



NATIVE AMERICAN CONNECTIONS

Thank you for your interest in living at an NAC property!

Please complete the attached Application for Affordable Housing and the accompanying Household Demographics form.

You will be asked to initial that you have received and reviewed the Violence Against Women Act (VAWA) which can be found at pages 8-15.

Instructions for initialing and signing this application for Adobe Reader version 2017 and older can be found starting at page 15.

For instruction on how to initial and sign this application using Adobe Reader DC please visit this website:

<https://helpx.adobe.com/acrobat/how-to/fill-and-sign-pdf-forms.html?set=acrobat--fundamentals--pdf-forms>

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.



APPLICATION FOR AFFORDABLE HOUSING COMMUNITY

Income of 2.5x the monthly rental amount is required.

The information on this form is needed to determine if your household is eligible for residency at _____ based on the Rental Criteria for the property.

Application must be **COMPLETED FULLY** and **HAVE NO BLANKS**. **WHITE OUT MAY NOT BE USED ON THIS FORM**. **ALL APPLICANTS OVER 18** years of age **MUST SIGN** the application. Income from **ALL HOUSEHOLD MEMBERS OVER 18 MUST BE DECLARED** on this application.

Unit Preferences:	Unit Size:	Available By:
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CONTACT INFORMATION

Cell Number	Email Address
	Native American Connections to 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.

Other Contact (please write N/A if none)

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

	Full Name Driver License No.	Relationship To Head of Household	Date of Birth	Last 4 of SSN or Alien Registration Number	Student Status Full Time (FT) Part Time (PT)	Receiving any source of income?	Minor Child Lives in unit at least 50% of the time
1		HEAD OF HOUSEHOLD			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Will **ALL** of the persons listed in the household above be, or have **ALL** persons been, FULL TIME (FT) STUDENTS for ALL or PART OF ANY FIVE MONTHS of the calendar year (does not need to be consecutive months), at an educational institution (including elementary or high school, online schools, technical/trade school, college, university) that has regular faculty and students?

NO – at least one person in the household was not a FT student **YES** – ALL PERSONS in the household are FT Students

This property requires the gathering of the information requested below in order to ensure that you qualify to live on this property. Please answer each question below as it relates to any of the persons listed in House Hold Composition:

- A. Are any of the household members a live-in attendant? No Yes – list who: _____
Is anyone listed receiving job training/assistance under the Job Training Partnership Act (or any program funded by State or Local Government agencies)? No Yes – list who: _____
- B. Are any household members a member of a Native American Tribe? No Yes – Tribe: _____
- C. Are all household members a U.S. Citizen? No Yes
- D. Do all household members have the legal right to reside in the U.S. Yes No – list who: _____
- E. Have you been referred to use by any specific agency? No Yes – list who: _____
- F. Do you have a Housing Choice Voucher? 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? No Yes – list who _____
- 2. Is any member of this household a recovering substance abuser? No Yes – list who: _____
- 3. Is any member of this household **currently** homeless? No Yes – list who: _____
- 4. Was any member of this household **previously** homeless? No Yes – When? _____
Where? _____
- 5. Does any member of your household have a special need, or are they handicapped and require a special accommodation?
 No Yes - Please choose one and provide medical documentation:
 Physical Impairment Mental Health Other (describe): _____
- 6. Are you, or is anyone in your household a Veteran? No Yes – list who: _____

PAST LANDLORD REFERENCES

Please list each place you have lived for the past two years. Include dates you have resided there, and the name and address or location of where you resided. Please list current residence first.

From:	To:	Landlord / Property NAME & ADDRESS:	Phone Number:

- Have you or your spouse/roommate ever been evicted? NO YES Declared Bankruptcy? NO YES
- Have you ever had a bug infestation in your household? NO YES
- Do you engage in the distribution or sale of illegal drugs? NO YES
- Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug related offenses, theft, dishonesty, obscenity and related violations? NO YES
- Do you have any outstanding/open warrants for arrest? NO YES
- Are you a convicted sex offender? NO YES
- Is any member of the applicant's household subject to a lifetime sex offender registration requirement in any state? NO YES

SOURCES OF INCOME

Income of 2.5x monthly rental amount is required.

INCOME: Do you or any member of your household receive income from any of the following sources during the next 12 months?

Please RESPOND "YES" or "NO" to every question. CHECK MARKS ARE NOT ACCEPTABLE AS AN ANSWER. You must write in "Yes" or "No" for each source of income. If you answer YES, then please complete the blanks on the right.

Source of Income	Yes No	Received by Which Household Member	Business / Agency / Government Entity	Amount Paid and Frequency Received
Employment				\$ _____ per <input type="checkbox"/> hour # of hrs worked/week: ____ <input type="checkbox"/> week <input type="checkbox"/> month
Employment				\$ _____ per <input type="checkbox"/> hour # of hrs worked/week: ____ <input type="checkbox"/> week <input type="checkbox"/> month
Self-Employment Which may include, car repairs, massage therapy, selling on E-Bay, selling homemade food, working for Uber, Lyft, or DoorDash, etc.				\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month If paid by the job – list frequency of job and payment amount:
Additional Income Part-Time Position				\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month
Unemployment Compensation				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Workers Compensation or Other Disability Benefits <i>(i.e. Short or Long Term Disability)</i>				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Recurring Monetary Gifts or Money from Relatives (Cash)				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Pension or Retirement Benefits				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> annual
Social Security / SSI / SSD Benefits <i>Check all that apply</i> <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSD				\$ _____ per month
Veterans Administration Benefits				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Child Support				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Alimony				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Tribal Per Capita				\$ _____ per <input type="checkbox"/> month <input type="checkbox"/> annual <input type="checkbox"/> quarter
Welfare TANF OR CASH ASSISTANCE				\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
Other - Please list (ie Food Stamps) _____				\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month

ASSETS

Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate or other capital investments, stocks, bonds and Treasury Bills, certificates of deposit, money market funds. IRS accounts and retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.).

Please respond "YES" or "NO" to every question. You must answer "YES" or "NO – Check marks cannot be accepted as answers. If you answer YES – then please complete the blanks to the right. You must identify all bank accounts (savings or checking) that any member in the family has.

DO NOT INCLUDE NECESSARY PERSONAL PROPERTY SUCH AS FURNITURE, AUTOMOBILES or CLOTHING.

	YES or NO	BANK OR INSTITUTION NAME	NAME ON ACCOUNT	ACCOUNT #	BALANCE/VALUE
CHECKING ACCOUNT(S)					\$
CHECKING ACCOUNT(S)					\$
PAYROLL CHECK CARD OR OTHER WEB-BASED CHECKING (NETSPEND, CHIME, PAYPAL, ETC)					\$
SAVING ACCOUNT(S)					\$
SAVING ACCOUNT(S)					\$
EXPRESS DEBIT CARD (SS, SSI, CHILD SUPPORT, AND PER-CAP PAYMENT CARD)					\$
MONEY MARKET ACCOUNT(S)					\$
CERTIFICATE/TIME DEPOSIT(S)					\$
SAFETY DEPOSIT BOX					\$
TRUST ACCOUNT(S)					\$
STOCKS AND BONDS					\$
401K / IRA / KEOGH OR OTHER RETIREMENT ACCOUNT(S)					\$
RENTAL PROPERTY					\$
LIFE INSURANCE CHECK <input type="checkbox"/> WHOLE LIFE <input type="checkbox"/> TERM LIFE					\$
OTHER PLEASE LIST _____					\$

I / We have have NOT sold or given away OWNED assets (including cash, real estate, etc.) for less than market value during the past two (2) years.

If YES, what was the fair market value and how much money did you receive for each asset on which this occurred?

EMERGENCY CONTACT PERSON(S)			
Name:	Address	Phone	Relationship
Name:	Address	Phone	Relationship

DEPOSIT HOLD AGREEMENT
Deposits 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 deposit of \$250 and a non-refundable application fee of \$40 per adult. The holding deposit is refundable if my Application is not approved. If my application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit by notifying you of my decision to cancel within 3 calendar days of this application date. Cancellation after this time will result in the forfeiture of my holding deposit. I must pay rent on or before my rent start date or my holding deposit will be forfeited and my apartment rented.

Applicant 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 acknowledges that false information herein constitute grounds for rejection of the application if discovered before move-in. Applicant 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. Applicant agrees to the terms of the "Deposit to hold Agreement". 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.

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*

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

FOR PURPOSES OF ELECTRONIC SUBMISSION OF THIS APPLICATION, THIS APPLICATION MAY BE EXECUTED BY ELECTRONIC SIGNATURE. THIS APPLICATION CONSISTS OF FIVE (5) PAGES. THE SIGNATURES AND INITIALS SET FORTH HEREIN AND BELOW ACKNOWLEDGES THAT THE BELOW SIGNED INDIVIDUALS HAVE READ AND UNDERSTAND ALL FIVE (5) PAGES OF THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION AND THE INFORMATION PROVIDED HEREIN MUST BE RENEWED BY COMPLETING A NEW APPLICATION EVERY 120 DAYS.

Applicant's Electronic Signature **Date** **Co-Applicant's Electronic Signature** **Date**

Co-Applicant's Electronic Signature **Date** **Co-Applicant's Electronic Signature** **Date**





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
Mbr #	NAME	RELATIONSHIP to HEAD-of-HOUSEHOLD			Are any household members disabled according to the Fair Housing Act?
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>Hispanic or Latino 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>Not Hispanic or Latino 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->

[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

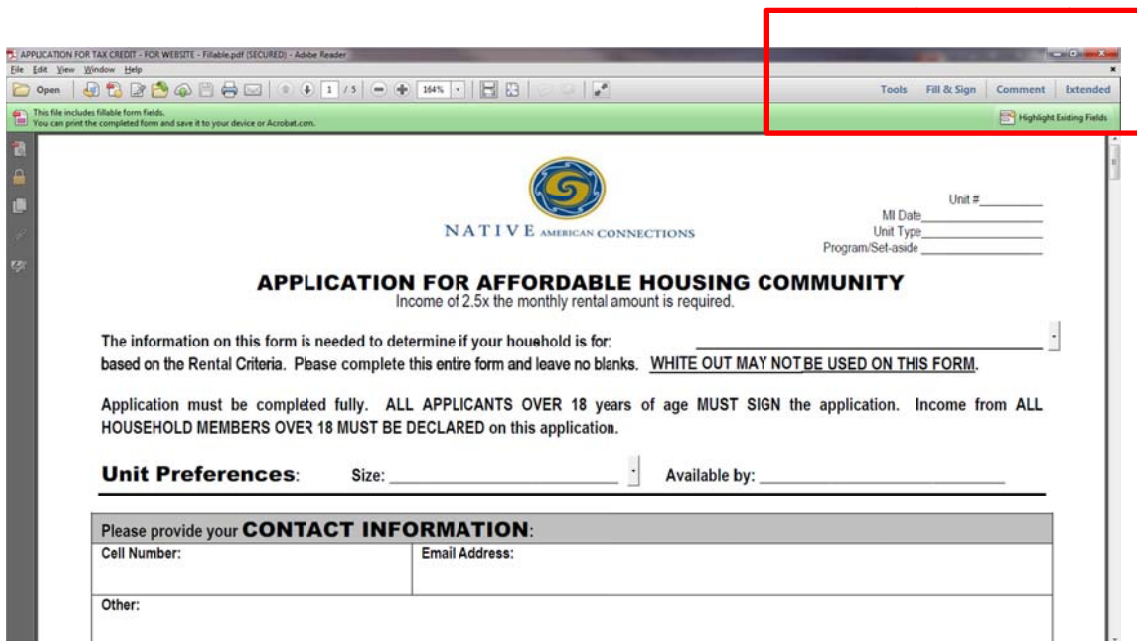
Once you have answered all questions and are satisfied with that your answers are true and correct to the best of your knowledge, you are ready to initial and sign this application. NOTE: Once you sign and save it, you cannot make any changes to the Application. If you made an error, and you have already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

FOR **ADOBE READER DC instructions** for initialing and signing, visit the adobe website at:

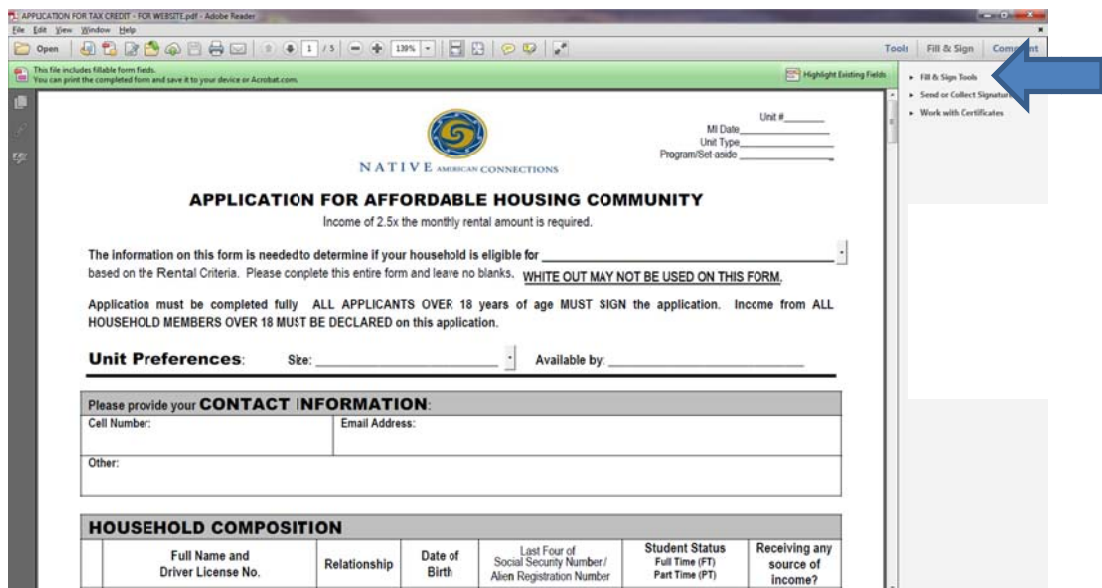
<https://helpx.adobe.com/acrobat/how-to/fill-and-sign-pdf-forms.html?set=acrobat--fundamentals--pdf-forms>

FOR **ADOBE READER 2017 or older versions**, follow the instructions below.

1. Click "Fill & Sign" in the upper right-hand corner of the screen.

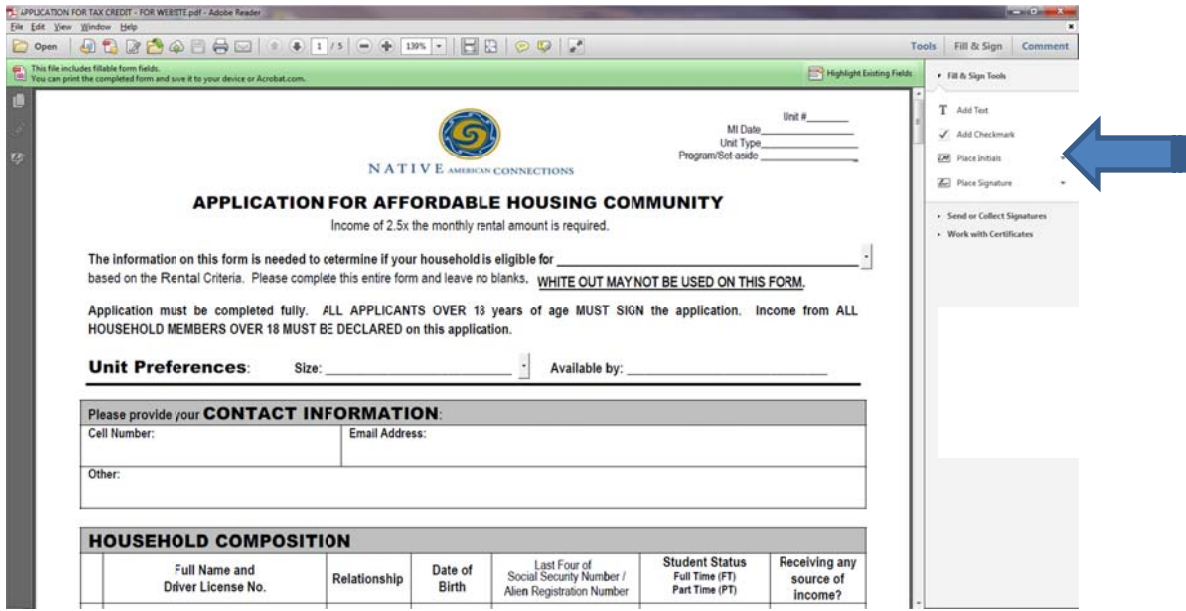


2. Then choose "Fill & Sign Tools" from the list:

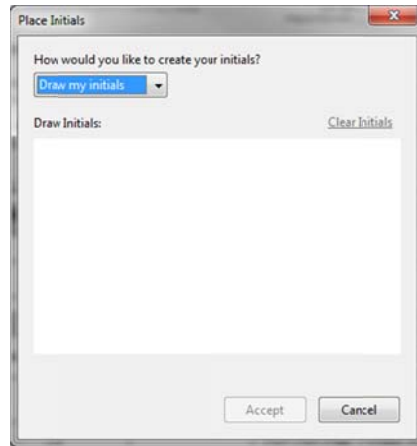
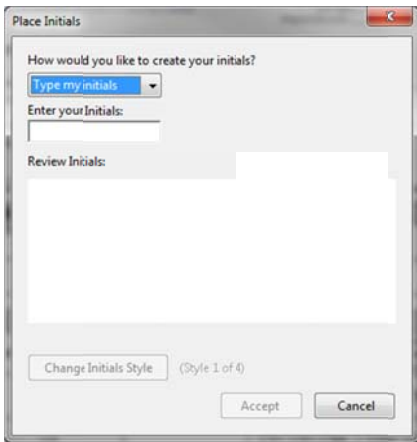


TO INITIAL PGS 1 – 4:

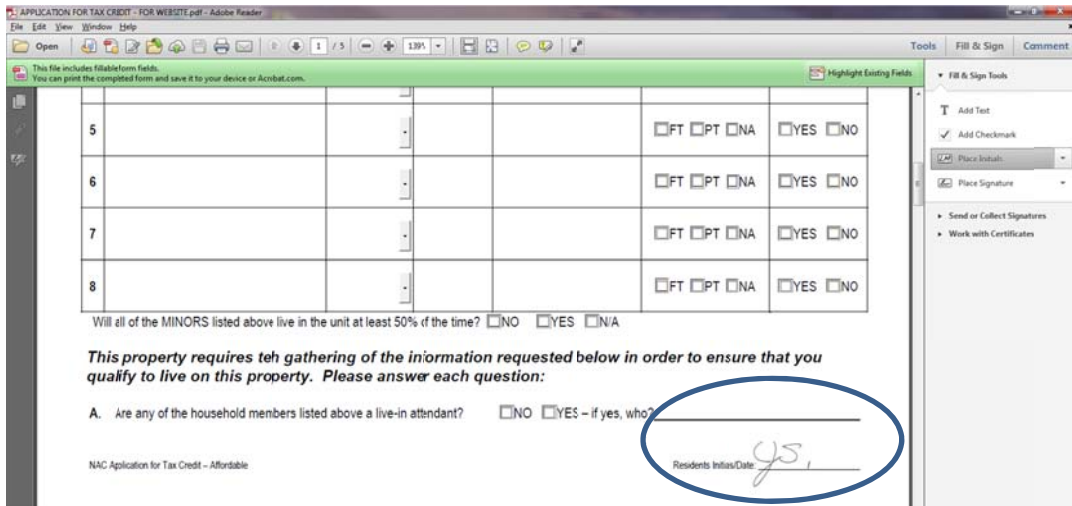
3. Next, click on “Place Initials”



4. The “Place Initials” box will appear. From here you can choose to either type in your initials OR draw your initials with your mouse



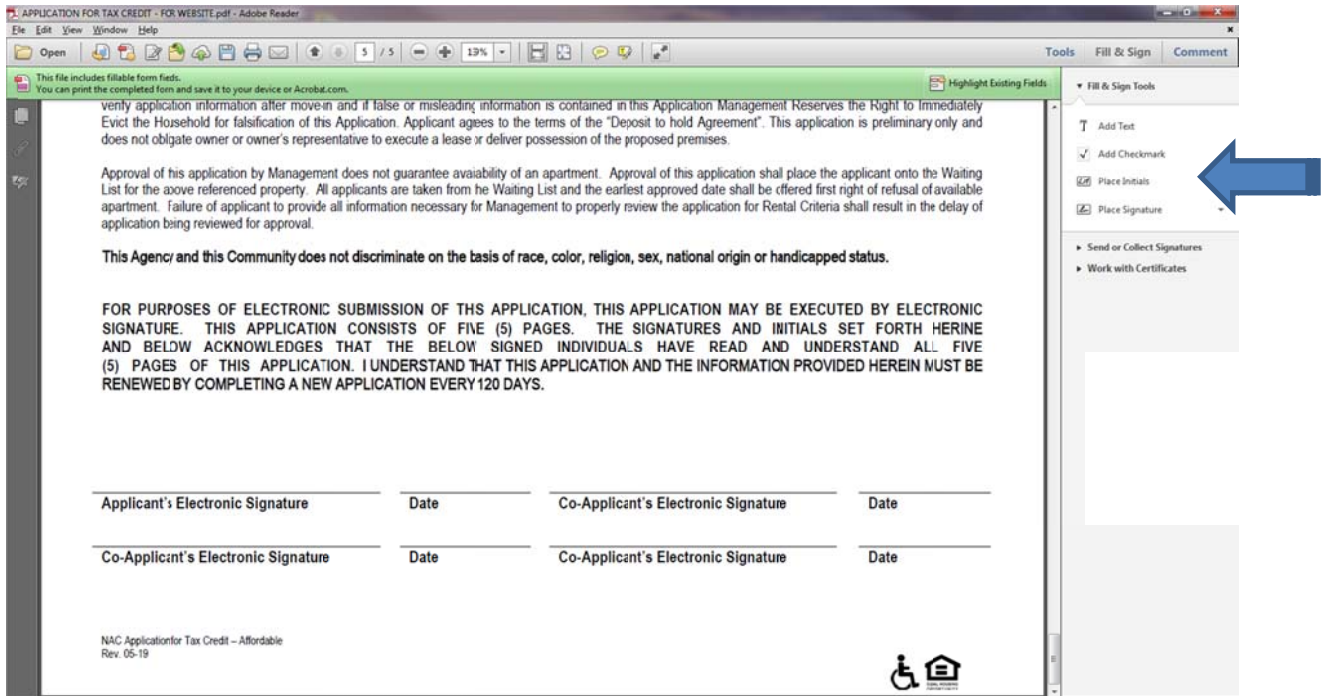
5. When you are satisfied with how your initials look, Click “Accept” and they will appear on your screen and can be moved with your mouse to place on the Initials line at the bottom of the page



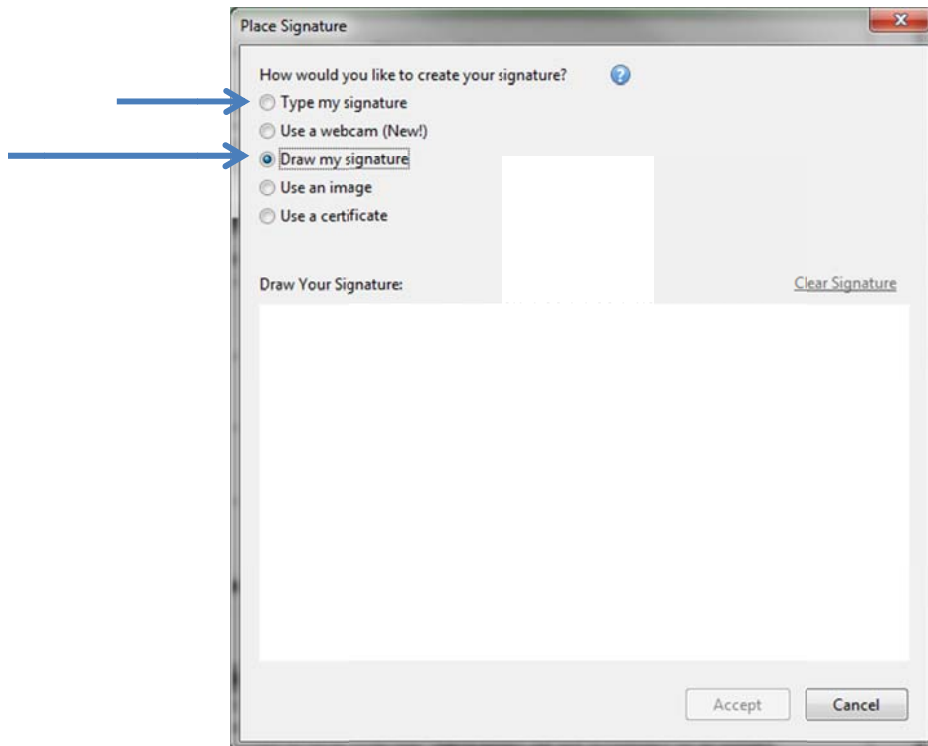
- To apply your initial to another page, scroll to that page and click the “Place Initials” button again. Your initials will reappear and you will be able to move them with your mouse to the next line in which your initials should appear.

TO CREATE YOUR SIGNATURE: Following the same steps (steps 1 & 2) from above:

- Select the “Place Signature” option

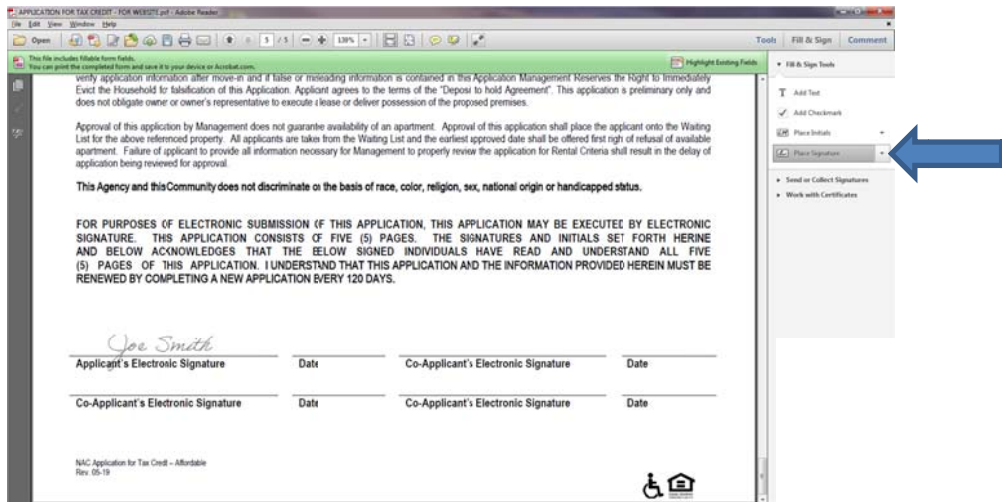


- A Pop-up window will appear. Select either the “Type my signature” or “Draw my signature” options



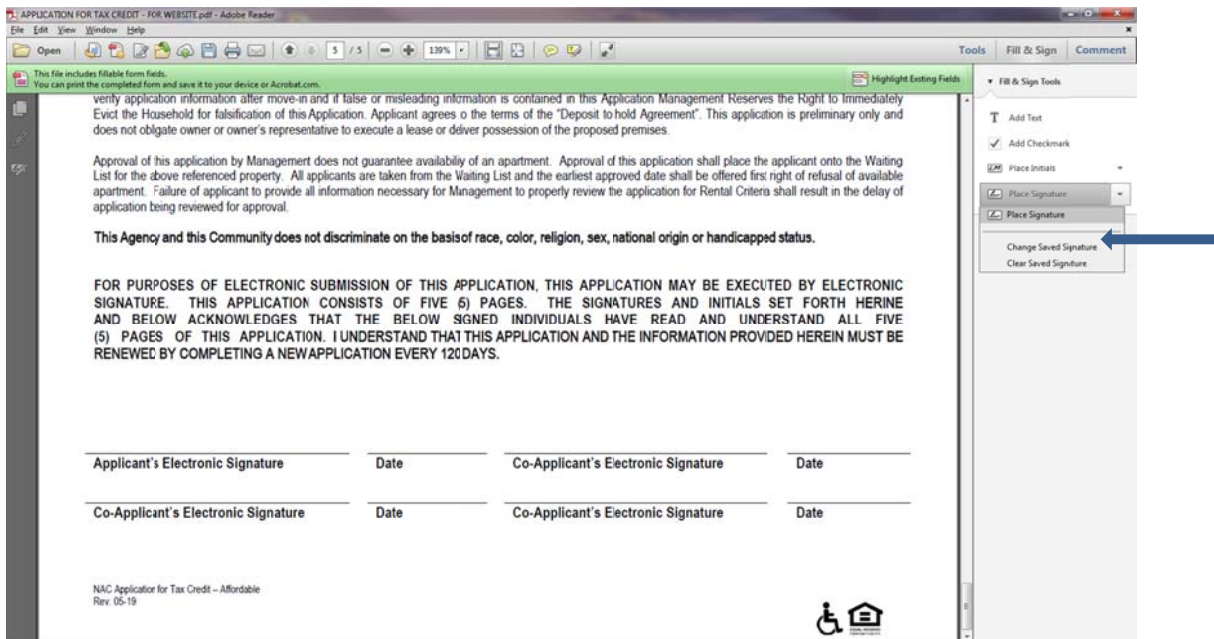
- When selecting draw my signature, click in the box and use your mouse to write your signature.
- Click “Accept” when you are satisfied with how your signature looks.

7. Your signature will appear; you can move your signature with your mouse to the appropriate signature line.



FOR MULTIPLE PARTY SIGNATURES

1. Click the drop down arrow next to "Place my Signature"
2. Select Change Saved Signature



The pop-up window will appear; starting at step 3 under the Create Your Signature section above, follow the steps to create a new signature.

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.