



Resident Selection Criteria

We are working with our community to maintain quality in the neighborhood. Therefore, we have a very thorough screening process. If you meet the application standards and are accepted, you will have the peace of mind knowing that other residents are being screened with equal care. Please review the following list of criteria. If you feel you meet these standards, please apply.

Equal Housing: This community does not discriminate based in race, color, age, sex, religion, handicap, familial status, sexual orientation or national origin.

Identification: All visitors must present a current photo ID issued by a state or government authority (i.e. State issued driver's license, State issued Identification card, current passport, current United States Military ID card, or VISA issued by US Immigration and Naturalization Services).

Occupancy: A maximum of two persons per bedroom, per apartment home. (example: 1/1 = 2persons; 2/2 = 4persons; 3/2 = 6 persons; 4/2 = 8 persons).

Application for Residency: An Application for Residency must be completed and maintained for each applicant 18 years or older who will be living in the apartment and/or contributing to the payment of rent.

Qualifying Standards

Rental History: Up to 24 months of rental history may be verified on present and previous residence. A positive record of prompt monthly payments, sufficient notice, with no damages is expected. Eviction, skip, or money left owing to a landlord within seven (7) years of application date or falsification of this application may result in an automatic rejection. If no rental history or guarantor/co-signer where applicable can be provided, a minimum of a 1-month additional security deposit will be required.

Credit History: An unsatisfactory credit report can disqualify an applicant from renting an apartment home at this community. An unsatisfactory credit report is one which reflects past or current bad debts, late payments or unpaid bills, liens, judgements or bankruptcies.

Income: Applicants must have a verifiable income source. Acceptable income verification required may include 9a.) income statements (i.e. pay stubs) must be consecutive and current a 2-week period prior to application or a bank statement showing recurring pay deposits for 12 months. (b.) Proof of income verified by employer on company letter head, this will be called on and verbally verified by the on-site staff. (c.) Job opportunity letter on company letterhead. This will be called on verified by on-site staff. (d.) In the event of self-employment, applicant(s) must provide proof of income via the last years tax return or an accountant's certification of income.

If applicant(s) has no current employment, one or more of the following conditions must be met: (a.) Applicant(s) must provide bank statement reflecting balance equivalent to rental obligation for an entire lease term, (b.) Proof of Trust Income, or (c.) Proof of Social Security, Retirement, unemployment or Disability Income.



Applicant(s) applying for residency at an LIHTC (Low Income Housing Tax Credit) property may be required to provide up to six consecutive paystubs and or/bank statements. Applicants with Housing Choice Vouchers will be required to provide proof of the Voucher and Proof that a minimal amount of income is present to support the basic needs of the apartment, including, but not limited to cleaning supplies, utilities etc.

Applicant(s) applying for residency at an LIHTC property are also subject to certain rules and regulations regarding student status, household composition and income restrictions. These guidelines are provided at each LIHTC property, as the income guidelines may vary dependent on county and state.

Lease Guarantors: A lease Guarantor and/or Additional Security Deposit may be required upon evaluation of rental application(s). Lease guarantors may be accepted for students only, for income verification purposes only and must reside in the USA. Guarantors must qualify based not only on the proposed rent amount for the applicant's apartment, but the combination of proposed rent plus their own housing obligation. Lease Guarantors and/or cosigners are not accepted at LIHTC properties.

Non-US or US Citizens without a SSN or ITIN: Applicant(s) must provide a valid Passport and must include at least one (1) appropriate U.S. Citizenship and Immigration Services (USCIS) document, as specified below.

U.S. Citizenship and Immigrations Services (USCIS) documents (must be a valid unexpired document) as follows:

Certificate of Naturalization, Certificate of Citizenship, I-551 Stamp contained in valid foreign passport, I-94 card contained in Valid foreign passport, Alien Registration Receipt card (Resident Alien Card), Temporary Resident card, Employment Authorization card, Refugee Travel document, Foreign students with an F1 Visa status must show USCIS document I-20 and verification of current enrollment in a US school.

Criminal Background Check: A criminal background check will be run on all Applicants, An applicant(s) may be automatically denied in the event the applicant(s) have ever been convicted of a felony or misdemeanor for a crime against a person, another person's property or against society. The applicant(s) may also be declined if they have received adjudication withheld or has been charged with a felony or misdemeanor offense(s) within the past seven (7) years for a crime against a person, another person's property or against society. An automatic denial will also occur should an applicant(s) appear on the list of known terrorists and wanted fugitives as provided by the Office of Foreign Asset Control (OFAC), federal agencies to include the FCI or other state and local law enforcement agencies.

The applicant(s) agrees that the lease shall be terminated in the event the applicant, after moving onto the property, is convicted of a felony or misdemeanor for crime against a person, another person's property or against society, and/or appears on the known terrorists and wanted fugitives.

NOTE: This requirement does not constitute a guarantee or representation that residents or occupants residing at this apartment community have not been convicted of a felony or are not subject to deferred adjudication for a felony.



Notifications: Applicant(s) will be informed of the status of their application(s) by telephone within five (5) business days (Mon.-Fri.) from submitting the application and the required processing fee. If the applicant(s) is rejected, the applicant(s) will be given an adverse action letter with contacts to request copies of the information used to determine eligibility for occupancy. Management cannot be held responsible for inaccuracies contained in any information obtained and is not allowed to provide details to the applicant regarding said information.

X

Applicant

Date

X

Applicant

Date

X

Applicant

Date

X

Management Representative Signature

...

Application Addendum

Initial

_____ The lessee certifies the accuracy of the information provided
_____ in connection with the application or recertification of annual
_____ income of the household of the lessee. I/We further understand that upon
_____ move in and recertification that each year all of my income, assets, and
_____ student status will be verified by management, or any other agent
_____ representing the property.

_____ The lessee agrees that the annual income or other eligibility requirements
_____ shall be deemed substantial and material obligations of his/her tenancy and
_____ that he/she will comply with all requests for information with respect there
_____ to the lesser. The lessee's failure to provide accurate information
_____ regarding such requirements (regardless of whether such inaccuracy is
_____ intentional or unintentional), or refusal to comply with the request for
_____ information will be deemed in violation with the lease agreement.

_____ I/We understand that if I/we do not disclose all income, assets, and student
_____ status I/we will not be eligible to live on this property. Not disclosing
_____ income, assets or student status is grounds for eviction.

Resident's Signature: _____ **Date:** _____

Resident's Signature: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____

The Ridges Apartments

2625 LeDoux Ave
Gillette, WY 82718
Phone # 307-685-8066

Rental Application

Unit Number

PART I - HOUSEHOLD COMPOSITION							
HH Mbr#	Last Name	First Name	Date of Birth	Relationship to Head of Household	Full time Student?	Drivers License Number	Social Security or Alien Reg No.
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

Do you anticipate a change in the household occupants in the next 12 months?	YES	NO	Do you have a pet?
If Yes, please explain:			Yes No

PART II - STUDENT STATUS			
Are ALL occupants of the household full time students?		Yes	No (Circle one)
If Yes, to the above, answer the following:			
Is the household comprised of a single parent and with school age child(ren), neither of whom are dependents of a third party?		Yes	No (Circle one)
Are Applicant & Co-Applicant married and do they file a joint income tax return?		Yes	No (Circle one)
Does the household receive TANF/AFDC?		Yes	No (Circle one)
Are any of the students currently or previously part of the Foster Care Program		Yes	No (Circle one)
Are any of the students, participants in the Job Training Partnership Act?		Yes	No (Circle one)

PART III - CONTACT INFORMATION - RENTAL HISTORY (Need 2 years of History)							
Phone #: 				Email: 			
Present Address		City	State	Zip	How Long? from to	() Own () Rent	Phone Monthly Payment \$
Name of Present Landlord/Mortgage Co.				City	State	Zip	Day Phone Night Phone () ()
Previous Address		City	State	Zip	How Long? from to	() Own () Rent	Phone Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone Night Phone () ()

PART IV - IMPORTANT INFORMATION					
AUTO #1 (Year, Make, Model, Color)		License Plate	State	Payment Made to:	Monthly Payment \$
AUTO #2 (Year, Make, Model, Color)		License Plate	State	Payment Made to:	Monthly Payment \$
Name of APPLICANT'S nearest Relative		Relationship	Address City State Zip		Phone ()
Emergency Contact		Relationship	Address City State Zip		Phone ()
Personal Reference		Relationship	Address City State Zip		Phone ()

PART V - SECTION 8				
Do you receive Section 8 assistance?		YES	NO	If YES, please complete the rest of this section
Name of Caseworker	Telephone number of Caseworker	Office:	Voucher Amount \$	Last Recertification Date

PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)

Applicants Name:							
(Circle all applical		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
Current Employer		Position		How Long from to		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$	Do you have more than one job? YES NO		
Second Employer		Position		How Long from to		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$	Do you have more than one job? YES NO		
Previous Employer		Position		How Long from to		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$	Do you have more than one job? YES NO		

(Circle each one individually)

OTHER INCOME: <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	\$	Week / Month
	SNAP(Food Stamps) /TANF(Cash Assistance)	YES	NO	\$	Week / Month
	Social Security / Disability	YES	NO	\$	Week / Month
	Retirement / Pension / Annuities	YES	NO	\$	Week / Month
	Unemployment	YES	NO	\$	Week / Month
	Worker's Compensation	YES	NO	\$	Week / Month
	Recurring Gifts from Family	YES	NO	\$	Week / Month
	Grants & Scholarships	YES	NO	\$	Week / Month
	Military/Reserve Pay	YES	NO	\$	Week / Month
Other Recurring Monies	YES	NO	\$	Week / Month	

RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)

Applicants Name:							
(Circle all applical		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
Current Employer		Position		How Long from to		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$	Do you have more than one job? YES NO		
Second Employer		Position		How Long from to		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$	Do you have more than one job? YES NO		
Previous Employer		Position		How Long from to		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$	Do you have more than one job? YES NO		

(Circle each one individually)

OTHER INCOME: <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	\$	Week / Month
	SNAP(Food Stamps) /TANF(Cash Assistance)	YES	NO	\$	Week / Month
	Social Security / Disability	YES	NO	\$	Week / Month
	Retirement / Pension / Annuities	YES	NO	\$	Week / Month
	Unemployment	YES	NO	\$	Week / Month
	Worker's Compensation	YES	NO	\$	Week / Month
	Recurring Gifts from Family	YES	NO	\$	Week / Month
	Grants & Scholarships	YES	NO	\$	Week / Month
	Military/Reserve Pay	YES	NO	\$	Week / Month
Other Recurring Monies	YES	NO	\$	Week / Month	

PART VII - ASSETS

OTHER INCOME: Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

Applicant Name: _____				Applicant Name: _____			
		Value	Annual Earnings			Value	Annual Earnings
Cash on Hand	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Checking Account (6 month average)	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Savings Account	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Money Market, CD's and Other	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Stocks / Bonds	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
IRA'S, 401(K), Keogh	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Real Estate	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Boat, Trailer and Rec Vehicles	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Life Insurance Policies	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Crypto Currency	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Other Assets	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Total:		\$ _____	\$ _____	Total:		\$ _____	\$ _____

Has any member of the household disposed of an asset for less than fair market value in the past 24 months? YES NO

If YES, please list: _____

PART VIII- CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Cornerstone Residential, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement.

In addition, applicant has paid \$ _____ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 72 hours of the date of deposit, the \$ _____ holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ _____ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Cornerstone Residential, or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income history and employment history as necessary to verify all information put forth in the above referenced application for residency, faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense?

Yes No (Circle one)

Have you ever been EVICTED?

Yes No (Circle one)

Where you referred to the property by anyone?

Yes No (Circle one)

If Yes, Who? _____

If Resident, Apt # _____

Applicant

Date

Applicant

Date

Management Representative

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

Household Name: _____ Unit #: _____

Address: _____ City: _____

Certification Type: _____ Effective Date: _____

CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Section 42, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), Low Income Housing Tax Credit (LIHTC) and/or the United States Department of Agriculture/ Rural Development (USDA/RD) in administering and enforcing program rules and policies. I also consent for HUD, LIHTC, USDA/RD or the manager to release information from my file about my rental history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status
Activity Residences and Rental Activity

Employment, Income, and Assets
Credit and Criminal Check

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Veterans Administration
Banks and Other Financial Institutions
Credit Providers and Credit Bureaus

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Support and Alimony Providers
Retirement Systems
Utility Companies
Social Security Administration

CONDITIONS

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

SIGNATURES

_____ Head of Household	_____ Print Name	_____ Date
_____ Adult Household Member	_____ Print Name	_____ Date
_____ Adult Household Member	_____ Print Name	_____ Date
_____ Adult Household Member	_____ Print 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 this consent form. Use of the information collected based on the consent form: Use of the information collected based on this authorization 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 neglectful disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer of 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 208(a)(6)(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6)(7)(8).

HOUSEHOLD DEMOGRAPHICS

Property Name: _____

Unit # _____

Name of Head of Household

Name of Household Member #2

Name of Household Member #3

Name of Household Member #4

Name of Household Member #5

Name of Household Member #6

Name of Household Member #7

THIS FORM MUST BE COMPLETED BY APPLICANT/TENANT ONCE APPROVED FOR RESIDANCY

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain tenant data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

☐ I/we were given the opportunity to furnish the information listed below for our household but chose not to.

(Do NOT check this box if your household is furnishing the data requested in sections A, B, and C below.)

**Please refer to the attached page for definitions of race, ethnicity, and disability.*

	Check all that apply						
(A) Racial Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Check all that apply						
(B) Ethnic Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) Disability Status*: Are any household members disabled according to the Fair Housing Act? ☐ YES ☐ NO

Head Of Household Signature

Date

Signature

Date

Signature

Date

Signature

Date

STUDENT SELF CERTIFICATION

This annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ YES ☐ NO

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

ACKNOWLEDGEMENT OF RECEIPT OF VAWA DOCUMENTS

Property: Antelope Ridge, Sage Ridge & Windridge Apartments

Resident(s): _____

Please sign below to acknowledge you have received the two following Violence Against Women Act (VAWA) documents:

- 1) VAWA Notice of Occupancy Rights Under the Violence Against Women Act, Form HUD-5380
- 2) VAWA Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, Form HUD-5382

I certify that I am the Head/Co-Head/Spouse or other Adult member of the household and I certify that I have received a copy of the VAWA documents listed above.

_____	_____
Head of Household	Date
_____	_____
Co-Head	Date
_____	_____
Adult Household Member over 18	Date

I certify that I have provided VAWA Form HUD-5380 and VAWA Form HUD-5382 to the household listed above.

_____	_____
Compliance Manager/Property Manager	Date

Burlington Capital Properties

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Burlington Capital Properties** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

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

Protections for Tenants

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

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

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

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

Removing the Abuser or Perpetrator from the Household

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

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

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

Moving to Another Unit

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

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

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

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

OR

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

you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

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

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

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

Confidentiality

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

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

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

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

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

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to

tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

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

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

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

Other Laws

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **local Fair Housing office** or **contact HUD at 936-238-7771, Ext 5301.**

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

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

For questions regarding VAWA, please contact **936-238-7771, Ext 5301.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **your local police department or domestic violence shelter.**

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

For help regarding sexual assault, you may contact **your local police department**

Victims of stalking seeking help may contact **your local police department**

Attachment: Certification form HUD-91067 **[form approved for this program to be included]**