

APPLICATION INFORMATION SHEET (RD/LIHTC)



**Scottown Apartments**

400 Railroad Street  
Bloomsburg, PA 17815

(570) 387-1655  
TDD Relay Service 711

Scottown Apartments consists of :

- 1 Bedroom  2 Bedroom
  - 1 Bedroom Wheelchair Accessible  2 Bedroom Wheelchair Accessible
- Range, refrigerator, garbage, sewer, water, dishwasher, air conditioners, and mini blinds are included with rent.. Tenant pays electric, cable & phone.  
Average electric: 1BR-\$70/mo, 2BR - \$100/mo

- We do not allow pets
- We allow pets with proper deposit and signed pet agreement

**THERE IS NO SMOKING ALLOWED ANYWHERE ON THIS PROPERTY**

**GENERAL INFORMATION**

1. This project is financed by the USDA, Rural Development (RD) and is operated in accordance with the RD 515 and IRS Section 42 LIHTC Program guidelines. Applicants must meet eligibility criteria, income limits, and occupancy guidelines established by the RD 515 program, and the IRS Section 42 LIHTC program. Applicants must also meet Pursel Management Group, Inc. Tenant Selection Criteria for this property.
2. Rents are based on household income and range from the 1BR basic rent of **\$507** through the 1 BR Market Rent of **\$742** and/or the 2BR basic rent of **\$560** through the 2BR Market rent of **\$780**. **This property has no in house rental subsidy.** Tenants pay either the 1BR basic rent of \$507 or the 2BR basic rent of \$560, or 30% of their adjusted monthly income, **WHICHEVER IS GREATER**, (not to exceed the 1BR market rent of \$742 or the 2BR market rent of \$780. Certain deductions are given to elderly, disabled and handicapped households, as well as to households with children.

This property:  Has Limited Rental Subsidy  Does not have rental subsidy  
 Accepts HUD Vouchers  Does not accept HUD

**TO FILE AN APPLICATION FOR OCCUPANY**

1. The application for occupancy must be completed in its entirety and submitted with the proper application fee listed on page 8 to the property address on the application.
2. Proof of Identity on all household members must be submitted with the application. (Copy of Social Security card **and** birth certificate for all members- Copy of photo ID for any member over the age of 18)

3. The authorization to release information on page 8 must be signed which provides us with written permission to verify in writing all household income, assets and other required information to determine eligibility.
4. After your application has been received in its entirety, along with all supporting documents and fees, a credit report, criminal report, and previous landlord reference will be conducted.
5. Based on the findings above, and considering income and occupancy guidelines, and PMG Tenant Selection Policy, your application will then be determined to be accepted or rejected.
6. If you are accepted for occupancy your name will be placed on a waiting list, first come first served according to income (very low, lower, moderate).
7. If your application is rejected for occupancy, you will be served a written notice as to why your application has been rejected.

NOTE: All apartments are filled according to program regulations. All applicants who are accepted for occupancy are placed on the waiting list in the order of the date and time the **completed** application is received. An incomplete application will not be processed until it has been determined to be complete.

\*\*\*Applicants who fall under RD income guidelines but NOT under IRS LIHTC Section 42 income guidelines (Established by PHFA) will be placed on the waiting list, but will never be eligible for occupancy until/unless their income falls below LIHTC income guidelines.

WHEN AN APARTMENT IS AVAILABLE and your name has come to the top of the waiting list, you will be notified in writing at the address on your application. (It is the responsibility of the applicant to provide Management with any changes in income, address or phone number.)

You will then be required to deposit security monies in the amount of one month basic rent within 7 days of notification that a unit is available. If security is not received, your name will be removed from the waiting list (you will be notified of that in writing).

If you have any questions concerning the application or our apartment complex, or need assistance completing the application, please contact the rental office at the number on the application.

Thank you for your interest in our apartment community.

*"This institution is an equal opportunity housing provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

**PURSEL MANAGEMENT GROUP  
TENANT SELECTION POLICY**



The following are criteria we use in selecting tenants for occupancy in our complex:

All applicants must submit a completed application providing **ALL** requested information.

**\*\*\*INCOME FROM ALL SOURCES AND ALL ASSETS MUST BE REPORTED ON THE APPLICATION\*\*\***

All sources of income will be verified in writing prior to move-in.

All applicants must sign an "Authorization to Release Information" for Managements use in retrieving third party verification of income and assets.

Positive ID is required on all members of the household (Photo ID, Birth Certif., Soc Sec Card)

All household members must possess a valid Social Security number.

In elderly properties, head or Co-head must submit proof of elderly status (62 or older/disabled/handicapped)

Applicants wishing to be Tenant or Co-Tenant must possess legal capacity to enter into a Lease.

To qualify for eligibility in the Low Income Housing Tax Credit Program (LIHTC), gross household income must not exceed 60% of the area median income (limits listed below)

# of Persons	1	2	3	4
Columbia County LIHTC Income Limits as of 02/28/2018	27060	30960	34800	38640

Applicants whose income is determined to be above LIHTC income limits, but below Rural Housing Service income limits, will be kept on our waiting list, but will not be admitted into the complex unless their household income falls below LIHTC limits.

		1 Person	2 Person	3 Person	4 Person
Columbia County Rural Housing Service Income Limits as of 06/13/2018	Very Low	21400	24450	27500	30550
	Lower	34250	39100	44000	48900
	Moderate	39750	44600	49500	54400

Initial acceptance of the application is based on information reported on the application. If at any time prior to move in, additional information is revealed to warrant rejection of the application, the applicant would be advised of that rejection in writing.

Management must determine that household income is sufficient to pay rent, utilities, household expenses and other financial obligations. Our policy is to consider all income, assets, and income from assets.

Ideally, households should be spending no more than

30% of their adjusted annual income for rent and utilities. Households that would be spending more than 40% of their adjusted income for rent and utilities will be denied acceptance into the project until that household obtains rental subsidy of some kind. (RA, HUD Voucher)

The number of household members must be within guidelines established below:

# of BR's	Minimum	Maximum
1	1	2
2	2	4

Exceptions will only be made at Management discretion.

The following are reasons for rejection of an application:

- Applicant has transmitted false information on the rental application.
- Applicant has a history of chronic or unjustified late payment or non-payment of rent or other financial obligations.
- Applicant has negative credit references.
- Applicant has negative landlord references.
- Applicant or household member has a history of criminal charges (including but not limited to: drug charges, sexual charges, homicide, burglary, arson, motor vehicle theft, armed robbery, charges directly related to children, spousal abuse, disorderly conduct, harassment, or any felony)
- Applicant has a history of failing to maintain premises in a sanitary condition
- Applicant or household member is currently using illegal drugs, or has a charge or conviction for drug possession, manufacture, sale or distribution, or any drug related charges.
- Applicant has a history of disturbances to neighbors or others property.
- Applicant has a history of violations of current or previous leases or rental agreements, especially those resulting in evictions or monetary judgments.
- Applicant would pose a direct threat to the health and safety of the apartment community, its inhabitants, or staff.
- Applicant has exhibited abusive, inappropriate or other conduct perceived as threatening, directed at residents of the community, property staff, vendors or guests as well as individuals doing business in the community.

**STUDENTS-LIHTC** - If EVERY member of the household has been a full time student during 5 calendar months of the past 12 months, or will be a full time student during 5 calendar months of the next 12 months, then the household will ONLY qualify for occupancy if one of the following questions can be answered with a YES.

- Are the full time adult students married to each other and filing a joint tax return? YES NO
- Is one of the full time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar federal, state or local laws? YES NO
- Is one of the full time students a Title VI / TANF recipient? YES NO
- Is one of the full time students a single parent living with his/her minor child(ren) with neither the parent nor the child(ren) being dependants on a third party tax return? YES NO
- Have any of the full time students formerly been in a foster care program (Part B or Part E of the title IV of the Social Security Act)? YES NO

**Additional student requirements:** A student or other seemingly temporary resident of the community may be considered an eligible tenant when all of the following conditions are met:

- The student is of legal age in accordance with the applicable state law or is otherwise legally able to enter into a binding contract under state law.
- The person seeking occupancy has established a household separate and distinct from the person's parents or legal guardians.
- The person seeking occupancy is no longer claimed as a dependent by the person's parent's or legal guardians pursuant to Internal Revenue Service regulations, and evidence is provided to this effect, AND
- The person seeking occupancy signs a written statement indicating whether or not the person's parents, legal guardians, or others provide any financial assistance and this financial assistance is considered as part of current annual income and is verified in writing by the borrower.

*"This institution is an equal opportunity housing provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*



**PURSEL MANAGEMENT GROUP**  
**32 Whisper Creek Drive. Suite 5**  
**Lewisburg, PA 17837**  
**(570)523-1680**  
**TDD Relay Service #711**

OFFICE USE ONLY
Application # _____
Date Received _____
Time _____

**Application for Occupancy in the following Apartment Complex: (Choose Only One)**

**X TAX CREDIT PROPERTY:** If this section is checked, all prospective tenants must be tax credit eligible (Based on Gross Income) as regulated by the Internal Revenue Service (IRS) Section 42 LIHTC program.

Place X Here			
	Centre Estates I & II 302 Jacks Mill Drive #13 Boalsburg, PA 16827 <b>NON SMOKING</b>	Ph (814)466-7553 Fax (814)466-7552	____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR ____ 2BR Wheelchair Accessible
	Columbia Village Apartments S. Center Street, P. O. Box 527 Millville, PA 17846 <b>ELDERLY PROPERTY NON SMOKING</b>	Ph (570)458-4467 Fax (570)458-4929	____ 1BR ____ 1BR Wheelchair Accessible
	Gladeside Apartments 700 Tanglewood Road Muncy, PA 17756	Ph (570)546-5635 Fax (570)546-2708	____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR Townhouse
	Harvestview Apartments 77 Harvestview Road Elizabethville, PA 17023	Ph (717) 362-3317 Fax (717)362-8185	____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR Townhouse
	Locust Village Apartments 200 Leonard Street Marysville, PA 17053 <b>ELDERLY PROPERTY NON SMOKING</b>	Ph (717)957-4830 Fax (717)957-4807	____ 1BR ____ 1BR Wheelchair Accessible
<b>X</b>	Scottown Apartments 400 Railroad Street Bloomsburg, PA 17815 <b>NON SMOKING</b>	Ph (570) 387-1655 Fax(570)387-6400	____ 1BR ____ 2BR ____ 2BR Wheelchair Accessible
	Summit Hollow Apartments 15 East Summit Street, Box 21 Jersey Shore, PA 17740 <b>ELDERLY PROPERTY</b>	Ph (570) 753-8117 Fax (570)753-5902	____ 1BR ____ 1BR Wheelchair Accessible
	Walnut Manor Apartments 219 Fisher Street Jonestown, PA 17038	Ph (717)865-7345 Fax (717)865-1066	____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR ____ 2BR Wheelchair Accessible

Date of Application \_\_\_\_\_ Desired Move-In Date \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST. PLEASE HELP US BY CLEARLY COMPLETING ALL THE REQUIRED INFORMATION ON THIS APPLICATION. LEAVE NO LINES BLANK**

*"This institution is an equal opportunity housing provider and employer."  
 If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

**Applicant Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_  
 County \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Other \_\_\_\_\_ How Long? \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Utilities you pay \_\_\_\_\_ Utility Cost \_\_\_\_\_

Owners Name or Management Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_ Name of Contact \_\_\_\_\_  
 Is Contact a Relative?/Explain \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Prior Address(Street, City, State, Zip) \_\_\_\_\_  
 How Long \_\_\_\_\_ Amount of Rent/Mtg \_\_\_\_\_ County \_\_\_\_\_  
 Owners Name or Management Co. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Name of Contact Person \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**Co-Applicant Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_  
 County \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Other \_\_\_\_\_ How Long? \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Utilities you pay \_\_\_\_\_ Utility Cost \_\_\_\_\_

Owners Name or Management Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_ Name of Contact \_\_\_\_\_  
 Is Contact a Relative?/Explain \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Prior Address(Street, City, State, Zip) \_\_\_\_\_  
 How Long \_\_\_\_\_ Amount of Rent/Mtg \_\_\_\_\_ County \_\_\_\_\_  
 Owners Name or Management Co. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Name of Contact Person \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**LIST ALL OCCUPANTS RESIDING IN UNIT**

	Name	Age	Birth Date	Sex	SS #	Relationship	Student? Y / N	US Citizen? Y / N	Qualified Alien?
Tenant									
Co Tenant									
1									
2									
3									

Have there been any changes in household composition within the last 12 months? _____ Yes _____ No (Who resided with you) If yes, please explain:
Do you anticipate any changes in household composition within the next 12 months? _____ Yes _____ No (Who will reside with you) If yes, please explain:
Are <b>all persons in the household</b> full time students? (attending an educational institution with regular faculty and students at least 5 months out of this calendar year or next calendar year. _____ Yes _____ No

*If yes, you must answer the following questions:*

Are any full time student(s) married to each other and filing/able to file a joint tax return?	_____ Yes	_____ No
Are any student(s) enrolled in a job training program receiving assistance under the JTPA?	_____ Yes	_____ No
Are any full-time student(s) a TANF or a Title IV recipient? (Cash)	_____ Yes	_____ No
Are any full time student(s) a single parent living with his/her minor child(ren), Is this parent claiming the child as a dependent on their tax return?	_____ Yes _____ Yes	_____ No _____ No
Is the single parent being claimed as a dependent on anyone else's tax return?	_____ Yes	_____ No
Have the full time students formerly been in foster care?	_____ Yes	_____ No

Do you currently possess a housing certificate or voucher? \_\_\_\_\_ County? \_\_\_\_\_  
 Do you have childcare expenses due to employment or to further education? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Childcare Agency Used \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cost you pay per week \_\_\_\_\_

Are you applying for status as an elderly household? Yes No (62 or older, disabled or handicapped)  
 Would you qualify for any of the following? Handicap/Disability adjustment to income? Y N  
 Specially designed wheelchair accessible unit? Y N

Have you ever been evicted from tenancy? Y N Date of Occurrence \_\_\_\_\_  
 If so, Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Why? \_\_\_\_\_

Have you ever been involved in a Landlord/Tenant court action? Y N  
 If so, Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Was a monetary judgment entered against you? \_\_\_\_\_ If so, in what amount? \_\_\_\_\_  
 Has that judgment been satisfied? Y N On what Date? \_\_\_\_\_

Do you own pets? Y N Type \_\_\_\_\_  
 Vet Name \_\_\_\_\_ Immunizations up to date? \_\_\_\_\_

**PETS MAY OR MAY NOT BE ALLOWED IN THIS PROJECT. A SERVICE ANIMAL IS NOT CONSIDERED A PET.**

Is any member of the household enrolled either part-time or full-time at an institute of higher education?	Yes	No
Is any member of the household currently engaged in illegal use of a controlled substance, or has or has a pattern of such use?	Yes	No
Does any member of the household, currently or previously, have a pattern of alcohol abuse that has interfered or does interfere with the health, safety, or right to peaceful enjoyment of the premises by other persons?	Yes	No
Has any member of the household been evicted from Federally assisted housing in the last 3 years for drug related criminal activity?	Yes	No
Have you or any member of your household ever been convicted of a felony?	Yes	No
Have you or any member of your household ever filed for bankruptcy?	Yes	No
Is any member of the household subject to a lifetime sex offender registration?	Yes	No
<b>If yes to any of the above, explain here:</b>		

**LIST ALL SOURCES OF INCOME AS REQUESTED BELOW**  
**IF A SECTION DOES NOT APPLY, WRITE NO, NONE, OR N/A**

**Applicant:**

**Co-Applicant:**

Name of Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Occupation \_\_\_\_\_ Date Hired \_\_\_\_\_  
 Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_  
 # Hrs OT/week \_\_\_\_\_ OT Rate of Pay \_\_\_\_\_

Name of Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Occupation \_\_\_\_\_ Date Hired \_\_\_\_\_  
 Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_  
 # Hrs OT/week \_\_\_\_\_ OT Rate of Pay \_\_\_\_\_

**Prior Employment:**

Name of Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Date Employment Ended \_\_\_\_\_  
 Reason \_\_\_\_\_  
 Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_

Name of Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Date Employment Ended \_\_\_\_\_  
 Reason \_\_\_\_\_  
 Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_

Is any other household member receiving any employment income? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does any household member work for cash? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you anticipate changes in employment income within the next 12months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Explain \_\_\_\_\_

Source of Income	Household Member	Gross Monthly Amount	Office Use Only
Wages			
Wages			
Social Security			
Social Security			
SSI			
Pension/Annuity			
Name/Address-Source of Pension			
VA Benefits			
Unemployment Compensation			
Public Assistance/TANF/Title IV			
Full Time Student Income(18 & Over)			
Interest Income (List Source)			
Interest Income (List Source)			
Long Term Medical Care Insurance Payments in excess of \$180/day			
Misc contributions to the household			
Cash on hand(wallet,car,home,etc)			
Other Income			
<b>Child Support:</b>			
Are you <b>legally entitled</b> to receive?	Yes	No	
If yes, amount you are entitled to.			
Do you receive child support?	Yes	No	
If yes, amount you receive?			



<b>Alimony:</b>			
Are you <b>legally entitled</b> to receive?	Yes	No	
If yes, amount you are entitled to.			
Do you receive alimony?	Yes	No	
If yes, amount you receive?			
<b>TOTAL GROSS ANNUAL INCOME</b> (based on amounts above) x 12			
<b>TOTAL GROSS ANNUAL INCOME FROM LAST YEAR</b>			

Do you anticipate any changes in the above income within the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is any member of the household entitled to receive income assistance (monetary or not) from someone who is not a member of the household? (Gifts) \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is any member of the household likely to receive income assistance (monetary or not) from someone who is not a member of the household? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain. \_\_\_\_\_  
 Is any income assistance received? \_\_\_\_\_ Yes \_\_\_\_\_ No

**LIST ALL ASSETS HELD BY ALL MEMBERS OF HOUSEHOLD AS REQUESTED BELOW**  
 IF A SECTION DOES NOT APPLY, WRITE NO, NONE, OR N/A  
 LIST NAMES AND ADDRESSES OF FINANCIAL INSTITUTIONS

	Balance	Interest Rate	OfficeUse
<b>Checking Accounts</b>			
Bank Name			
Bank Name			
<b>Savings Accounts</b>			
Bank Name			
Bank Name			
<b>Debit Card Accounts</b>			
Card Name			
<b>Certificates of Deposit</b>			
Bank			
<b>Do you have an EPPICARD?</b>			
Yes	No		
<b>Trust Accounts</b>			
Held With			
<b>Other Bank Accounts (Xmas club, Credit Union, etc)</b>		<b>Value</b>	
Bank			
<b>Savings Bonds / Issue Date</b>			
Bond #	/ /		
Bond #	/ /		
<b>Life Insurance Policies</b>		<b>Cash Value</b>	<b>Whole/Term?</b>
Policy #	Company		
Policy #	Company		

<b>Mutual Funds</b>	# of Shares	Interest Or Dividend	Value
Fund Name		\$	\$
Fund Name		\$	\$
Fund Name		\$	\$

<b>Bonds</b>	Interest rate	Interest or Dividends	Value
Bond Name		\$	\$
Bond Name		\$	\$

<b>Stocks</b>	# of Shares	Dividends Paid	Value
Stock Name		\$	\$
Stock Name		\$	\$
Stock Name		\$	\$

<b>Annuity/IRA</b>			
Cash Value	Monthly Withdrawal	Interest Rate	
Held Where?	Do you have access to the funds? Yes No	Penalty for Early withdrawal? Yes No	

<b>Do you own investment property?</b>	Yes	No	
Appraised Value	Date of appraisal		
Cost to convert to cash?			
Any revenue generated by the property?	Yes	No	Gross Income Per Month

Do you own any other Real Estate?	Yes	No
If yes, type of property:		
Location of property		
Appraised Market Value	\$	
Balance due on mortgage or outstanding loans	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Does any member of the household have any asset(s) owned jointly with a person who is not a member of this household?	Yes	No
If yes, describe		
Do they have access to the asset(s)?	Yes	No

Has any member of the household sold or disposed of any property in the last 2 years?	Yes	No
If yes, type of property:		
Market value when sold/disposed of	\$	
Amount sold/disposed for	\$	
Date of transaction		

Has any member of the household disposed of any other asset in the past 2 years for less than fair market value? (Given money away to relatives, set up irrevocable trust, etc)	Yes	No
If yes, describe the asset		
Date disposed of		
Amount disposed	\$	

Do you have any other asset(s) not listed above (excluding personal property)? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please list all \_\_\_\_\_

### Credit References

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 Date Opened \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 Date Opened \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Phone # \_\_\_\_\_

**Personal References (Not Relatives)**

Reference Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Reference Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Reference Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Automobile Information**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Owner \_\_\_\_\_ Inspected? \_\_\_Y \_\_\_N Registered? \_\_\_Y \_\_\_N

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Owner \_\_\_\_\_ Inspected? \_\_\_Y \_\_\_N Registered? \_\_\_Y \_\_\_N

**Drivers License Numbers**

Applicants # \_\_\_\_\_ State \_\_\_\_\_ Co-Applicant # \_\_\_\_\_ State \_\_\_\_\_

**CERTIFICATION**

I/We do hereby certify that I/We do/will not maintain a separate subsidized rental unit in a different location. I/We further certify that this will be my/our permanent residence. I/We understand that I/we must pay a security deposit prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by Management’s selection criteria. I/We certify that all information on this application is true and correct to the best of my/our knowledge and I/we understand that making false statements or giving false information are both punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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 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 do not choose to furnish it, the Owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observance or surname. Applicant please furnish the following:

GENDER: \_\_\_ Male \_\_\_ Female ETHNICITY: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

RACE: \_\_\_ 1 American Indian/Alaska Native \_\_\_ 2 Asian \_\_\_ 3 Black/African American  
\_\_\_ 4 Native Hawaiian or Other Pacific Islander \_\_\_ 5 White

**Authorization to Release Information** - By signing below, I/we do hereby authorize Pursel Management Group (or its agents or employees) to contact any businesses, agencies, offices, groups or individuals necessary to verify my/our income, eligibility factors (including student status), assets or references.

\_\_\_\_\_  
 Applicant  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Social Security #  
 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Co-Applicant  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Social Security #  
 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**This apartment complex runs credit & criminal reports on all persons over the age of 18.**  
 By signing below, I hereby give consent for Pursel Management Group, Inc., to retrieve a Credit and Criminal Report on myself from CBC Innovis.

\_\_\_\_\_  
 Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**ITEMS REQUIRED WITH THIS APPLICATION**

- 1) **Processing Fee For Credit & Criminal Reports** – A **\$30.00 processing fee** per adult individual must be submitted with this application. Make checks payable to CPAMHA. Apply at property.
- 2) **Proof of Identity on ALL Household Members** - Copy of Drivers License, State ID or Passport (HH members over 18), Social Security Card, and Birth Certificate (all HH members)

**The application will not be processed until the fee is paid and ALL documents are provided. Submit application to individual property office.**

<b>OFFICE USE ONLY</b>			
Processing Fee Enclosed?	Yes	No	Amount _____
		Initials _____	Date _____

**To be completed when paying Security Deposit:**

I understand that I am paying a security deposit of \$\_\_\_\_\_ for Apartment #\_\_\_\_\_ in \_\_\_\_\_ . I understand that my eligibility for housing will be based on government income limits used by this property and on Management’s tenant selection criteria. I further understand that by paying this security deposit, I am agreeing to enter into a 12 month lease with the owner. If I cancel my agreement to move in prior to the projected move in date of \_\_\_\_\_, this security deposit, full or partial, may be held by the owner to cover loss of rent, processing fees, or other charges.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Central PA MHA Associates, LP-Scottown Apartments**  
**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 all Federally Assisted Affordable Housing 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 Rural Development Program 515 or Rental Assistance, 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 Rural Development 515 Program or Rental Assistance, 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 Rural Development 515 Program or Rental Assistance, 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** - Your Landlord 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 your Landlord chooses to remove the abuser or perpetrator, your Landlord 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, your Landlord 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, your Landlord must follow Federal, State, and local eviction procedures. In order to divide a lease, your Landlord 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, your Landlord 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, your Landlord may ask you to

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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.

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, your Landlord 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.

Your Landlord 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.

Your Landlord's emergency transfer plan provides further information on emergency transfers, and your Landlord 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** - Your Landlord 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 your Landlord must be in writing, and your Landlord 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. Your Landlord 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 your Landlord as documentation. It is your choice which of the following to submit if your Landlord 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 your Landlord 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 your Landlord has agreed to accept.

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

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

**Confidentiality** - Your Landlord 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.

Your Landlord must not allow any individual administering assistance or other services on behalf of your Landlord (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.

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

- You give written permission to your Landlord to release the information on a time limited basis.
- Your Landlord 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 your landlord to release the information.

VAWA does not limit your Landlord'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, your Landlord 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 your Landlord 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 your Landlord can demonstrate the above, your Landlord 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 **HUD, 100 Penn Square East, Wannamaker Building, Philadelphia, PA.**

**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, your housing provider must make a copy of HUD’s VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your landlord.

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 any of the resources below as appropriate.

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 an of the resources below as appropriate. Victims of stalking seeking help may contact any of the resources below as appropriate

Although your landlord does not provide direct services, below you will find a list of references to other resources covering a wide variety of needs. The list below is not intended to be comprehensive, but rather a starting point. If you become aware of other resources, please forward them to us so we can share them with others.

Resources: - For help addressing domestic violence, dating violence, sexual assault and stalking, please refer to the following agencies

The National Domestic Violence Hotline	1-800-799-7233	<a href="http://www.ndvh.org">www.ndvh.org</a>
National Dating Abuse Hotline	1-866-331-9474	<a href="http://www.loveisrespect.org">www.loveisrespect.org</a>
National Child Abuse Hotline/Childhelp	1-800-4-A-CHILD 1-800-422-4453	<a href="http://www.childhelp.org">www.childhelp.org</a>
National Sexual Abuse Hotline	1-800-656-4673	<a href="http://www.rainn.org">www.rainn.org</a>
National Center for Victims of Crimes	1-202-467-8700	<a href="http://www.victimsofcrimes.org">www.victimsofcrimes.org</a>
National Human Trafficking Resource Center/ Polaris Project	1-888-373-7888 Text HELP to BeFree (233733)	<a href="http://www.polarisproject.org">www.polarisproject.org</a>
National Resouce Center on Domestic Violence	1-800-537-2237	<a href="http://www.nrcdv.org">www.nrcdv.org</a> <a href="http://www.vawnet.org">www.vawnet.org</a>
Deaf Abused Women’s Network (DAWN)	1-202-559-5366	<a href="mailto:Hotline@deafdawn.org">Hotline@deafdawn.org</a> <a href="http://www.deafdawn.org">www.deafdawn.org</a>
Women of Color Network	1-80-537-2238	<a href="http://www.wocninc.org">www.wocninc.org</a>
Casa de Esperanza	1-651-772-1611	<a href="http://www.casadeesperanza.org">www.casadeesperanza.org</a>
Asian and Pacific Islander Institute on Domestic Violence	1-415-954-9988	<a href="http://www.apiidv.org">www.apiidv.org</a>
National Gay and Lesbian Task Force	1-202-393-5177	<a href="http://www.nglhf.org">www.nglhf.org</a>
National Center for Elder Abuse	1-855-500-3537	<a href="http://www.ncea.aoa.gov">http://www.ncea.aoa.gov</a>
Stalking Resource Center		<a href="http://www.victimsofcrime.org/our-programs/stalking-resource-center">www.victimsofcrime.org/our-programs/stalking-resource-center</a>
Centre County Women’s Resource Center	1-877-234-5050	24 Hour HOTLINE 1-814-234-5050
The Women’s Center, Inc. (Bloomsburg, PA)	1-800-544-8293	<a href="http://www.thewomenscenterinc.org">www.thewomenscenterinc.org</a>
Women’s Resource Center	1/570-346-4671	<a href="http://wrcnepa.org">wrcnepa.org</a>

**Attachment:** Certification form HUD-5382



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**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): _____ _____ _____ _____
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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.