



RENTAL ELIGIBILITY APPLICATION

AFFORDABLE HOUSING COMMUNITY

Income of 1.5x - 2.5x monthly rental rate Required

See Rental Criteria

The information on this Application is necessary to determine if your household is eligible for residency based on the Rental Criteria. Please complete this application, responding to all areas and leaving **NO BLANKS**. If a question does not apply, please list "N/A" or "None". **ALL APPLICANTS OVER 18 years of age MUST SIGN this application.** Income from **ALL HOUSEHOLD MEMBERS OVER 18 MUST BE DISCLOSED** on this application.

Site Preference: Check all those you wish to be considered for.	1st Choice	
	2nd Choice	
	3rd Choice	
Unit Preferences:	Unit Size:	Available By:

Have you been referred to us by any specific agency: ☐ No ☐ Yes – list who referred _____

CONTACT INFORMATION

Primary Phone Number	Alternate Phone Number	Other Contact <i>(please list contact, and relation to household)</i>
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Email Address

Native American Connections will communicate information related to Property Management, Newsletters, information on events and community resources. This is for internal use only by NAC and your email address will not be shared or sold.

HOUSEHOLD COMPOSITION

Please complete this area listing each person who will reside in the Household.

	Full Name State ID or Driver License No.	Relationship To Head of Household	Date of Birth (MM/DD/YYYY)	Last 4 of SSN or Alien Registration Number	Student Status FT – PT – NA	U.S. Citizen	Right to Reside in U.S.	Receiving any source of income?
1		HEAD OF HOUSEHOLD				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is anyone in the Household receiving assistance under the Job Training Partnership Act (program that receives federal, state or local gov funding & provides training) to overcome a barrier enabling the individual to work? ☐ No ☐ Yes – who is receiving? _____

Will all the minor children listed above reside in the household at least 50% or more of the time? ☐ No ☐ Yes ☐ N/A – No children in household

Are any household members a live-in attendant? ☐ No ☐ Yes Who? _____

Are any household members a member of a Native American Tribe? ☐ No ☐ Yes Tribe: _____

Do you have a Section 8 Housing Choice Voucher? ☐ No ☐ YES



SOURCES OF INCOME

Please respond "YES" or "NO" to every potential **Source of Income** listed below that you or any member of your household will receive during the next 12 months. **CHECK MARKS or SLASHES ARE NOT ACCEPTABLE AS AN ANSWER** – you must write in "yes" or "no" for each. If you respond "yes", please complete the unshaded columns to the right for each income source, listing the name of the household member receiving income and the amount & frequency of the income received.

Income Source	Y/N	HH Name Receiving	Amount & Frequency	Income Source	Y/N	HH Name Receiving	Amount & Frequency
Employment <i>Please List</i>			\$ _____ per <input type="checkbox"/> hour # Hrs/Wk _____ <input type="checkbox"/> week	Employment <i>Please List</i>			\$ _____ per <input type="checkbox"/> hour # Hrs/Wk _____ <input type="checkbox"/> week
Self Employment <i>This may include working for Uber, Lyft, Door Dash, Instacart, or other various employers. You typically receive an IRS Form 1099.</i>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Self Employment <i>This may include working for Uber, Lyft, Door Dash, Instacart, or other various employers. You typically receive an IRS Form 1099.</i>			\$ _____ per <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year
Social Security			\$ _____ per month	Pension or Other Retirement Benefits			\$ _____ per month
Veterans Benefits			\$ _____ per month	Tribal Per Capita			\$ _____ per <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year
Unemployment Compensation			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month	Child Support / Alimony			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Worker's Compensation			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month	Welfare (TANF or Cash Assistance)			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Other Disability Benefits <i>Short or Long Term Disability</i>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Recurring Monetary Gift (Cash)			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Other Income: <i>This may include money received from odd jobs, selling items on E-Bay, sewing, baby-sitting, etc.</i>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Other Income: Please List <i>i.e Food Stamps / SNAPs</i>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year

ASSETS FOR HOUSEHOLD

Please respond "YES" or "NO" to every Asset Type listed below. **CHECK MARKS or SLASHES ARE NOT ACCEPTABLE ANSWERS** – you must answer "yes" or "no" to each item. If you answer "yes", please complete the blanks in all columns to the right for each asset type. You must disclose all assets that any member in the household has. Assets include: Checking and Savings accounts, revocable trusts, equity in rental property or other capital investments, stocks, bonds, treasury bills, certificate of deposit, mutual funds, money market accounts, whole life policies, real estate, retirement and pension accounts)

Asset Type	Y/N	Owned by	Value	Interest	Asset Type	Y/N	Owned By	Value	Interest
Checking			\$		Brokerage Acct <i>i.e. Mutual funds</i>			\$	
Checking			\$		Stocks/Bonds			\$	
Savings			\$		CD/Money Market			\$	
Debit Express			\$		Annuities			\$	
Internet Based Acct <input type="checkbox"/> Chime, <input type="checkbox"/> CashApp, <input type="checkbox"/> Venmo, <input type="checkbox"/> PayPal, <input type="checkbox"/> ApplePay, etc			\$		Life Insurance <input type="checkbox"/> Whole <input type="checkbox"/> Term			\$	
Lump Sum Amounts <i>Lottery, Inheritance, etc.</i>			\$		Trust Acct <i>When HH has control</i>			\$	
CryptoCurrency <i>Bitcoin</i>			\$		Real Estate Rental Owned			\$	
Tax Return/Refund Have you received a tax return or refundable tax credit in the last 12 months that was deposited into an account listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes ----->			Which Account	Refund AMT	Other Please List			\$	
					Other Please List			\$	

Non-Necessary Personal Property:

Please list each Non-Necessary Asset held by a household member along with its current value and if any interest is anticipated.

Non-Necessary Assets include: Recreational Vehicles (motorhome/RV, ATV); Boats, antique cars, collectibles (stamp or coin collections, artwork)

Description: Please List Item Owned	Owned By	Value	Interest

Within the past two year, I/We have sold or given away assets (including cash, real estate, etc) for more than \$1000 below their fair market value (FMV)

☐ No ☐ Yes - Date of Disposal: _____ Difference between Market Value & Amount received: _____



LANDLORD REFERENCES / RENTAL HISTORY

Please list each place you have lived for the past two years. Include dates you have resided there, and the name and address of where you resided. Please list **current/most recent first**

From: (mm/yy)	To: (mm/yy)	Landlord / Property NAME & ADDRESS:	Phone Number:

Have you or your spouse/roommate ever been evicted?

☐ NO

☐ YES →

When: _____

If you responded yes to the above, was the judgement satisfied?

☐ NO

☐ YES →

Do you have a current payment agreement?

☐ NO

☐ YES

Have you or your spouse/roommate Declared Bankruptcy?

☐ NO

☐ YES

Have you ever had a bug infestation in your household?

☐ NO

☐ YES
SPECIAL POPULATIONS

Some properties have set aside specific apartments for household that meet some or all of the criteria asked below. If you choose to not answer some of these questions, it will not affect your ability to rent an apartment. However, if the only apartment available is required to have a household with a specific set-aside requirement listed below, you will be placed on the waiting list for the next available non-restricted apartment.

1.	Is any member of this household a past victim of domestic violence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – list who
2.	Is any member of this household a recovering substance abuser	<input type="checkbox"/> No	<input type="checkbox"/> Yes – list who:
3.	Is any member of this household currently, or has been previously homeless?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – list who/when:
5.	Does any member of your household have a special need, or are they handicapped and require a special accommodation?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please choose one: <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____	
6.	Are you, or is anyone in your household a Veteran?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – list who:

HOLDING FEE AGREEMENT

Hold and application fees must be in two (2) separate money orders, no personal checks

At the time of contact by NAC Property Management to finalize this application, I understand that in consideration of management holding the apartment for me, I agree to pay a holding fee of \$250 and a non-refundable application fee of \$40 per adult. The holding fee is refundable if my application is not approved. If my application is approved, the holding fee is credited toward the required move-in costs. I may cancel this agreement and be refunded my holding fee by notifying Management of my decision to cancel within three (3) calendar days of this application date. Cancellation after this time will result in the forfeiture of my holding fee. I must pay all remaining move-in costs on or before my move-in date or my holding fee will be forfeited and my apartment rented. Applicant(s) agrees to the terms of the "Holding Fee Agreement".

Initials/Date

Initials/Date

Initials/Date

Initials/Date

I am in receipt of the Notice of Occupancy Rights under the Violence Against Women Act and Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation provided by the U.S. Department of Housing and Urban Development.

Initials/Date

Initials/Date

Initials/Date

Initials/Date

Applicant(s) represents that all of the above statements are true and complete, and hereby authorize verification of above information, references, and background and credit reports. Applicant(s) acknowledges that false information herein constitutes grounds for rejection of the application if discovered before move-in. Applicant(s) acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and if false or misleading information is contained in this Application, Management Reserves the Right to Immediately Evict the Household for falsification of this Application. This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Approval of this application by Management does not guarantee availability of an apartment. Approval of this application shall place the applicant onto the Waiting List for the above referenced property. All applicants are taken from the Waiting List and the earliest approved date shall be offered first right of refusal of available apartment. Failure of applicant to provide all information necessary for Management to properly review the application for Rental Criteria shall result in the delay of application being reviewed for approval.

FOR PURPOSES OF ELECTRONIC SUBMISSION OF THIS APPLICATION, THIS APPLICATION MAY BE EXECUTED BY ELECTRONIC SIGNATURE. THIS APPLICATION CONSISTS OF THREE (3) PAGES. THE SIGNATURES AND INITIALS SET FORTH HEREIN AND BELOW ACKNOWLEDGES THAT THE BELOW SIGNED INDIVIDUALS HAVE READ AND UNDERSTAND ALL THREE (3) PAGES OF THIS APPLICATION. FURTHER, THE BELOW SIGNED INDIVIDUALS UNDERSTAND THAT ANY CHANGES TO ANY INFORMATION PROVIDED ON THIS APPLICATION MUST BE IMMEDIATELY REPORTED.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date

This Agency and this Community does not discriminate on the basis of race, color, religion, sex, national origin, or handicapped status.

Before you complete a Rental Application, we encourage you to review the following requirements to determine if you are eligible.

Each applicant over 18 years old must complete and sign the rental application.

NAC prioritizes households for occupancy based on:

- Households that are currently homeless and have adequate income
- Households that are currently in an over occupancy situation
- Households that are in non-subsidized housing whose rent is greater than 30% of their annual income
- Households who are not currently living in a home or apartment under a lease in their name

Some NAC properties have set aside specific apartments for households that meet some or all of the criteria listed below. If the only apartment unit available is required to have a household with a specific set-aside requirement listed below, if eligible, applicant will be placed on the waiting list for a non-restricted unit:

- Victim of Domestic Violence
- Recovering Substance Abuser
- Previously experienced homelessness
- Special need or handicapped and require a special accommodation
- Veteran

Items A through J apply to applicant(s) responsible for paying the rent under the Apartment Rental Agreement.

- A. **INCOME** – NAC properties participate in the Low-Income Housing Tax Credit Program, which contains restrictions as to the allowable household income. Maximum annual income must not exceed the published income guidelines based on household size and desired unit size. Our leasing advocate can further explain the income guidelines that are currently in place. (Subject to change without notice based on funding agency publishing of income guidelines)

Non-Voucher Holder Applicants:

Applicant must have a sustainable and verifiable income at the time of the application. The household's average monthly income must be at least 2.5 times the average monthly rent in order to qualify.

Voucher Holder Applicants:

Applicant must have the ability to obtain Section 8 approval for unit rental rate.

All Applicants must demonstrate the ability to have utilities turned on in their name at properties in which utilities are not included in the monthly rental rate.

Senior (55+ and/or 62 or older) & Special Population Properties

Applicant must have sustainable and verifiable income at the time of the application. The household's average monthly income must be at least 1.5 times the average monthly rent in order to qualify.

- B. **CREDIT HISTORY** - Credit reports will be obtained and reviewed to evaluate the applicant's ability to pay rent. Judgements by other housing communities must have a payment plan in place at least 90 days prior to a rental application at NAC. Past non-payment history to landlords may disqualify an applicant or may require a higher security deposit - not to exceed 1.5 times the monthly rent.
- C. **PAST LANDLORD REFERENCE** – Applicants with an eviction that has occurred in the past 3 years, regardless of satisfaction judgement, will be denied; if an eviction is older than 3 years – a pre-existing payment plan must have been in place at least 90 days prior to rental application or evidence of satisfied judgement must be provided.
- D. **OCCUPANCY GUIDELINES** - All residents and all occupants must be listed on the Rental Agreement. No more than:
- two (2) occupants in a studio;
 - three (3) occupants in a one bedroom;
 - five (5) occupants in a two bedroom;
 - seven (7) occupants in a three bedroom apartment home; and
 - Nine (9) occupants in a four bedroom (Coral Canyon only)

Unborn children and children who are in the process of being adopted (who do not live in the apartment) are considered household members for purposes of determining unit size and income limits. **No one over 18 years of age may be added to this household during the first 12 months of occupancy.** As a Low-Income Housing Tax Credit property - NAC utilizes a maximum utilization ratio for occupancy.

- E. **CRIMINAL HISTORY** - All occupants over the age of 18 will be subject to a criminal background check. The history must reflect:
- no felony convictions or deferred adjudication for crimes against persons in the past 5 years;
 - No misdemeanor conviction or deferred adjudication for a crime against a person in the past 3 years;
 - No felony, misdemeanor, or deferred adjudication of drug sales, drug manufacturing, or trafficking convictions in the past 3 years; and
 - no conviction for deferred adjudication for a sex offense ever.
 - No deferred adjudication for a felony against a person, sex offense, or a misdemeanor for a crime against a person for the same periods.

Any outstanding warrants will disqualify applicant for occupancy. This property participates in the City of Phoenix Crime Free Multi-Housing Program.

- F. **PETS** – up to one (1) dog or two (2) cats are permitted – cats and dogs must have been spayed or neutered and have all shots. Documents providing proof of each are required at time of application. An additional security deposit of \$300 is required and must be paid prior to move in. No exotic animals are permitted.

ANIMALS THAT ARE ASSISTIVE SERVICE ANIMALS ARE NOT CONSIDERED PETS UNDER THIS POLICY – documentation for the need of a service animal is required and a service animal agreement is required. Advise the leasing advocate if you have a need for a service animal and they will provide you with the proper legal documents that will be required.

Advise the leasing advocate if you or any household member has an Emotional Support Animal so they may provide you with the documentation that is required.

- G. **NO SMOKING** - NAC's buildings are smoke free. No cigarette, cigar, vaping, or pipe smoking is permitted on the property, including inside the apartments. Some properties have a dedicated smoking area.
- H. **APPLICATION FEES:** An application fee of **\$40 per applicant 18 and older** is required at the time of the full application and is **nonrefundable**. A minimum of a \$250 holding fee is required at the time of the full application. The holding fee is refundable only if the apartment type requested is not available, applicant withdraws application within 72 hours (three (3) calendar days) of approval, or the application is denied. If applicant withdraws application after 72 hours of approval or fails to move into the unit, the holding fee will become forfeit, nonrefundable nor transferable. At move in, the holding fee will be credited to the applicant's ledger to offset move-in costs.
- I. **FALSE INFORMATION** - Any falsification or omission of information on the application, or any supporting forms/documents will automatically disqualify the applicant. All deposits and application monies will be forfeited.
- J. **QUALIFICATION PROCESS:** This property is funded through one or more funding sources that require annual disclosure and verification of income, asset and student status. Applicant understands that they will be required to comply with all application verification requirements, and that landlord will verify in writing, through a third-party when necessary, the information provided on the application and any documentation. If the household contains any part-time or full-time students, applicant must meet one or more of the student status exceptions based on the funding source for the available unit.

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Please note that these are our current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect; therefore, our ability to verify whether these requirements are met is limited to the information we receive from various resident reporting services.





NATIVE AMERICAN CONNECTIONS

HOUSEHOLD DEMOGRAPHICS

PROPERTY NAME: _____

UNIT # _____

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

HOUSEHOLD COMPOSITION			RACIAL CATEGORY	ETHNIC CATEGORY	DISABILITY Are any household members disabled according to the Fair Housing Act?
Mbr #	NAME	RELATIONSHIP to HEAD-of-HOUSEHOLD			
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					

DEFINITIONS		
RACIAL CATEGORIES	ETHNIC CATEGORIES	DISABILITY
<p>WHITE A person having origins in any of the original people of Europe, the Middle East or North Africa.</p> <p>Black or African American A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".</p> <p>American Indian or Alaska Native A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p>	<p><u>Hispanic or Latino</u> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino"</p> <p><u>Not Hispanic or Latino</u> A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p>	<p>The following definition of "disabled" comes directly from the Fair Housing Act:</p> <ul style="list-style-type: none"> ➤ A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pageName=regs_fhr_100-201 ➤ "Handicap" does not include current, illegal use of or addiction to a controlled substance. ➤ An individual shall not be considered to have a handicap solely because that individual is a transvestite.

Head-of-Household Signature _____

Date _____

Member #2 Signature _____

Date _____

Member #3 Signature _____

Date _____

Member #4 Signature _____

Date _____

Native American Connections, INC

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

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

Protections for Applicants

If you otherwise qualify for assistance under **Low Income Housing Tax Credit Program; City of Phoenix HOME and Arizona State Housing Fund**, 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

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

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

If you are receiving assistance under **Low Income Housing Tax Credit Program; City of Phoenix HOME and Arizona State Housing Fund**, 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 **Low Income Housing Tax Credit Program; City of Phoenix HOME and Arizona State Housing Fund** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

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

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

Moving to Another Unit

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

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

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

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

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional

assistance, if needed, by contacting or filing a complaint with **The Arizona Department of**

Housing (602)771-1000 or HUD Phoenix Field Office One North Central Avenue - Suite

600. Phoenix, Arizona 85004

For Additional Information

You may view a copy of HUD's final VAWA rule at

https://portal.hud.gov/hudportal/HUD?src=/program_offices/.../hudclips

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

For questions regarding VAWA, please contact **your property manager**.

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 ; Arizona Coalition To End Sexual & Domestic Violence at 2800 N. Central Ave., Suite 1570 Phoenix, AZ 85001 Phone: 602-279-2900 or 800-782-6400. TDD/TY: 602-279-7270 or info@acesdv.org or <http://www.acesdv.org/> 24 HR. National Sexual Assault Hotline: 1-800-656- HOPE(4673), 24 -HR National Human Trafficking Hotline: Call 1-888-373-7888 or Text BEFREE (233733)

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-](https://www.victimsofcrime.org/our-programs/stalking-resource-center)

[programs/stalking-resource-center](https://www.victimsofcrime.org/our-programs/stalking-resource-center).

For help regarding sexual assault - See above

Victims of stalking seeking help may contact - **See above**

Attachment: Certification form HUD-5382

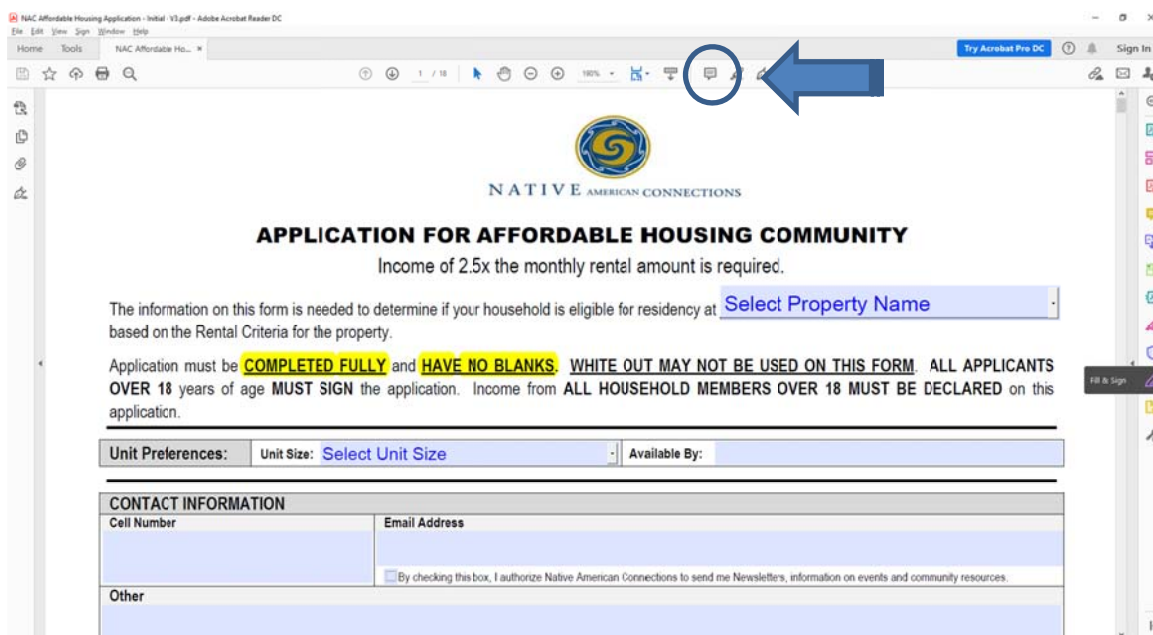
INSTRUCTIONS FOR INITIALING AND SIGNING THIS DOCUMENT

Once you have answered all questions and are satisfied with that your answers are true and correct to the best of your knowledge, you are ready to initial and sign this application. NOTE: Once you sign and save it, you cannot make any changes to the Application. If you made an error, and you have already signed and saved, you will have to start over again.

FOR Additional Instruction how to sign and initial a document in **ADOBE READER DC** visit the adobe website at:
<https://helpx.adobe.com/acrobat/how-to/fill-and-sign-pdf-forms.html?set=acrobat--fundamentals--pdf-forms>

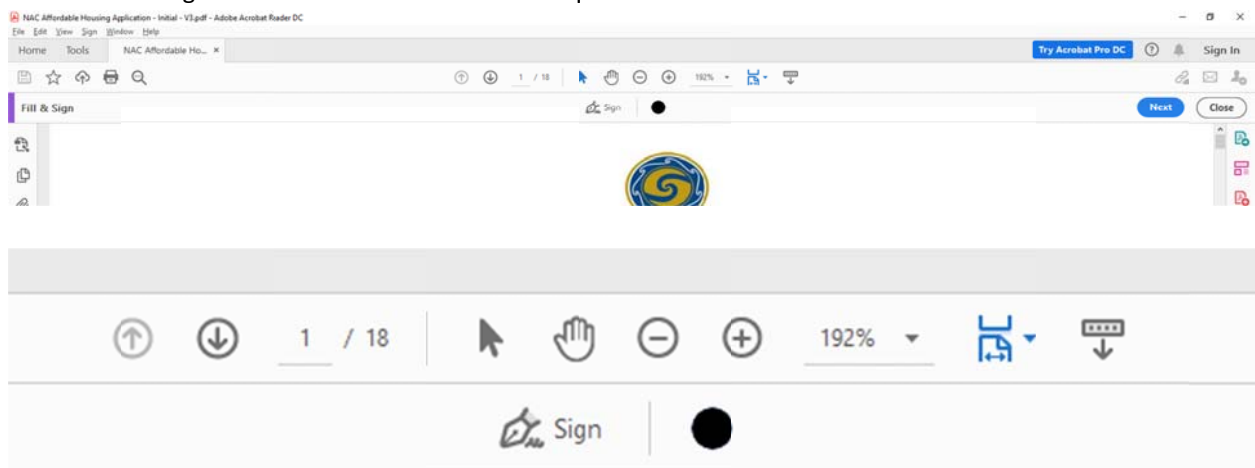
FOR **ADOBE READER DC**, follow the instructions below.

1. Click the fountain pen icon on the top tool bar



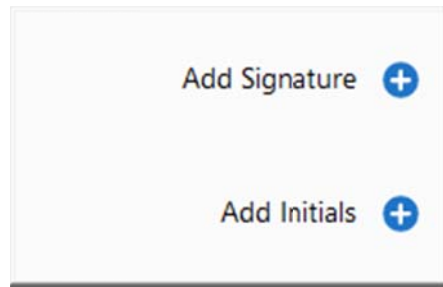
The screenshot shows the Adobe Acrobat Reader DC interface with a PDF form titled "APPLICATION FOR AFFORDABLE HOUSING COMMUNITY". The form includes fields for "Select Property Name", "Unit Size", and "Available By". It also has a "CONTACT INFORMATION" section with fields for "Cell Number", "Email Address", and "Other". A checkbox at the bottom of the contact section reads: "By checking this box, I authorize Native American Connections to send me Newsletters, information on events and community resources." The top toolbar of the application is visible, and a blue circle and arrow highlight the fountain pen icon.

2. Then click the Sign Button on the menu bar at the top of the screen

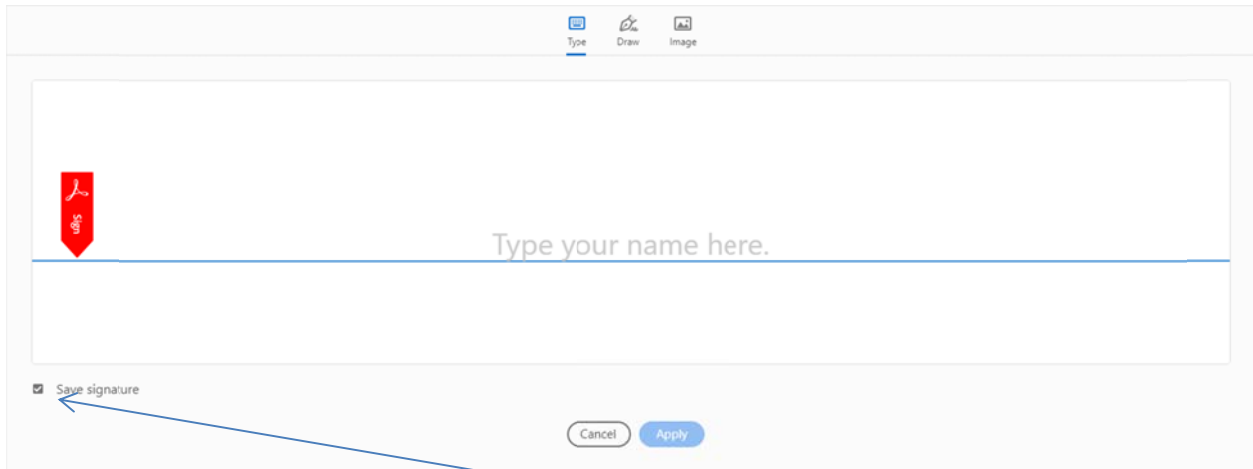


The screenshot shows the Adobe Acrobat Reader DC interface with the "Sign" button highlighted in the top menu bar. The "Sign" button is located in the top right corner of the application window, next to the "Next" and "Close" buttons. The bottom toolbar of the application is also visible, showing various navigation and editing tools.

3. A pop-up will appear - Select either “Add Signature” or “Add Initials”



4. To add your signature:
a. You may choose to type your name or to draw your name with your mouse

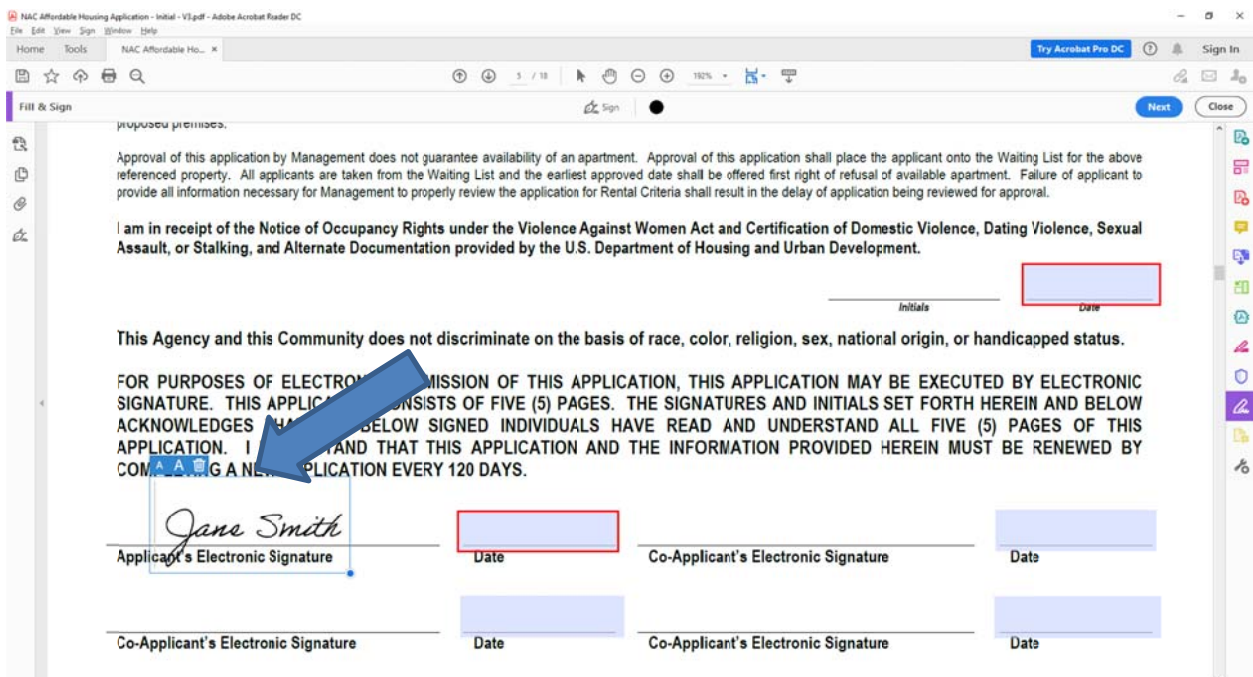


Note: If multiple adults are signing the application, uncheck the “Save Signature” box in the lower corner.

- b. Type or write your name and click “Apply”



- c. Your signature will appear in a moveable box. Place the box above the signature line



To enable a Co-Applicant to sign the document, follow steps 2 & 4 above.

5. To Initial the document:

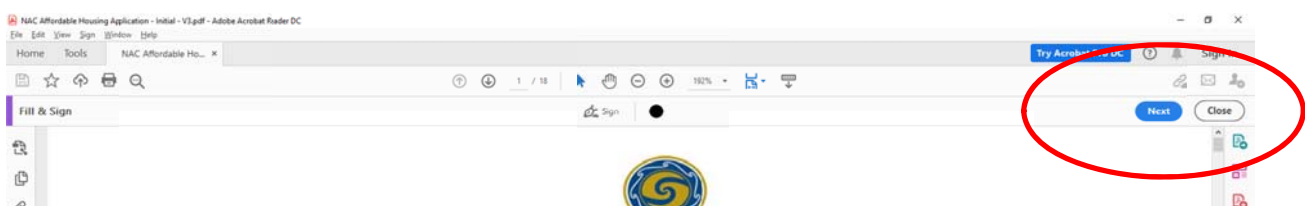
- To apply your initials to each page, Follow step 2 above (click the Sign button with the fountain pen icon, then choose “Add Initials” from the pop up menu.
- You may choose to Type or “Draw” your initials with your mouse.
- To apply initials of more than one person, uncheck the “Save Initials” box.
- After Typing/Drawing your initials – click the “Apply” Button
- Your initials will appear in a moveable box. This box can be positioned above a line requiring initials.
- Press Enter when you have placed your initials in the appropriate location.

- To apply the same initials to multiple locations – Check the Save Initials box after creating your initials. Your initials will then be saved and will appear in the popup



- Click on the initials in the popup. This will allow you to drag-n-drop the initials to where you wish to place them in the document. Click anywhere to place the initials.

6. When you have completed signing and initialing the application, click the “Close” button in the upper right-hand corner.



TO SAVE YOUR COMPLETED & SIGNED APPLICATION:

1. Click FILE
2. Click SAVE AS
3. Type the name of your file. Please Use your **LAST name** in the file name you choose.
4. Save your file to your selected location on your computer
5. Please email the completed, signed application to the NAC community where you are applying to live

NOTE: YOU MAY PRINT THE APPLICATION, AND EMAIL A SCANNED COMPLETED/SIGNED COPY TO THE NAC HOUSING COMMUNITY IN WHICH YOU ARE APPLYING TO LIVE. YOU MAY ALSO HAND-DELIVER THE COMPLETED/SIGNED APPLICATION.