, and current State or Federal issued picture I.D. (i.e., identification card, driver license, etc.), or attach copies if the application is mailed in. All copies must be legible.



Equal Housing Opportunity. The Landlord makes this housing available without regard to race, color, religion, sex, National origin, familial status, disability (handicap), military status, sexual orientation, gender identity or ancestry. The Landlord does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) and is the one who evaluates any reasonable accommodation or modification requests that have been submitted. National Director of Training and Compliance, 26301 Curtiss Wright Parkway, Suite 300, Richmond Hts., OH 44143, 216-472-1870 x 114 (TTY 7-1-1).

PRELIMINARY APPLICATION FOR HOUSING

Equal Housing Opportunity. The Landlord makes this housing available without regard to race, color, religion, sex, National origin, familial status, disability (handicap), military status, sexual orientation, gender identity or ancestry. Landlord does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) and is the one who evaluates any reasonable accommodation or modification requests that have been submitted. National Director of Training and Compliance, 26301 Curtiss Wright Parkway, Suite 300, Richmond Hts., OH 44143, 216-472-1870 x 114 (TTY 7-1-1).

FOR OFFICE USE ONLY:

PROPERTY REQUESTED: (One original application required per property) **DATE RECEIVED:** **TIME RECEIVED:** **STAFF INITIALS:**

To determine how to choose the head of household and how it impacts rent on a HUD subsidized unit, please review the instructions and the HUD Fact Sheet if applicable. I acknowledge we have been given the opportunity to review this document. _____ Initial or enter N/A if applying for a Low Income Housing Tax Credit only unit

Application must be filled out completely and in blue ink with a copy of all current driver's licenses or state identification

Indicate bedroom size(s) your household will require? (Check all that apply)							
Occupancy Standard: 1 person minimum, 2 person's maximum per bedroom:							
☐ Studio	☐ 1 Bedroom	☐ 2 Bedroom	☐ 3 Bedroom	☐ 4 Bedroom			
Do you or a member of your household require a specific accessible unit feature? ☐ Yes ☐ No							
If yes, please check all applicable: ☐ Mobility: Feature Details: _____ ☐ Vision ☐ Hearing							
HOUSEHOLD INFORMATION							
List all household members that are applying to live in this apartment with you (including yourself):							
Name (First, Middle Initial, Last)	Relation to Head	Social Security Number*	Date of Birth MM/DD/YYYY	Age	Student (includes grade K-12)	If student, full (ft) or part- time (pt)?	
	Head				☐ Yes ☐ No	☐ Yes	☐ No
					☐ Yes ☐ No	☐ Yes	☐ No
					☐ Yes ☐ No	☐ Yes	☐ No
					☐ Yes ☐ No	☐ Yes	☐ No
					☐ Yes ☐ No	☐ Yes	☐ No
					☐ Yes ☐ No	☐ Yes	☐ No
(REQUIRED) Current Mailing Address:							
(REQUIRED) City:		State:		Zip Code:			
Primary Phone:		2nd Phone:		Email:			
Preferred Method of Contact (Select at least one):				☐ Phone ☐ Email ☐ Standard Mail ☐ No Preference			
*Did anyone not disclose a social security number due to the fact that they do not contend eligible immigration status or they were 62 years of age or older and starting receiving subsidy as of 1/31/2010:							
☐ Yes ☐ No If yes, who? :							
Yes No							
☐	☐	1. Are you seeking housing due to (Check all that apply):					
		☐ Government Action ☐ Natural Disaster ☐ Presidentially Declared Disaster					
☐	☐	2. Do you expect any additions or removal of household members within the next twelve months?					
		If yes, who/when? _____					
☐	☐	3. Do you have full custody of any minors listed on this application? (If no, proof will be required showing amount of time minors will be living in unit.)					

☐	☐	4.	Is everyone in your household either a US citizen or an eligible non-citizen (permanent resident or other acceptable form of immigration status)? If no, who: _____
☐	☐	5.	Are you or a member of your household disabled – have a physical or mental impairment that substantially limits one or more major life activities? If yes, who? _____
☐	☐	6.	Will you or any ADULT household member require a live-in care attendant due to a disability or age?
☐	☐	7.	Does your household have or anticipate needing any accommodation(s) or modification(s) due to disability? If yes, explain: _____
☐	☐	8.	Have you or anyone named on this application <u>been evicted or in the process of being evicted</u> from a rental unit of any type including an apartment, home, mobile home or trailer?
☐	☐	9.	Are you or anyone named on this application currently living in a subsidized rental unit?
☐	☐	10.	Have you or anyone named on this application ever left a property owing money?
☐	☐	11.	Do you or anyone in the household have a voucher from a Housing Authority or state agency or have you applied for one?
☐	☐	12.	Are you or any prospective household member currently engaged in the use of illegal drugs or a controlled substance including marijuana?
☐	☐	13.	Have you or any other perspective adult members of your household ever committed any fraud in a federally assisted housing program or been requested to repay money for not reporting or misrepresenting information for such housing/programs? Explanation: _____
☐	☐	14.	Have you or any perspective member, ever been evicted from federally assisted housing for drug related criminal activity or any other reasons? Explanation: _____
☐	☐	15.	Are YOU or ANY of your household members subject to a lifetime sex offender registration program in ANY state? If yes: Name of Household Member(s): _____ List State(s): _____
		16.	Please list ALL states in which you and each member have ever lived in: _____
		17.	Have YOU or ANY of your household members listed on this application engaged in or been convicted of any of the following:
☐	☐		A felony?
☐	☐		Any illegal drug activity?
☐	☐		A pattern of alcohol or drug abuse that interferes with the health, safety or right to peaceful enjoyment of the premises by others?
☐	☐		Any crimes of physical violence to persons or property or any other criminal act that will affect the health, safety or welfare of the other residents?
☐	☐		A misdemeanor?
☐	☐		Property damage?
☐	☐		Do you pay out of pocket child care expenses to work, look for work or attend school?
☐	☐		Do you have any out of pocket medical or disability related expenses?
Please provide an explanation and any additional detail about any criminal backgrounds or any evictions that have taken place for anyone on listed on this application. In addition, please provide evidence demonstrating inaccuracies within your criminal record or evidence of rehabilitation or other mitigating factors.			
LIST ADDITIONAL INFORMATION OR WRITE "N/A" IN THE AREA BELOW.			
How Did you hear about us? (Check One):			
☐	Internet Search	☐	Walk-in
☐	Signage	☐	Newspaper/Print Ad
☐	Referred by Resident	☐	Website: _____
☐	Brochures/Flyers	☐	Local Agency
☐	Other: _____		

Household Income Information

List all full and/or part-time employment for adult household members **as well as** other income such as social security, SSI/SSDI, pensions or annuities, military reserves, welfare, general assistance/TANF, child support, alimony, workmen's compensation, unemployment, financial assistance, reoccurring monetary gifts, individuals paying bills on your household's behalf, and any other sources of earned or unearned income for **ALL household members including minors**. Attach a separate sheet if additional space is needed.

Household Member Name	Type of Income (example: SS, employment, OAP, etc.)	Source of Income/Address (Name and Address)	Gross Income	Frequency (Monthly, annual, etc.)

Household Asset Information

List all bank accounts (checking and savings), stocks, bonds, CDs, credit union shares, IRA, 401K, Keogh Plans, Savings Bonds, or any possessions such as coin collections, stamp collections, cash held at home or in other areas and kept for investment purposes, etc. **Include complete source names, address and as well as balances and any interest rates**. Attach a separate sheet if additional space is needed.

Household Member Name	Type	Source Name/Address	Current Balance	%

PENALTIES FOR MISUSING THIS VERIFICATION 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 uses 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. Section 408 (a) (6), (7) and (8).

Credit, Criminal and Sex Offender checks will be conducted by Realpage, Inc., 4000 International Parkway, Carrollton, Texas 75007-1913.

APPLICANT CERTIFICATION and CONSENT RELEASE AUTHORIZATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for rental assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal and sex offender and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and reason for rejection of my/our application. I authorize inquiries to be made to verify the information in this application. I/we understand that my occupancy is contingent upon meeting Management's resident selection criteria and the HUD and/or Low Income Tax Credit program requirements as applicable.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years older, which would be authorized by me on a separate consent attached to a copy of this consent. I/we do not have to sign the consent if it is not clear who will provide the information or who will receive the information.

Head of Household Signature

Date

Spouse/Co-Head/Other Adult Signature (if applicable)

Date

Spouse/Co-Head/Other Adult Signature (if applicable)

Date

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204

Project No.

Rose Of Sharon
Name of Property

1600 Lakeshore Ave
Oakland, CA 94606-1684

Avail Property Management, Inc.
Name of Owner/Managing Agent

Address of Property
Project Based Section 8, Section 8 -
CA39M000264
Type of Assistance or Program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the next page.**

There is no penalty for persons who do not complete the form

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, 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.

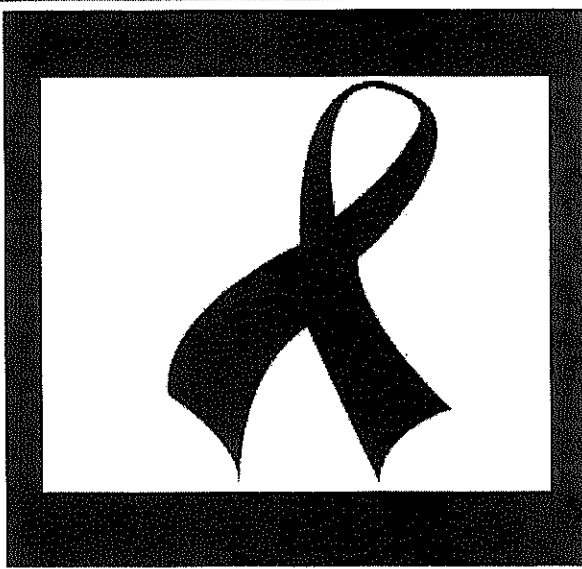
Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	Date
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The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



VAWA Policy

Violence Against Women Act (VAWA) Policy

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Violence Against Women Act (VAWA) Policy

PROTECTIONS PROVIDED UNDER THE VAWA

The Violence Against Women Act (VAWA) provides protections to women or men who are applicant to or residents of any “covered housing program” and who are the victims of domestic violence, dating violence, sexual assault, stalking and/or human trafficking – collectively referred to as VAWA crimes. The owner/agent understands that, regardless of whether state or local laws protect victims of VAWA crimes, people who have been victims of violence have certain rights under federal fair housing regulation.

This policy is intended to support or assist victims of VAWA crimes and protect victims, as well as affiliated persons, from being denied housing or from losing their HUD assisted housing as a consequence of their status as a victim of VAWA crimes.

VAWA protections are provided to affiliated persons which are defined as follows:

1. A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in the place of a parent or guardian (for example, the affiliated individual is a person in the care, custody, or control of the victim); or
2. Any individual, resident/applicant, or lawful occupant living in the household of that individual.

Other than what is described above, VAWA protections are not provided to guests, unauthorized residents or service providers (including live-in aides unless there is an approved reasonable accommodation) hired by the resident.

VAWA ensures that victims are not denied housing and housing assistance is not terminated solely because the person is a victim of a VAWA crime.

Unless such requirements interfere with protections provided under the VAWA, being a victim of a VAWA crime is not reason to change the screening requirements set forth in the Tenant Selection Plan.

For example: An owner/agent may waive the requirement to review landlord history for an applicant if the victim has provided necessary documentation to certify their status as a victim of a VAWA crime and if contacting a previous landlord would put the applicant's location at risk of exposure to the accused perpetrator/imminent danger.

Eligibility requirements for housing programs cannot be modified. Being a victim of a VAWA crime does not automatically make a person eligible for housing assistance or automatically able to be housed sooner than other individuals who apply at a property.

Being a victim of a VAWA crime is not reason to waive requirements set forth in the HUD Model Lease or in any lease attachment or HUD approved lease addendum unless being a victim of a VAWA crime was the cause of the lease violation.

For example: An owner/agent may waive the requirement for a 30-day notice to vacate if the victim has provided necessary documentation to certify their status as a victim of a VAWA crime and the resident wishes to move to elude the accused perpetrator.

When applicable, the resident will be required to work with the owner/agent to reduce the likelihood of future lease violations.

The owner/agent will not assume that any act is a result of abuse covered under the Violence Against Women Act. In order to receive the protections outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections. If any applicant or resident wishes to exercise the protections provided in the VAWA, he/she should contact the owner/agent or the property staff immediately.

Violence Against Women Act (VAWA) Policy

CONFIDENTIALITY

The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

HUD Form 5380 *Notice of Occupancy Rights under the Violence Against Women Act* provides notice to the resident/applicant of the confidentiality of information about a person seeking to exercise VAWA protections and the limits thereof. The identity of the victim and all information provided to the owner/agent relating to the incident(s) of abuse covered under the VAWA will be retained in confidence.

Information will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is

1. Requested or consented to by the victim in writing for a limited period of time; or
2. Required for use in an eviction proceeding or termination of assistance; or
3. Otherwise required by applicable law.

The owner/agent will retain all documentation relating to an individual's domestic violence, dating violence, sexual assault and/or stalking in a separate file that is kept in a separate secure location from other applicant or resident files.

REQUESTS & CERTIFICATION

The person seeking VAWA protections may make a request for a VAWA accommodation in any reasonable manner. The resident/applicant may:

- Complete a VAWA Request Form provided by the owner/agent
- Submitted a written request (*including email but not texting*)
- Make a personal (oral) request either in person or via phone/Facetime, etc.

Once a request is made, the owner/agent requires that the applicant certifies their status as a victim of a VAWA crime or as a person affiliated with a victim of a VAWA crime using one of the following methods. Applicants and residents decide which of the following methods is used to certify their status as a victim of a VAWA crime or as someone affiliated with a victim of a VAWA crime.

Option 1: When the owner/agent responds to a request to exercise protections provided under the VAWA, the owner/agent will request that an individual provide HUD Form 5382 *Certification as a Victim of Domestic Violence, Dating Violence, Stalking or Sexual Assault* to certify status as a VAWA victim or as a person affiliated with a VAWA Victim. The person seeking VAWA protections may obtain this form from the property staff or from HUD's web site.

If the specific protection request is for an emergency transfer, the owner/agent will additionally request that an individual provide HUD Form 5383 *Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking* to certify status of being in imminent risk of danger due to being a victim. This form is in addition to the HUD Form 5382 certifying status as a victim. The person seeking VAWA protections may obtain this form from the property staff or from HUD's web site.

The owner/agent understands that the delivery of the certification form to the applicant/resident via mail may place the victim at risk, (e.g., the accused perpetrator may monitor the mail). The owner/agent will work with the applicant/resident in making acceptable delivery arrangements.

Option 2: Alternatively, if the applicant/resident has sought assistance in addressing domestic violence, dating violence, sexual assault and/or stalking from a federal, state, tribal, territorial jurisdiction, local police or court, the resident may submit written proof of this outreach in lieu of the certification form.

Violence Against Women Act (VAWA) Policy

The owner/agent will accept a federal, state, tribal, territorial, or local police record or court record other official record documenting status as a victim of a VAWA crime or a person affiliated with a victim of a VAWA crime as defined in this policy.

Option 3: The owner/agent will also accept a document signed and attested to by a professional (*employee, agent or volunteer of a victim service provider, an attorney, medical personnel, etc.*) from whom the person seeking VAWA protections has sought assistance in addressing domestic violence, dating violence, sexual assault and/or stalking or the effects of the abuse. This document must be signed by the applicant/resident.

The signatory attests under penalty of perjury that he/she believes it is the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under the VAWA, and that the incident meets the applicable definition of domestic violence, dating violence, sexual assault, or stalking.

Based on HUD's instruction above, the written statement must be signed, dated, and notarized or witnessed, and must include the following language:

Name of person seeking protections has worked with me to receive assistance in addressing domestic violence, dating violence, sexual assault and/or stalking or the effects of the abuse.

Name of professional providing documentation believe it is the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under the VAWA, and that the incident meets the applicable definition of domestic violence, dating violence, sexual assault, or stalking

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA 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).

The information provided above is true and is based on my knowledge of incidents involving domestic violence, dating violence, sexual assault or stalking.

Signed and dated by person providing certification: _____

I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction. In addition, providing false information may prompt the owner/agent to notify HUD and pursue civil action related to fraud based on HUD requirements. I am requesting to exercise protections provided through the VAWA because I am a victim of domestic violence, dating violence, stalking and/or sexual assault (VAWA crimes) or I am a person affiliated with someone who is a victim of a VAWA crime as defined in this document.

Signed and dated by person seeking VAWA protections:

Violence Against Women Act (VAWA) Policy

The victim is not required to name his/her accused perpetrator if doing so would result in imminent threat or if the victim does not know the name of his/her accused perpetrator.

The person seeking VAWA protections will have fourteen (14) calendar days from the date of the written request to provide certification using any of the options above.

This certification may be submitted in an equally effective manner, as a reasonable accommodation, if there is the presence of a disability.

If the owner/agent receives documentation that contains conflicting information (*including certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator*), the owner/agent will require an applicant or tenant to submit third-party documentation, as described above in Option 2 and Option 3, within thirty (30) calendar days of the date of the request for the third-party documentation.

To ensure that a person is not wrongly accused of committing an act covered under the VAWA, the owner/agent will carefully evaluate abuse claims as to avoid denial, termination of assistance, termination of tenancy or eviction based on false or unsubstantiated accusations.

The owner/agent will review and respond to requests to exercise protections provided under the VAWA as quickly as possible but within no more than ten (10) business days of receiving all required documentation. The owner/agent may provide a written response to be delivered to the response in any manner acceptable to the victim and the owner/agent. Responses include:

- Approval of the Request for a specific VAWA accommodation
- Denial of the Request for a specific VAWA accommodation
- Request for additional information or Request to Meet

If the request is denied, the person seeking VAWA protections will have the right to appeal. Requests to appeal must be received within ten (10) business days of the date of the denial. The owner/agent will grant a reasonable accommodation when there is the presence of a disability.

LEASE BIFURCATION

If the owner/agent determines that physical abuse caused by a resident is clear and present, the law provides the owner/agent the authority to bifurcate a lease (*i.e., remove, evict, or terminate housing assistance to any accused perpetrator*), while allowing the victim, who lawfully occupies the home, to maintain tenancy.

The owner/agent may attempt to evict the accused perpetrator, but residents should know that state/local tenant/landlord laws prevail and the owner/agent must comply with such laws. The owner/agent cannot guarantee that a court will award or enforce an eviction.

The resident must keep in mind that eviction of or termination action must be in accordance with the procedures prescribed by federal, state, and local law. The owner/agent is committed to attempting to assist the victim and persons affiliated with the victim, however, evictions are generally carried out through the court system and the owner/agent cannot override or circumvent a legal decision.

In the event that one household member is removed from the unit because of engaging in acts of domestic violence, dating violence, sexual assault and/or stalking against another household member, an appropriate certification will be processed reflecting the change in household composition.

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LEGAL ACTION

Victims are encouraged to seek police/legal protection from their accused perpetrator. In some cases, the owner/agent may file a restraining order against the accused perpetrator to prevent the accused perpetrator from entering the property.

The VAWA does not limit the authority of an owner/agent, when notified of a court order, to comply with a court order with respect to:

- The rights of access or control of property, including civil protection orders issued to protect a victim of domestic violence, dating violence, sexual assault, or stalking; or
- The distribution or possession of property among members of a household.

NONRETALIATION

The owner/agent will not discriminate against any person because that person has opposed any act or practice made unlawful by the Violence Against Women Act or because that person testified, assisted, or participated in any matter related to the Violence Against Women Act or a VAWA crime.

NONCOERCION

The owner/agent shall not coerce, intimidate, threaten, or interfere with, or retaliate against, any person in the exercise or enjoyment of, on account of the person having exercised or enjoyed, or on account of the person having aided or encouraged any other person in the exercise or enjoyment of, any rights or protections under the Violence Against Women Act including:

1. Intimidating or threatening any person because that person is assisting or encouraging a person entitled to claim the rights or protections under the Violence Against Women Act.
2. Retaliating against any person because that person has participated in any investigation or action to enforce the Violence Against Women Act.

PROTECTION TO REPORT CRIMES FROM HOME

Owner/agents, residents, occupants, service providers, guests and applicants:

1. Shall have the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance; and
2. Shall not be penalized based on their requests for assistance or based on criminal activity of which they are a victim or otherwise not at fault under statutes, ordinances, regulations, or policies adopted or enforced by covered governmental entities. Prohibited penalties include:
 - a. Actual or threatened assessment of monetary or criminal penalties, fines, or fees.
 - b. Actual or threatened eviction.
 - c. Actual or threatened refusal to rent or renew tenancy.
 - d. Actual or threatened refusal to issue occupancy permit or landlord permit.
 - e. Actual or threatened closure of the property, or designation of the property as a nuisance or a similarly negative designation.

TERMINATION OF TENANCY OR TERMINATION OF ASSISTANCE

The VAWA does not limit an owner/agent's authority to deny, evict or terminate assistance to a resident/applicant for any violation that is not the result of an act of domestic violence, dating violence, sexual assault, or stalking.

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The owner/agent will not subject the resident/applicant, who is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, or is affiliated with an individual who is or has been a victim of domestic violence, dating violence, sexual assault or stalking, to a more demanding standard than other resident/applicants in determining whether to evict or terminate assistance.

The VAWA does not limit an owner/agent's authority to deny, terminate assistance to, or evict a resident/applicant under a covered housing program when the owner/agent can demonstrate an actual and imminent threat *(to the property, to other resident/applicants or to those employed at or providing service to property of the covered housing provider)* would be present if that resident/applicant or lawful occupant is not evicted/terminated. In this context, words, gestures, actions, or other indicators will be considered an "actual and imminent threat" if they meet the standards provided in the definition of "actual and imminent threat".

Note: Actual and imminent threat refers to a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: The duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.

Determinations about the presence of imminent danger will not be based on stereotypes but will be tailored to particularized concerns about individual residents, residents' guests and/or residents' service providers.

The owner/agent will take into account individual circumstances when making a determination to terminate tenancy; such circumstances might include, among other things, the seriousness of the offending action, the extent of participation by the leaseholder in the offending action, and whether the leaseholder, if not the wrongdoer, took all feasible steps to prevent the offending action from occurring and has removed the offending person from the lease or otherwise banned the offending person from the premises in the future.

Any eviction or termination of assistance, will be initiated only when there are no other actions that could be taken to reduce or eliminate the threat. Examples of such action include, but are not limited to:

- Transferring the victim to a different unit when doing so would reduce or eliminate the threat – *Also see Addendum A for information about VAWA Emergency Transfers,*
- Barring the accused perpetrator from the property,
- Contacting law enforcement to request an increase in police presence
- Develop other plans to keep the property safe, or
- Seeking other legal remedies to prevent the perpetrator from acting on a threat

LEASE ADDENDUM

The HUD approved lease addendum will be implemented and provided in accordance with HUD guidance.

ENSURING EQUAL ACCESS

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted tiene dificultad para entender el inglés, por favor solicite nuestra asistencia y nos aseguraremos de se proporcionan con acceso significativo basado en sus necesidades individuales.

Violence Against Women Act (VAWA) Policy

QUESTIONS ABOUT THIS POLICY

Questions about this policy should be directed to the property management staff at the property management office or to the 504 Coordinator.

SIGNATURES

I acknowledge that the owner/agent has provided this information and has given me the opportunity to review and ask questions. I agree to the terms of this policy.

Resident Signature (Head of household) Date _____ Print Name _____

Resident Signature Date _____ Print Name _____

Owner/Agent Signature Date _____ Print Name _____



EQUAL HOUSING OPPORTUNITY Equal Housing Opportunity. The Landlord makes this housing available without regard to race, color, religion, sex, National origin, familial status, disability (handicap), military status, sexual orientation, gender identity or ancestry. The Landlord does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) and is the one who evaluates any reasonable accommodation or modification requests that have been submitted. National Director of Training and Compliance, 26301 Curtiss Wright Parkway, Suite 300, Richmond Hts., OH 44143, 216-472-1870 x 114 (TTY 7-1-1).

Violence Against Women Act (VAWA) Policy

Appendix A: VAWA Emergency Transfer (VET) Plan

The OWNER/AGENT is concerned about the safety of residents and applicants, and such concern extends to residents and applicants who are victims of domestic violence, dating violence, sexual assault, or stalking – collectively referred to as VAWA crimes.

This VAWA Emergency Transfer Plan identifies:

- Residents who are eligible for an emergency transfer,
- Applicants who are eligible for an emergency transfer,
- The documentation needed to request or receive an emergency transfer,
- Confidentiality,
- How an emergency transfer may occur, and
- Guidance about safety and security.

This plan is based on a *Model Emergency Transfer Plan* published by the U.S. Department of Housing and Urban Development (HUD). A request for transfer doesn't automatically guarantee the provision of a transfer.

DEFINITIONS

Please be aware of the following definitions:

Internal emergency transfer refers to an emergency relocation of a resident to another unit where the resident would not be categorized as a new applicant; that is, the resident may reside in the new unit without having to undergo an application process. If a unit is available, the resident must be eligible for the unit based on the requirements set forth by the governing agency. The resident should discuss unit transfer eligibility requirements with the owner/agent and/or property staff to fully understand the requirements.

External emergency “transfer” refers to an emergency relocation of a resident to another unit where the resident would be categorized as a new applicant; that is the resident must undergo an application process in order to reside in the new unit. Therefore, this is not an actual transfer. It would be a move out of the current location and a move in to the new location. The applicant is required to meet the eligibility requirements and/or screening requirements set forth by the agencies that govern the housing program and by the property's owner/agent. The applicant would be eligible for a preference to get in to the new unit sooner than others who are not victims if the property they are applying to has a preference for victims under VAWA. No properties managed by this organization have a waitlist preference for domestic violence that would skip them ahead of others on the waitlist.

Safe unit refers to a unit that the victim of domestic violence, dating violence, sexual assault, or stalking believes is safe.

VAWA EMERGENCY TRANSFER (VET) PLAN

Owner/agent is concerned about the safety of its residents, and such concern extends to residents who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA) and the Violence Against Women Reauthorization Act of 2013 and the Final Rule promulgated and published by the Department of Housing and Urban Development implementing the provisions of these laws, Owner/agent allows residents who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the resident's current unit to another unit within the property. Despite the reference to “women” in these laws, this protection and the right to request a transfer are available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. The ability of Owner/agent to honor such request for residents currently receiving assistance; however,

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may depend upon a preliminary determination that the resident is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether Owner/agent has another dwelling unit that is available and is safe to offer the resident for temporary or more permanent occupancy.

Owner/agent hereby adopts this Emergency Transfer Plan ("the Plan") for the Property for the purpose of identifying residents who are eligible for an emergency transfer, the documents or other information required to request an emergency transfer, confidentially protections, how an emergency transfer may occur, and guidance to residents on safety and security. The Plan is based upon a model emergency transfer plan published by the U.S. Department of Housing and Urban Development ("HUD") the federal agency that makes sure that Owner/agent is in compliance with VAWA and the rules promulgated and published pursuant to VAWA.

A resident who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L, is eligible for an emergency internal transfer, if the resident reasonably believes that there is a threat of imminent harm from further violence if the resident remains within the same unit. If the resident is a victim of sexual assault, the resident may also be eligible to transfer if the sexual assault occurred on the Property within the 90-calendar-day period preceding a request for an emergency transfer. Any resident requesting an internal emergency transfer must expressly request the transfer in accordance with the procedures set forth in the Plan. Residents who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section. For Owner/agent, external transfers are all handled as move outs of the existing property and application for housing will be started anew at the new location. There is no waitlist preference for victims of domestic violence on any of the properties managed by the company, so the resident will be added to the bottom of the regular waitlist.

Emergency Transfer Request Documentation:

To request an emergency transfer, the resident shall notify the Property's management office and submit a written request for a transfer to another unit. Owner/agent will provide a reasonable accommodation to this policy for individuals who have a qualifying disability and a need for a reasonable accommodation. The resident's written request for an emergency transfer should include either (1) a statement expressing that the resident reasonably believes that there is a threat of imminent harm from further violence if the resident were to remain in the same unit; or (2) a statement that the resident was a sexual assault victim and that the sexual assault occurred on the Property during the 90-calendar-day period preceding the resident's request for an emergency transfer.

Confidentiality:

Owner/agent will keep confidential any information that the resident submits in requesting an emergency transfer, and information about the emergency transfer, unless the resident gives Owner/agent written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the unit of the resident, if one is provided, from the person(s) who committed an act(s) of domestic violence, dating violence, sexual assault, or staking against the resident. Please refer to the Notice of Occupancy Rights under the Violence Against Women Act provided to all residents at move-in for more information about Owner/agent's responsibility to maintain confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

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Emergency Transfer Timing and Availability:

Internal Transfers:

Internal transfer is a transfer within the same single or scattered site property in which the tenant requesting the transfer currently resides. This type of transfer can be performed without the tenant reapplying for housing assistance, however, the tenant still must meet the eligibility criteria of the unit they are transferred to. Owner/agent will give these transfers preference over other in-house transfers as well as move-ins from the external waitlist.

Owner/agent cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Owner/agent will, however, act as quickly as possible to move a resident who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of such unit. If a resident reasonably believes a proposed transfer would not be safe, the resident may request a transfer to a different unit within the Property. The definition of a safe unit will be made by the victim based on their perception of the available unit offered. If a unit is available, the transferred resident must be eligible for the unit and must agree to abide by the terms and conditions that govern occupancy in the unit to which the resident has been transferred. Owner/agent will make all efforts possible to transfer the resident to another unit within their current subsidy whenever possible, but will offer residents the choice of non-subsidized units if one is available and would result in a quicker transfer. Owner/agent will give VAWA Emergency transfers priority over other unit transfer requests on the in-house waiting list. The wait list will document this move as an emergency transfer to protect the resident's safety. Owner/agent may be unable to transfer a resident to a particular unit if the resident has not or cannot establish eligibility for that unit.

External Emergency Transfer

An external emergency transfer refers to a tenant's physical move out of the property in which he or she resides or out of a form of assistance, where the tenant would be categorized as a new applicant. For example, a move from Property A to Property B is an external transfer – this also means that the household goes from being a tenant at Property A to an applicant at Property B.

Owner/Agent does not have any owner preference on the waitlist for domestic violence, so the resident will be added to the bottom of the regular waitlist. We will help facilitate the move as outlined below. Since external transfers are all handled as move-outs of the existing property, an application for housing will be started anew at the new location and the resident must qualify for the new property and unit at the time of the current application.

If Owner/agent has no safe and available unit within the Property for which a tenant who has requested an emergency transfer is eligible, Owner/agent will assist the resident in identifying other housing providers who may have safe and available units to which the resident can move. There is no guarantee that the resident will be able to keep their current subsidy if they move, as the resident would have to qualify at the time of move for the new housing and go through any required application process. At the resident's request, Owner/agent will also assist the resident in contacting local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking which are attached to the Plan, and will help the resident to identify other assisted housing providers in the area and those with preferences for domestic violence. The resident will be allowed to be placed on the in-house waitlist at the current property and simultaneously investigate other external housing options in order to enable the quickest move possible to a safe location.

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Safety and Security of Residents:

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the resident is urged to take all reasonable precautions to be safe. Residents who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons who are hearing impaired, the hotline can be accessed by calling 1-800-787-3224 (TTY). Residents who have been victims of sexual assault may call the Rape, Abuse & Incest Network's National Sexual Assault Hotline at 800-656-HOPE (4673), or visit the online hotline at <https://ohl.rainn.org/online/>. Residents who have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/out-programs/stalking-resource-center>.



EQUAL HOUSING OPPORTUNITY Equal Housing Opportunity. The Landlord makes this housing available without regard to race, color, religion, sex, National origin, familial status, disability (handicap), military status, sexual orientation, gender identity or ancestry. The Landlord does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) and is the one who evaluates any reasonable accommodation or modification requests that have been submitted. National Director of Training and Compliance, 26301 Curtiss Wright Parkway, Suite 300, Richmond Hts., OH 44143, 216-472-1870 x 114 (TTY 7-1-1).

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ADDENDUM B: ORGANIZATIONS OFFERING ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING.

Use these contacts to find resources in the are the victim wishes to move.

The National Domestic Violence Hotline	800-799-7233 (SAFE)	www.ndvh.org
National Dating Abuse Helpline	866-331-9474	www.loveisrespect.org
Americans Overseas Domestic Violence Crisis Center	866- USWOMEN (879-6636)	www.866uswomen.org
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	www.childhelp.org
National Sexual Assault Hotline	800-656-4673 (HOPE)	www.rainn.org
National Center for Victims of Crime	202-467-8700	www.victimsofcrime.org
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	www.polarisproject.org
National Resource Center on Domestic Violence	800-537-2238	www.nrcdv.org and www.vawnet.org
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	www.futureswithoutviolence.org
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	www.nationalcenterdvtraumamh.org
Domestic Violence Initiative	303-839-5510 877-839-5510	www.dviforwomen.org
Deaf Abused Women's Network (DAWN)	202-559-5366	Hotline@deafdawn.org www.deafdawn.org
Women of Color Network	800-537-2238	www.wocninc.org
INCITE! Women of Color Against Violence		incite.natl@gmail.com www.incite-national.org
Alianza	505-753-3334	https://domestic-violence.laws.com/domestic-violence-news/alianza-confronting-domestic-violence-among-our-nation39s-latinos-36511.html
Casa de Esperanza	651-772-1611	www.casadeesperanza.org
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	www.apiidv.org
Committee Against Anti-Asian Violence (CAAAY)	212- 473-6485	www.caaav.org
Manavi	732-435-1414	www.manavi.org
Institute on Domestic Violence in the African American Community	877-643-8222	idvaac.org
The Black Church and Domestic Violence Institute	770-909-0715	http://www.nonprofitfacts.com
The Audre Lorde Project		www.alp.org
LAMBDA GLBT Community Services	206-350-4283 178-596-0342	http://www.qrd.org/qrd/www/orgs/avproject/main.htm

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National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	https://ncadv.org
National Gay and Lesbian Task Force	202-393-5177	www.nglftf.org
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	www.nwnetwork.org
National Clearinghouse on Abuse in Later Life	608-255-0539	www.ncall.us
National Center for Elder Abuse	855-500-3537	https://ncea.acl.gov
American Bar Association Commission on Domestic Violence	202-662-1000	www.abanet.org/domviol
Battered Women's Justice Project	800-903-0111	www.bwjp.org
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		www.victimsofcrime.org/our-programs/stalking-resource-center
The National Organization for Victim Assistance	800-879-6682	www.trynova.org
iSafetyNet		http://www.isafetynet.org/



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Violence Against Women Act (VAWA) Policy

ADDENDUM C: INFORMATION ABOUT PROPERTIES PROVIDING HUD SUBSIDY AND SUBJECT TO THE RULES PROVIDED BY THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT

The owner/agent will assist the victim in finding alternative housing with subsidy provided through the Department of Housing and Urban Development.

Victims can conduct their own "search" and can find Section 8 apartments on HUD's web sites

<http://www.hud.gov/apps/section8/>

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts



For i EQUAL HOUSING OPPORTUNITY Equal Housing Opportunity. The Landlord makes this housing available without regard to race, color, religion, sex, National origin, familial status, disability (handicap), military status, sexual orientation, gender identity or ancestry. The Landlord does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) and is the one who evaluates any reasonable accommodation or modification requests that have been submitted. National Director of Training and Compliance, 26301 Curtiss Wright Parkway, Suite 300, Richmond Hts., OH 44143, 216-472-1870 x 114 (TTY 7-1-1).