

## THANK YOU FOR YOUR INTEREST IN OUR APARTMENT HOMES

Applying for affordable housing requires disclosing and verifying all your income and assets. This process may seem intrusive and time consuming, but we follow the IRS guidelines for the Section 42 Housing Program and must ensure you are qualified to live in an affordable housing apartment. **Your rent amount is not based on your income.** We have minimum and maximum income requirements.

This process takes an average of 7 to 14 days to verify all information. It may require you to come to the office multiple times to fill out additional paperwork. All paperwork will be submitted for review. Once the review is complete and all corrections completed, we can schedule your move in.

\*\*\*\*\*

Applications will not be accepted without the following:

- The application must be completed in full. We will not accept partially filled out applications.
- All applicants eighteen and older, must have a photo ID, and must be present to apply.
- The application 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.

### IF YOUR APPLICATION IS ACCEPTED YOU WILL NEED THE FOLLOWING ITEMS IF THEY APPLY

- Proof of Income - last eight pay stubs, most recent year's tax statement if self-employed, or current social security benefits letter for each adult household member.
- For all bank and/or investment accounts, please bring account numbers and most recent statement.
- For child or spousal support, we need a copy of the court order as well as the past 12 month's payment history.

All questions, on all pages, must be filled out. If they do not apply, answer NONE or N/A.

**DO NOT USE WHITE OUT – IT WILL VOID THE APPLICATION**

**DATE and INITIAL ANY ITEMS YOU SCRATCH OUT**

*We look forward to welcoming you home to our community!*

Please email [southgate@kittleproperties.com](mailto:southgate@kittleproperties.com) with any questions.

CANTERBURY HOUSE APARTMENTS

926 Ravine Circle

Southgate, KY 41071

**WALK IN HOURS:**

**MONDAY AND FRIDAY 9 – 12**

**TUESDAY 2 - 5**



Kittle Property Group is an equal opportunity provider and employer.



# 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 Violence Against Women Act.**

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**Signature**

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**Date**



**INCOME CERTIFICATION QUESTIONNAIRE**

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

Initial Certification    Recertification       Addition of Household Member

YES      NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below.  Housing Authority Name _____	Note: This is not counted as household income.
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**INCOME INFORMATION**

*Include all income sources, including unearned income of minors.*

YES      NO

**MONTHLY GROSS INCOME**

(Use net income from business)

2. <input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but is not limited to: Rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), 1099-contractors, etc.  List types: 1) _____ 2) _____	\$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Check all that apply:  <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation  List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me.  <u>Name of Person Providing Contribution</u> 1) _____ 2) _____	\$ _____ \$ _____
5. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____





6. <input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security payments or Supplemental Social Security Income (SSI).	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income (examples: TANF) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12. <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ List the amount received if not receiving the full agreement amount	\$ _____ (amount ordered) \$ _____ (amount received)
13. <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(Use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 Housing Choice Voucher rental assistance.	\$ _____ per semester
17. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income.	



**ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____ %	\$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____



YES NO		INTEREST RATE	CASH VALUE
25. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not reoccurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through crowdfunding (e.g., GoFundMe)		CURRENT BALANCE \$ _____



YES NO		INTEREST RATE	CASH VALUE
34. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above.  If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

\_\_\_\_\_  
 PRINTED NAME OF APPLICANT/TENANT                      SIGNATURE OF APPLICANT/TENANT                      DATE



# RENTAL APPLICATION – ADDRESS HISTORY

## Canterbury House Apartments

In order for your application to be considered, please provide all street addresses and counties that you have lived at in the last seven (7) years or from when you turned 18 if less than 7 years. No P.O. Boxes. Please start with your most current address.

Any omission(s) or incorrect address(es) provided are cause for your application to be denied.

NAME: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ County \_\_\_\_\_



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.



## **Herman & Kittle Properties**

### **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

#### **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.<sup>2</sup> 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

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

<sup>2</sup> 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