

Canterbury House Apartments

926 Ravine Circle
Southgate, KY 41071

Telephone: (859) 442-8800
Fax: (859) 442-8801

THANK YOU FOR YOUR INTEREST IN CANTERBURY HOUSE APARTMENTS

.....
Applying for affordable housing requires disclosing and verifying all your income and assets. If you turn in a signed application, you have agreed to comply with this. It may seem intrusive and time consuming, but we follow the IRS guidelines to ensure you are qualified to live in an affordable housing apartment. **THE PROCESS CAN TAKE 7 TO 14 DAYS TO VERIFY EVERYTHING. IT MAY REQUIRE YOU TO COME TO THE OFFICE MULTIPLE TIMES TO FILL OUT ADDITIONAL PAPERWORK.** We file all your paperwork with our compliance department. **WHEN THE COMPLIANCE DEPARTMENT HAS VERIFIED WE HAVE ALL THE GOVERNMENT REQUIRED DOCUMENTATION, THEN WE CAN SCHEDULE YOUR MOVE IN.**

Applications will not be accepted without the following:

- Application completed in full. **We will not accept partially filled out applications.**
- All applicants 18 and older photo ID's
- **Processing fee is \$22.65 per adult – we do not accept paper payments in the office, we will email or text you a link to make the payment when you bring in your application.**

All items must be filled out. If they do not apply to you, answer NONE or N/A.

DO NOT USE WHITE OUT – IT WILL VOID THE APPLICATION

INITIAL ANY ITEMS YOU SCRATCH OUT

***** **WE DO NOT ACCEPT PAYMENTS/RENT IN THE OFFICE see next page*******

If your application is approved, we will need the following items **that apply to any applicant on the application.**

- Last 6 pay stubs or proof of income letter
- Last 6 monthly account banks statements **ONLY IF YOU HAVE PNC OR 5TH/3RD**
 - Not a transaction list of 6 months. We need 6 individual monthly statements
- Current social security benefits letter
- If you answer YES to any of the income or asset questions, please bring account numbers or documents to support your answer.

Normal business hours:

MON, TUES, THUR, FRI:

9 – 12 & 1:30 - 5

WED Closed

Weekends and Holidays: CLOSED



Canterbury House Apartments does not discriminate on the basis of handicapped Status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



RENTAL APPLICATION - CHA Southgate

FOR OFFICE USE ONLY

NEW APPLICATION / INITIAL CERT

NEW APPLICATION ONLY

Was the application completed on site? Yes No

If the application was not completed on site, what method was the application received by the site staff?

By mail Hand Delivered Other _____

Application received by: _____ Interviewed by: _____

What apartment size is the applicant applying for? _____ Bedroom(s) Apartment assigned: _____

Household size? _____

Application fee: \$ _____

INITIAL INCOME ELIGIBILITY DETERMINATION

What is the Maximum Gross Income allowed for the household to be eligible? \$ _____

Based on the Gross Income information provided by the applicant(s), does the household qualify for the program type Yes No

RE-CERTIFICATION

*Please note, special arrangements will be made to assist individual(s) who complete this application if such a request is made. Do you require assistance? Yes _____ (please initial) No

Is the head of household or spouse/co-head disabled? Yes No (for program and unit size eligibility only)

I/We certify that the unit applied for will serve as the applicant's primary residence Yes No

THIS APPLICATION WILL BE REJECTED OR YOUR ELIGIBILITY MAY BE DELAYED IF THERE ARE ANY QUESTIONS NOT ANSWERED OR BOXES NOT CHECKED. USE "N/A" IF THE ANSWER IS NOT YES OR NO.

Are you currently receiving: Section 8 Voucher Other Federal Assistance _____

Please Print:

Today's Date: _____ Time: _____ Estimated Move-In Date: _____

Name: _____ Phone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Divorced Widowed Married Single Separated (HKP-107 form is required)

*If you answer yes that you require assistance, there should be only one type of handwriting on the application and questionnaire.



HOUSEHOLD COMPOSITION – List all persons that will occupy the unit

Full Name	Relationship to Head of Household	Gender	Social Security #	Full-Time Student	DOB	*Race	Ethnicity Hispanic/ Not Hispanic/ Decline to answer
	HOH	M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D

*Race codes: **AI/AN** (American Indian/Alaskan Native), **A** (Asian), **B/AA** (Black/African American), **PI/NH** (Pacific Islander/Native Hawaiian), **W** (White), **D** (Decline to answer). You can select 1 or multiple codes

ELIGIBILITY INFORMATION

- 1) Yes No Are you or any adult member (18 or older) in the household employed?
If yes, provide the contact information of your employer below:
(If yes, HKP-201 form is required; if no, HKP-105 form is required)

Employer's Name: _____

Please list your previous employer:

Previous Employer's Name: _____
Dates Employed: _____ to _____

- 2) Yes No Are there any adult household members claiming zero income?
If yes, list name(s) _____
If yes, you must complete an HKP-104 form.
- 3) Yes No Does anyone not listed in the household composition section above plan to live with you in the next 12 months? If pregnant, please indicate approximate due date.
If yes, explain _____
- 4) Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain _____
- 5) Yes No N/A Does an adult of this household have physical custody of every child listed on this application at least 50% of the time? Custody documentation may be required depending on the program type.



6) Yes No Does anyone in your household require a live-in care attendant? (HKP-114, 117, & 122 forms)
 If yes, who? _____. Provide the physician's name and contact information who will verify the need for an attendant:
 Physician's Name: _____
 Address: _____
 Phone #: _____ Fax #: _____

7) Yes No Has anyone in your household ever been evicted?
 If yes, explain: _____

8a) Yes No Have you or any household member ever been arrested or convicted of any criminal act other than traffic violation/citation?
 If yes, who? _____ When? _____
 Explain: _____

8b) Yes No Is any member of the household subject to Lifetime Sexual Offender Register?

9a) Yes No Does your household have or anticipate having any pets other than those used as a service animal?
 If yes:
 Type _____ Breed _____ Weight _____ Height _____ Color _____
 Type _____ Breed _____ Weight _____ Height _____ Color _____

9b) Yes No Do you have a service animal?
 If yes: Breed (for identification purposes only) _____ Color _____

10) Yes No Has anyone in your household filed for bankruptcy?
 If yes, was the bankruptcy discharged? Yes No If no, provide documentation from your attorney that no additional debt may be added.

E-mail address: _____ Alternative Phone #: () _____

Automobile Information:

Vehicle #1 Make/Model _____ License Plate # _____
 Vehicle #2 Make/Model _____ License Plate # _____

EMERGENCY CONTACT INFORMATION

Please provide at least one emergency contact.

In case of emergency, notify: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home/Cell Phone: () _____ Work Phone: () _____

In case of emergency, notify: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home/Cell Phone: () _____ Work Phone: () _____



Student Status

Part A

Is every household member a full-time student (adults and children)? Yes No

Have you or any member of the household attended school, or plan to attend school, for 5 calendar months during the calendar year (January 1 – December 31)? Yes No

If the answer is yes, list the name(s) of the household member(s) who attended school:

**If you answer “Yes” to either of the above questions, proceed to answering
“Part B” below.**

Defining “Student”

IRC §152(f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year [January 1 – December 31] in which the taxable year of the taxpayer begins, is a full-time student at an educational organization described in IRC §170(b)(1)(A)(ii) or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IR §170(b)(1)(A)(ii) or of a state or political subdivision of a state. Treas. Reg. §1.151-3(b) further provides that the five calendar months need not be consecutive.

Part B

**If you answer “No” to both questions above, DO NOT complete
any of the questions in this section**

- Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
 Yes No
- Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program? Yes No
- Married and/or eligible to file a joint tax return? Yes No
- I am a full-time student and I am not the dependent of another individual. My child is also a full-time student, but is claimed as a dependent on either my tax return or that of the other parent. (Copy of tax return is required and included.) Yes No
- At least one household member will be residing in the unit who is currently or has previously received foster care assistance. Yes No
- List one household member who IS NOT a full-time student. _____

Please note, there may be a state specific form that must be completed as well.



SIGNATURE CLAUSE

Each household 18 or older must sign/initial in the space provided acknowledging they have read the information below:

_____ I understand that management is relying on the information I provided in this application and all future required documentation to prove my household's eligibility for the Housing Credit Program and/or other affordable housing. I certify that all information and answers provided in this application and subsequent documentation are true and complete to the best of my knowledge. I consent to release the necessary information to determine my/family eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

_____ I do hereby authorize CHA Southgate _____, **their agent** and/or its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

_____ I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

_____ Furthermore, I hereby release and hold harmless any agent of CHA Southgate _____, **their agent** and/or its staff, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to CHA Southgate _____, **their agent** and/or its staff upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

_____ I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

PENALTIES FOR MISUSING THIS CONSENT:

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). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC 408 (A) (6), (7) AND (8).

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability or familial status.



By signing below, I acknowledge that I have received a copy of the **Notice of Occupancy Rights under the Violence Against Women Act.**

Signature

Date

TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____

(Each adult household member 18 years or older must complete a separate questionnaire)

INCOME INFORMATION

			MONTHLY ESTIMATED GROSS INCOME	
1	Yes	No	I am self-employed. (List name of self-employment). This includes but is not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc _____ _____	\$ _____
2	Yes	No	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you: 1) _____ / _____ Name of Employer Position Start Date 2) _____ / _____ Name of Employer Position Start Date *Please provide any additional Employer information on a separate sheet of paper.	\$ _____ \$ _____
3	Yes	No	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons who are not living with me. Name _____ Phone # _____ *Please Provide any additional cash contributions or gifts on separate sheet of paper	\$ _____
4	Yes	No	I receive Unemployment or Workman's Comp benefits. (please circle which one) Name of Company Providing Workman's Comp Benefits _____ Phone Number _____	\$ _____
5	Yes	No	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. Name of Company _____ Phone # _____	\$ _____
6	Yes	No	I receive payments for Social Security or Supplemental Security Income (SSI)	\$ _____
7	Yes	No	This household receives unearned income from family members age 17 or under (i.e., Social Security payments, Trust Fund disbursements, etc.). 1) _____ / _____ Name of Company providing unearned income Phone # Name of Household Member 2) _____ / _____ Name of Company providing unearned income Phone # Name of Household Member	\$ _____
8	Yes	No	I receive payments for disability or death benefits (other than social security), or adoption assistance. (please circle which one) _____ Name of Company providing adoption assistance Phone # _____	\$ _____
9	Yes	No	I receive Public Assistance Income (examples: TANF, AFDC), not including food stamps.	\$ _____
10	Yes	No	a. I have a court order to receive child support payments and receive the full amount. (provide copy of court order) i. I am currently receiving child support payments through _____ County	\$ _____ (amount ordered)
	Yes	No	b. I have a court order for child support but am not receiving the full amount. Please list amount received.	\$ _____ (amount received)
	Yes	No	c. I am currently receiving non-court ordered child support payments directly from the non-custodial parent _____ (name of individual). Phone # _____ i. If yes, from how many persons do you receive support? _____	\$ _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____

(Each adult household member 18 years or older must complete a separate questionnaire)

11	Yes	No	a. I have a court order to receive alimony/spousal support payments and receive the required payments (provide copy of court order) i. I am currently receiving alimony/spousal support, payments through _____ County	\$ _____
	Yes	No	b. I am currently receiving non court ordered spousal maintenance payments directly from _____ (name of individual). Phone # _____	\$ _____
	Yes	No	c. I have a court order to receive alimony/spousal payments and am NOT receiving the required payments. I/we am/are currently making efforts to collect the support owed to me. List efforts being made to collect: _____	\$ _____
12	Yes	No	I receive periodic payments from trusts, annuities, inheritance, severance, retirement funds or pensions, insurance policies, or lottery winnings. 1) _____ / _____ Source Phone # Name of Household Member	\$ _____
13	Yes	No	I receive income from real or personal property. Please Explain _____	(use <u>net</u> earned income) \$ _____
14	Yes	No	I receive student financial assistance (i.e., grants, private sources) in amounts that exceed tuition costs. Name of School _____ Phone # _____ *NOTE: Count as income only if household receives Section 8 rental assistance	\$ _____
15	Yes	No	I have received lottery winnings paid in one payment (not reoccurring periodic payments)	\$ _____

Asset information

			INTEREST RATE	BALANCE/CASH VALUE
16	Yes	No	I have a checking account(s). # of accounts held _____ If yes, list bank(s): 1) _____ Acct# _____ Name of bank 2) _____ Acct# _____ Name of bank	_____% _____% 6 MONTH AVERAGE BALANCE \$ _____ \$ _____
17	Yes	No	I have a savings account(s). # of accounts held _____ If yes, list bank(s): 1) _____ Acct# _____ Name of bank 2) _____ Acct# _____ Name of bank	_____% _____% CURRENT BALANCE \$ _____ \$ _____
18	Yes	No	I have a debit card, pay card for direct deposit of benefits, or prepaid debit card (s). # of cards _____ 1.) _____ Name of financial institution Phone # 2.) _____ Name of financial institution Phone #	CURRENT BAANCE \$ _____ \$ _____
19	Yes	No	I have a revocable trust(s). If yes, list financial institution(s): Name of financial institution Phone #	_____% \$ _____
20	Yes	No	I own real estate. If yes, provide address: _____ I intend to : Keep, Sell, Rent, Give Away or a Foreclosure is in Progress (circle one)	\$ _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____

(Each adult household member 18 years or older must complete a separate questionnaire)

21	Yes	No	I own stocks, bonds, or Treasury Bills. List financial institution(s) 1) _____ Phone # _____ % Name of financial institution 2) _____ Phone # _____ % Name of financial institution	_____ %	\$ _____
22	Yes	No	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/financial institution(s) 1) _____ Phone # _____ % Name of financial institution 2) _____ Phone # _____ % Name of financial institution	_____ %	\$ _____
23	Yes	No	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list financial institution(s) 1) _____ Phone # _____ % Name of financial institution 2) _____ Phone # _____ % Name of financial institution	_____ %	\$ _____
24	Yes	No	I have a whole life insurance policy (policy has CASH VALUE). If yes, how many policies _____ 1) _____ Policy # _____ \$ _____ Name of financial institution 2) _____ Policy # _____ \$ _____ Name of financial institution		\$ _____
25	Yes	No	I have cash on hand.		\$ _____
25	Yes	No	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value within the past 2 years. If yes, list items and date disposed: _____ Date disposed _____ Item Disposed of		\$ _____
27	Yes	No	I have other personal property held as an investment, other income from assets or sources other than listed above. If yes, list type below: 1) _____ % Asset type 2) _____ % Asset type	_____ %	\$ _____

HOUSING assistance

Yes	No	Will the household receive Section 8 housing assistance?	List agency name, contact person and phone # _____ _____
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Signature: _____

Date: _____



Herman & Kittle 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 the **Low Income Housing Tax Credit Program** 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 **Low Income Housing Tax Credit 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 the **Low Income Housing Tax Credit Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing

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.

because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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 the **Low Income Housing Tax Credit 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 the **Louisville Regional HUD Office**.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

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 **Evin Bond, Director of Compliance for Herman & Kittle at 317-846-3111**.

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 **Domestic Violence Hotline (800) 799-SAFE**

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 **Rape, Abuse, & Incest National Network Sexual Assault Hotline - 800-656-HOPE** or <https://ohl.rainn.org/online/>.

Attachment: Certification form HUD-5382