1277 Shoreline Lane · Boise, Idaho 83702 (208) 336-4610 Phone ~ (208) 345-8990 Fax, TDD #1-800-545-1833 Ext. 298

**Application and Tenant Selection Information**

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail.

Please make sure that all items are complete. If the question does not apply to you, write N/A in the blank. Please use only one color of ink when completing the application. If you make an error, draw a single line through the mistake and initial the correction. **DO NOT USE WHITE OUT**. Make sure all adults sign and date the application.

**Please call Loretta J Herman** **at (307) 789-4056** **to schedule an appointment.**

When returning the application, please bring the following items:

**○ Valid photo identification for every adult aged 18 or older**

**○ Social Security Cards for each household member**

**○ Birth Certificates for each minor**

**○ Previous residence history for each adult member of the household**

**○ A $25 per adult application fee made out to River Glen Apartments**

**○ Proof of Income - Last 6 paystubs**

**○ Local Police Report**

Complete one (1) application per Household.

Eligibility will be determined based upon these factors. Applicant(s) will be notified **in writing**within 10 days of receipt of application as to the status of their application. If no unit is available at the time of acceptance, application name will be placed on the waiting list. For additional information about eligibility or screening, please ask to see a copy of our Resident Selection Policy.

Syringa Property Management, Inc. Is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of reader, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will fully assist you feasible. If you are mobility impaired and do not have access to our rental office, we can decide to meet you at a different office, your home, or another accessible location.

1. Syringa Property Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

**Dianne Hunt**

**1277 Shoreline Ln., Boise, ID 83702**

**208-336-4610**

**TDD (800) 545-1833 Ext. 298**

|  |  |
| --- | --- |
|  **APPLICATION FOR HOUSING** | *For office use only:*Time Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Mgr.’s Initials: ­\_\_\_\_\_\_\_\_\_\_\_\_  |
| **This application is for: River Glen****Criminal/Credit Report #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Phone Number:****(307) 789-4056 / (307) 677-6887** |

**Applicant Information**

Applicant Name:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Mailing Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Daytime Phone: Message Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID #: State:

**Apartment Size Requested:** 🞏 1 Bedroom 🞏 2 Bedroom

**How did you hear about us?** 🞏 Publications 🞏 Referral 🞏 Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List ALL persons who will occupy the apartment: Marital Status: M=Married D=Divorced Sep=Separated S=Single**

***Applicants 62 or older as of January 31, 2010 and do not have an SSN and were receiving HUD rental assistance at another location on January 31, 2010, are exempt from disclosing and providing verification of an SSN.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Occupant(s) Name** | **Relationship** | **Social Security #** | **Birth Date** | **Marital Status** | **Sex****(optional)****F / M** | **Student\*****Y / N** |
|  | **Applicant** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*Full-time or Part-time, answer Yes**

**Eligibility Determinations:**

**□ Yes □ No** You may be eligible for an annual $400 allowance if you or your co-applicant are Handicapped or Disabled, or 62 or older and you meet other eligibility requirements. Verification of eligibility may be required. Do you believe you may qualify for this allowance?

**□ Yes □ No** Do you have a household member who is absent from the home due to (circle all that apply): Employment, Military Service, Placement in foster care, temporarily in nursing home or hospital, permanently confined to nursing home, Away at school, Other? (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Yes □ No** Do you have a live-in attendant? List name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Yes □ No** Do you expect changes in your household in the next 6 months due to (circle all that apply): Pregnancy, adopting a child(ren), Obtaining custody of a child(ren), Obtaining joint custody of a child(ren), Receiving a foster child(ren), Other? Please list date(s) of expected change(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Yes □ No** Are you, or anyone who will be occupying the unit, currently receiving rental assistance from HUD, or USDA (Voucher or Project Based)? If **YES**: □ USDA □ HUD □ Other

**□ Yes □ No** Do you receive help to pay your rent from any other source?

**□ Yes □ No** Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units, or hearing or sight impaired?

**□ Yes □ No** Are you, or anyone who will be occupying the unit, currently enrolled as a student in an institute of higher education?

**□ Yes □ No** Will this be your primary residence?

**□ Yes □ No** Do you have a pet?

**□ Yes □ No** Do you have a service animal?

**□ Yes □ No** Is any member of the household a U.S. Military veteran?

**□ Yes □ No** Are all household members United States citizens or qualified aliens?

List All States all household members have ever lived in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Yes □ No** Are you, or anyone who will be occupying the unit, required to register as a sex offender in any state?

**□ Yes □ No** Have you, or any members of your household, been evicted from federally assisted housing for drug related criminal activity?

**□ Yes □ No** Have you or any members of your household been evicted for any other reason?

**□ Yes □ No** Are you currently an illegal user of a controlled substance?

**□ Yes □ No** Has any household member been convicted of illegal manufacture or distribution of a controlled substance?

**□ Yes □ No** Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?

**□ Yes □ No** Have you or any members of your household been convicted of a felony, misdemeanor (other than traffic violation), or crime involving fraud or dishonesty?

If **YES**: In what City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_Type of Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Information:** **List the past 10 years (If you need additional space, please attach a separate sheet of paper):**

All rental history listed will be verified. Please provide detailed information regarding where you lived for the last five years.

Include places where you lived with friends, family, shelters, institutions, group homes or someone else and include their contact information as the “landlord”. If you owned a home, complete section 1, cross out the remaining sections, and check the box to the right.

□Owned Home

|  |
| --- |
| Your Present Address: |
| Street: City: State: Zip:  |
| Monthly Rent:$ | Dates of Residency | Relationship:□ Landlord □ Family □ Friend □ Other  |
| From: | To: |
|  |  |
| Name of Present Landlord:  | Telephone of Present Landlord: |
| Address of Present Landlord:  |
| Street: City: State: Zip:   |
| Name of Prior Landlord: | Telephone of Prior Landlord: |
| Address of Prior Landlord: |
| Street: City: State: Zip:  |
| Monthly Rent:$ | Dates of Residency | Relationship:□ Landlord □ Family □ Friend □ Other  |
| From: | To: |
|  |  |
| Your Prior Address: |
| Street: City: State: Zip:   |
| Name of Prior Landlord: | Telephone of Prior Landlord: |
| Address of Prior Landlord: |
| Street: City: State: Zip:  |
| Monthly Rent:$ | Dates of Residency | Relationship:□ Landlord □ Family □ Friend □ Other  |
| From: | To: |
|  |  |
| Your Prior Address: |
| Street: City: State: Zip:   |

**Emergency Contact Information:**

|  |
| --- |
| In case of emergency, please contact: |
| Name | Address | Phone |

**Vehicles:**

|  |  |  |  |
| --- | --- | --- | --- |
| Make | Model | Year | License #  |
| Make | Model | Year | License #  |

**□ Yes □ No** Do you understand that only persons listed on this application may live in the unit unless you obtain prior written approval from management?

**□ Yes □ No** Do you understand that if any false or incomplete information is included on this application, it is grounds for rejection of your application or termination of your tenancy?

**I/We certify that the dwelling unit will serve as the household’s only residence. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete. 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, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household’s application for occupancy altogether.**

**Signature of Applicant Date**

**Signature of Co - Applicant Date**

**Signature of Co - Applicant Date**

**Signature of Co - Applicant Date**

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction

The programs under which we are financing the purchase and rehabilitation of **River Glen Apartments** are requiring that we rent a percentage of the units to tenants that meet certain conditions. The following questions will help us find out how many current tenants meet these conditions:

**HOMELESSNESS** – Prior to moving into this apartment complex where you or any member of your household:

1. Living temporarily with a friend or family member.
2. Staying in a supervised publicly or privately-operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, or transitional housing for the mentally ill.
3. Staying in an institution that provides a temporary residence for individuals intended to be institutionalized.
4. Staying in a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
5. Staying temporarily in trailer parks or camping areas because they lack adequate living accommodations.
6. A child who had run away from home and lived in a runaway shelter, abandoned building, the streets, or other inadequate accommodations.
7. An unwed mother or expectant mother living in homes for unwed mothers with no other available living accommodations.
8. A child or youth whose parents will not permit them to live at home.

**DO ANY OF THE ABOVE APPLY?** □ YES □ NO

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The programs under which we are financing the purchase and rehabilitation of this apartment development require that we rent a percentage of the units to tenants that meet certain conditions. Please certify that you or your family meet one or more of the following conditions.

 **TENANTS WITH SPECIAL NEEDS** - Do you or someone in your household have any of the following:

1. Physical or mental impairment that is long lasting, affects the person to live independently, and is such that living in more suitable housing would help the person live more independently.
2. A physical or mental disability that limits the person's ability to engage in any substantial gainful activity for at least the last 12 months or that may result in eventual death.
3. A developmental disability which started before age 22, is likely to continue indefinitely, results in functional limitations in 3 or more of the following areas:
	1. Self-care
	2. Speech
	3. Learning
	4. Mobility
	5. Self-direction
	6. Capacity for independent living
	7. Economic self-sufficiency
4. A physical or mental impairment including, but not limited to, such diseases and conditions such as:
	1. Orthopedic (feet)
	2. Visual
	3. Speech
	4. Hearing impairments
	5. Cerebral palsy
	6. Autism
	7. Epilepsy
	8. Muscular dystrophy
	9. Multiple sclerosis
	10. Cancer
	11. Heart disease
	12. Diabetes
	13. Human Immunodeficiency Virus (HIV)
	14. Mental retardation
	15. Emotional illness
	16. Alcoholism
	17. Drug addiction, provided the person

Has successfully completed a supervised drug rehabilitation program and is no longer using illegal drugs.

Is participating in a supervised drug rehabilitation program and is no longer engaging in such use, OR

Is erroneously regarded as engaging in such use but is not engaging in such use.

1. Been a victim of physical or mental abuse.

**DO ANY OF THE ABOVE APPLY?** □ YES □ NO

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1277 Shoreline Lane · Boise, Idaho 83702 (208) 336-4610 (208) 345-8990 Fax TDD # 1-800-545-1833 Ext. 298

Return to: River Glen

 212 Birch St

 Evanston, WY 82930

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that for a family to be eligible for this type of housing, the income of the family, as well as their assets (including all bank accounts) must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager Date

 (307) 789-4056 (307) 789-4070

Telephone Number Fax Number

**Section B: Applicant(s): Sign, date and enter Social Security Number.**

**AUTHORIZATION TO RELEASE INFORMATION**

**All adult household members must sign below.**

 / /

Tenant/Applicant Signature Date Social Security Number

 / /

Tenant/Applicant Signature Date Social Security Number

 / /

Tenant/Applicant Signature Date Social Security Number

 / /

Tenant/Applicant Signature Date Social Security Number

**This form expires one year from date of signature.**

1277 Shoreline Lane · Boise, Idaho 83702 (208) 336-4610 (208) 345-8990 Fax TDD # 1-800-545-1833 Ext. 298

 AUTHORIZATION FOR RELEASE OF INFORMATION

I Authorize the state of Wyoming, Department of Labor to release to:

USDA Rural Development

State Director

PO Box 820

Casper, Wyoming 82602

Information from my ways or unemployment insurance records on file with the State of Wyoming, Department of Labor. I understand that this authorization will be in effect for as long as I have an RD loan and / or Application, or are a tenant residing in the project named below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Typed or Printed) Date

River Glen Apartments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name Apartment #

This institution is an equal opportunity provider and employer

1277 Shoreline Lane · Boise, Idaho 83702 (208) 336-4610 (208) 345-8990 Fax TDD # 1-800-545-1833 Ext. 298

**Gender, Race, & Ethnicity Appendix (RD)**

The following information is requested by USDA Rural Development (per instructions on HB-2-3560, Chapter 6, 6.18 A.):

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

**Please enter the appropriate number and letter in the columns below. To avoid entering each occupant name again, enter the Race, Ethnicity and Gender of each person in the order they are listed on Part 1 of the application. The first row is filled out for you as an example.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupant(s)** | **Race** | **Ethnicity** | **Gender** |
| ***Example*** | ***5*** | ***A*** | ***F*** |
| **1.**  |  |  |  |
| **2.**  |  |  |  |
| **3.** |  |  |  |
| **4.**  |  |  |  |
| **5.**  |  |  |  |
| **6.**  |  |  |  |

|  |  |  |
| --- | --- | --- |
| ***Choices for Race are:*** ***1 – American Indian or Alaskan Native******2 – Asian******3 – Black or African American******4 – Native Hawaiian or Pacific Islander******5 – White******N/A – Do not wish to answer*** | ***Choices for Ethnicity are:******A – Hispanic/Latino******B – Non-Hispanic/Latino******N/A – Do not wish to answer*** | ***Choices for Gender are:******M – Male******F – Female******N/A – Do not wish to answer*** |

**INCOME/ASSET QUESTIONNAIRE**

All sources of income and assets must be fully disclosed in order to evaluate eligibility for Federal Rental Assistance programs.

All information will be kept in confidence.

**Project Name:** River Glen  **Tenant Name:**

 **Current Phone Number:**

**Income Information:** Address all sources of income received by any household member. List the name of the household member receiving the income beside the source of income. **If none is received write N/A**. All sources of income below must be addressed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Household Name** | **Source of Income** | **Gross Monthly Amount** |
| **1.** |  | Social Security, SSI, or SSDI | $ |
| **2.** |  | Cash Assistance (AABD, AFDC or TANF) | $ |
| **3.** |  | Food Stamps / Medicaid / Medicare | $ |
| **4.** |  | Unemployment Benefits / Workman’s Comp | $ |
| **5.** |  | Child Support / Alimony | $ |
| **5a.** | **□ Yes □ No** | Do you have custody of your dependents 50% or more of the time? |
| **5b.** | What State is child support enforced in? |
| **6.** |  | Pension, Veteran’s Benefits, GI Bill Life Insurance, Annuities | $ |
| **7.** |  | Student Income (Grants, scholarships, or financial aid) | $ |
| **8.** |  | Family Support / Church Welfare | $ |
| **9.** |  | Bills or Items paid by someone else on your behalf? (Car Ins., Car Pymt, Cell phone, Cable bill, Toiletries, etc.,) | $ |
| **10.** |  | Self-Employment | $ |
| **11.** |  | Other, I.E. Military Pay, Rental Income from Real Estate, Lump Sum Payments | $ |

**Employment Information:**

**12. □ Yes □ No** Does any household member receive a substantial portion of his or her income from the primary production of agricultural or aquaculturally commodities or the handling of same commodities in the unprocessed stage? This includes any person who is retired or disabled, but who was a domestic farm laborer at the time of retirement or becoming disabled. Examples include: Farm workers, field workers, food processing workers, day haulers who transport commodity to market, butchers.

**13. □ Yes □ No** Is any household member currently employed? If Yes, list all current employers below. Use additional pages if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Employment #1 | Household Member: | Employer: | Contact Name/Phone Number: |
| Dates of Employment: | Monthly Wages:$ | Monthly Tips:$ | Monthly Commissions:$ |
| Employment #2 | Household Member: | Employer: | Contact Name/Phone Number: |
| Dates of Employment: | Monthly Wages:$ | Monthly Tips:$ | Monthly Commissions:$ |

**Asset Information:** Address all assets held by any household member below. Include assets that are jointly owned.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Asset** | **Balance** | **Acct #** | **Bank Name** |
| **14.** | **□ Yes □ No** | Has any household member sold or disposed of any asset for less than fair market value within the past two years? Examples: gifts to friends/family, charitable contributions, Real Estate, etc. |
| **15.** | **□ Yes □ No** | Checking | $ |  |  |
| **16.** | **□ Yes □ No** | Checking | $ |  |  |
| **17.** | **□ Yes □ No** | Savings | $ |  |  |
| **18.** | **□ Yes □ No** | Savings | $ |  |  |
| **19.** | **□ Yes □ No** | CD Acct | $ |  |  |
| **20.** | **□ Yes □ No** | Money Market | $ |  |  |
| **21.** | **□ Yes □ No** | Whole Life Insurance | $ |  |  |
| **22.** | **□ Yes □ No** | InvestmentsStocks, Bonds, IRAs | $ |  |  |
| **23.** | **□ Yes □ No** | Annuities | $ |  |  |
| **24.** | **□ Yes □ No** | Trust Accounts | $ |  |  |
| **25.** | **□ Yes □ No** | Real Estate | $ |  |  |
| **26.** | **□ Yes □ No** | Cash on Hand | $ |  |  |
| **27.** | **□ Yes □ No** | Other Assets | $ |  |  |
| **28.** | **□ Yes □ No** | Direct express/refillable cash cards | $ |  |  |

**Additional Information**:

|  |  |  |
| --- | --- | --- |
| **29.** | **□ Yes □ No** | Do you receive help to pay your rent from any other source? If so, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **30.** | **□ Yes □ No** | Do you receive assistance to pay your utility bills from any agency or other source?If so, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Deductions:** In some instances, certain deductions may be allowed. The following questions will help us determine if your household qualifies for these deductions.

|  |  |  |
| --- | --- | --- |
| **31.** | **□ Yes □ No** | Do you pay childcare while working or attending school? If yes, list childcare providers name and phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **32.** | **□ Yes □ No** | Do you receive state childcare reimbursement? |
| **33.** | **□ Yes □ No** | Does any household member qualify for the elderly deduction? This is defined as age 62 or older or a person with disabilities. |
| **34.** | **□ Yes □ No** | If you answered Yes to #33, do you have medical expenses that are not paid for by an outside source such as insurance?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I/We certify that the dwelling unit will serve as the household’s only residence. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete. 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, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household’s application for occupancy altogether.**

**Signature of Applicant Date**

**Signature of Co - Applicant Date**

**Signature of Co - Applicant Date**

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction

1. Syringa Property Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

**Dianne Hunt**

**1277 Shoreline Ln., Boise, ID 83702 208-336-4610 TDD (800) 545-1833 Ext. 298**

Certification of Student Status

|  |  |
| --- | --- |
| Head of Household Name  | Unit Number |

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

|  |
| --- |
| Please choose **one** option below that best describes **your household:** |

|  |  |
| --- | --- |
|  | The household contains **no** occupants who are students (full-time or part-time).= |
|  | The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current calendar year (months need not be consecutive). |
|  | List non-student here: |
|  | The household contains **all students** but is qualified because at least one occupant is a **part-time** student. Verification of part-time status is required. |
|  | List part-time student here: |
|  | The household contains **all full-time students** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If yes, you must answer all five questions below.** |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return) |  |  |
| Are all adult members single parents with child(ren), and not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)? |  |  |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)? |  |  |
| Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) |  |  |
| Does the household consist of at least one student who was previously under foster care? (Provide verification of participation) |  |  |
| Signatures: |

Under penalties of perjury, I/we certify that the information presented in this 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. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement. **This form must be signed by each household member aged 18 and older.**

Resident Signature Date

Resident Signature Date

Resident Signature Date

Resident Signature Date

**LANDLORD VERIFICATION**

Date:

To: Previous Landlord

Tenants Name(s):

Length of tenancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month/Year) (Month/Year)

Address of unit occupied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the applicant permit persons other than those on the lease to live in the unit?

On a regular basis? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ if yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Was the applicant listed on the lease for the unit? Yes\_\_\_\_\_No\_\_\_\_\_

Did tenant pay rent on time? Rent Amount? $\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_No\_\_\_\_\_

Were tenant utilities ever disconnected? Yes\_\_\_\_\_No\_\_\_\_\_

Was the housekeeping acceptable?

Yes\_\_\_\_\_No\_\_\_\_\_ If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Did applicant, family members or guests damage your property in any way?

Yes\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Was proper notice of intent to vacate unit given? Yes\_\_\_\_\_No\_\_\_\_\_

Were pets kept in violation of the Lease Agreement? Yes\_\_\_\_\_No\_\_\_\_\_

Was the conduct of the tenant disturbing to management or other tenants?

Yes\_\_\_\_\_No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Has the conduct of the tenant's visitors been disturbing to management or other tenants?

Yes\_\_\_\_\_No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Did the applicant, family members or guests engage in any criminal activity including

drug related criminal activity in the unit or building?

Yes\_\_\_\_\_No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Were there any violations of the Lease Agreement, which did or could have led to eviction?

Yes\_\_\_\_\_\_No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If vacated, was the property left in good physical condition when the tenant moved out?

Yes\_\_\_\_\_\_No\_\_\_\_\_\_ If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the applicant receive their Security Deposit back in full?

Yes\_\_\_\_\_\_No\_\_\_\_\_\_ If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant given you any false information?

Yes\_\_\_\_\_\_No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you re-rent to the tenant?

Yes\_\_\_\_\_\_No\_\_\_\_\_\_ If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to/friend of tenant?

Yes\_\_\_\_\_\_No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What previous address did this applicant give when they moved into your housing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What forwarding address did this applicant give when they moved out?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print (Manager/Landlord/Caretaker)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE of Landlord/Caretaker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Telephone No. Between 8:00 a.m. - 4:00 p.m.

**RELEASE**: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

**()**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tenants Signature Date

**Please Return To**: **River Glen**

 **212 Birch St**

 **Evanston, WY 82930**

 **Ph: (307) 789-4056**

 **Fax: (307) 789-4070**

 **RiverGlen@SyringaProperties.com**

**Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\***

This institution is an equal opportunity provider.

**ACKNOWLEDGEMENT**

**VAWA (Violence Against Women Act)**

**NOTICE OF RIGHTS**

HUD requires that any and all owners and /or managing agents provide to all households a copy of the HUD-5380 Notice of Occupancy Rights under the Violence Against Women Ace and the HUD – 5382 Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking.

This acknowledgement dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for River Glen apartments, certifies that the tenant has been given a copy of the above referenced forms.

By Signing below, the tenant verifies that this form has been issues.

Property name: River Glen Apartments

Address 212 Birch St, Evanston Wy 82930

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Date

**River Glen** [[1]](#footnote-1)

**Notice of Occupancy Rights under the Violence Against Women Act**

**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. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that follows 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, 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, 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.

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 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**

 River Glen 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 River Glen chooses to remove the abuser or perpetrator, River Glen 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, River Glen 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, River Glen must follow Federal, State, and local eviction procedures. In order to divide a lease, River Glen 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, River Glen may permit you to move to another unit, subject to the availability of other units, and keep your assistance. In order to approve a request, River Glen 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.

River Glen 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.

River Glen’s emergency transfer plan provides further information on emergency transfers, and River Glen 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**

River Glen 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 River Glen must be in writing, and River Glen 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. River Glen 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 River Glen as documentation. It is your choice which of the following to submit if River Glen 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 River Glen 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 River Glen has agreed to accept.

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

If River Glen 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), River Glen 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, River Glen does not have to provide you with the protections contained in this notice.

**Confidentiality**

 River Glen 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.

River Glen must not allow any individual administering assistance or other services on behalf of River Glen (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.

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

 You give written permission to River Glen to release the information on a time limited basis.

 River Glen 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 River Glen or your landlord to release the information.

VAWA does not limit River Glen ’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, River Glen 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 River Glen 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 River Glen can demonstrate the above, River Glen 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 violation of these rights and seek additional assistance, if needed, by contacting or filing a complaint with:

HUD Region X Regional Office
909 First Avenue, Suite 200
Seattle, WA 98104-1000

**Phone:** (206) 220-5101
**Toll-free:** (877) 741-3281

**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**](https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf).

Additionally, River Glen must make a copy of HUD’s VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact

 HUD Region X Regional Office
909 First Avenue, Suite 200
Seattle, WA 98104-1000

**Phone:** (206) 220-5101
**Toll-free:** (877) 741-3281

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:

**SAFV Task Force**

350 City View Drive

Evanston, WY 82930

(307)789-3628

Linda Cumming # (307)799-7942

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**:**

**SAFV Task Force**

350 City View Drive

Evanston, WY 82930

(307)789-3628

Linda Cumming # (307)799-7942

Victims of stalking seeking help may contact:

**SAFV Task Force**

350 City View Drive

Evanston, WY 82930

(307)789-3628

Linda Cumming # (307)799-7942

**Attachment:** Certification form HUD-5382

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**1. Date the written request is received by victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Name of victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Your name (if different from victim’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Residence of victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Location of incident(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In your own words, briefly describe the incident(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed on (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Public Reporting Burden:**  The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

1. The notice uses River Glen for housing provider but the housing provider should insert its name where River Glen is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights. [↑](#footnote-ref-1)