

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

Carleton House



Dear Applicant,

Thank you for your interest in possible housing here at the Carleton House, located at 2055 Columbus Avenue in Roxbury MA.

The Carleton House is a high-rise building comprised of 44 units. The building is handicap accessible and has coin operated washers and dryers. There is a community room, parking, and security cameras. Your rent includes heat, hot water, central A/C - residents are responsible for their own electric use, cable etc. Carleton House is a Smoke-Free building.

To qualify for housing here at the Carleton House you must meet the income guidelines listed below. If you do not meet the income brackets that are listed below your application will be *rejected*

Unit size	Minimum	Maximum
Studio (50% of median)	\$21,536	\$37,750
Studio (60% of median)	\$23,684	\$45,300
1-Bedroom (60% of median)		
1 person	\$27,600	\$45,300
2 persons	\$27,600	\$51,780
2-Bedroom (60% of median)		
2 persons	\$31,578	\$51,780
3 persons	\$31,578	\$58,260
4 persons	\$31,578	\$64,680

No FULL-TIME students are allowed. Carleton House has adopted a smoke-free policy. We require first month's rent and security deposit upon move in. *Applicants must pass a Credit and Criminal background, previous landlord reference, as well as personal reference. We will also be verifying income at the time of your interview.*

Documents to submit along with your fully completed application pertaining to your household:

- **Application** (needs to be filled out completely by applicant completely and signed)
- **New SS Form and Smoking Policy Agreement** (needs to be signed by all applicants)
- **Violence Against Women's Act (VAWA)** Information attached
- **Authorization to Release Information** (needs to be signed by all applicants)
- **Cori form** (needs to be filled out by applicants and signed)
- **Employment form** (Name & Address of employer.), Other Income received, and **8 current pay stubs.**
- **Bank Form (Current 6-month statement)**, Other assets such as stocks, life insurance, 401 k, etc.
- **Landlord Reference** (Name & Address of landlord information or notarized reference)
- **Personal References** (Name & Address of two references other than family members or notarized references)
- **Student Status (NOTE WE DO NOT RENT TO FULL-TIME STUDENTS)**, (If applicable please provide letter from institution attesting that you are a part-time student along with class schedule)
- **Original copies of ID, SS card, Birth Certificate** (copies will be made in the management office)
- **Taxes Filed for previous year including W-2 Form** (Complete current tax forms and all W-2 forms)
- **Section 8 Voucher** (if Applicable, with housing advocate contact information)

Please note that Carleton House Management **will NOT** accept applications that are partially filled out or without proper backup documents to ensure eligibility. If you have any questions, please do not hesitate to contact me by phone (617) 427-0110.

Regards,
Maggie Gonzalez
Senior Property Manager



How to Apply

All applicants must be income-eligible at the time of acceptance; income guidelines are indicated below. Guidelines are updated periodically, so please call for current figures. All numbers reflect gross household income. Maximum household income limit of 60% of HUD Boston Median Income.

Eligible Income	
Unit size	Minimum Maximum
Studio (50% of median)	\$21,536 \$36,200
Studio (60% of median)	\$23,684 \$43,440
1-Bedroom (60% median)	
1 person	\$27,600 \$43,440
2 persons	\$27,600 \$49,680
2-Bedroom (60% of median)	
2 persons	\$31,578 \$49,680
3 persons	\$31,578 \$55,860
4 persons	\$31,578 \$62,040

Translation services available upon request.

Rent includes Heat, Hot Water, and Air-conditioning.

Section 8 voucher holders are encouraged to apply, even if gross household income is less than the above minimums.
To apply, call the Rental Office, 617-427-0110

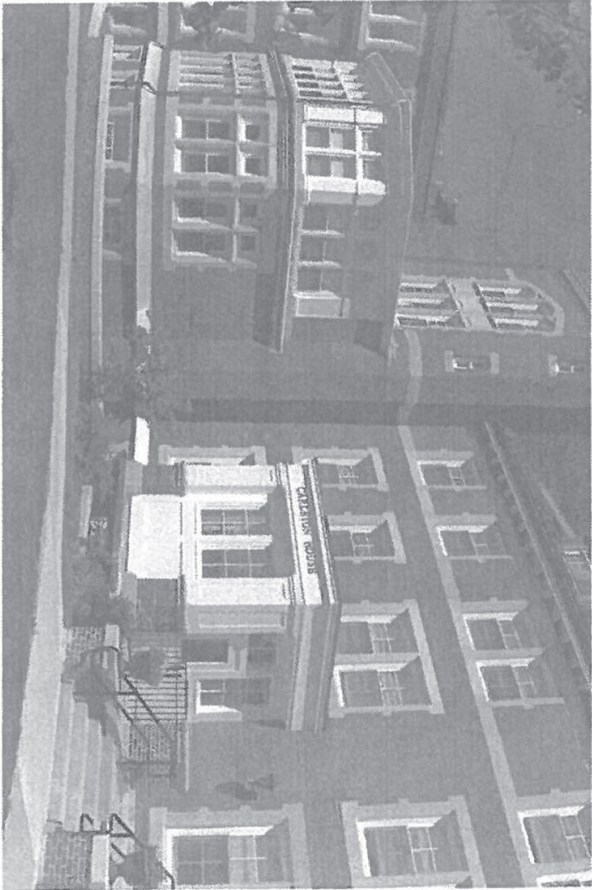
Developed and Managed by ROGERSON

COMMUNITIES



Apply Now!

CARLETON HOUSE
2055 Columbus Avenue, Roxbury, MA



MAIL TO: Carleton House

2055 Columbus Avenue, Roxbury MA 02119

Attn: Maggie Gonzalez, Senior Property Manager

TEL: (617) 427-0110 FAX: (617) 427-0188

Email: gonzalez@rogerson.org

AFFORDABLE HOUSING FOR INDIVIDUALS & FAMILIES
ADJACENT TO FRANKLIN PARK NEAR EGGLESTON
SQUARE.



EQUAL HOUSING
OPPORTUNITY

CARLETON HOUSE

617-427-0110 (VOICE) 617-469-5800 (TDD) 617-427-0188 (FAX)

RENTAL APPLICATION

MANAGED BY ROGERSON COMMUNITIES
PROVIDER OF HOUSING & SERVICES SINCE 1860

FOR OFFICE USE:

DATE REC'D: _____
TIME REC'D: _____

References: _____

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification under the provisions of Section 42 of the Internal Revenue Code as mention, and the Land Restriction Agreement (if applicable), to live in a unit in this project.

(Please Print)

Applicant's Full Name: _____ Date of Application: _____
Type and Size of Apartment Desired: _____ Desired Move-In Date: _____
Email: _____ Telephone: _____

PRESENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____
Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

HOUSEHOLD COMPOSITION:

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	DATE OF BIRTH	FULL-TIME STUDENT
	HoH or Self HEAD				

Do you expect any additions to the household within the next twelve months? Yes: _____ No: _____

DISABILITY STATUS:

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____
2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: _____ No: _____
3. Do you require any accommodation for any disability? Yes: _____ No: _____
4. If you are disabled, do you require any modifications to the unit for any disability? Yes: _____ No: _____
- If so, please list the specific modifications needed: _____

5. Do you have any handicap assistance expenses you incur due to disability? Yes: _____ No: _____

STUDENT STATUS:

Are you or anyone in your household currently a full-time student or planning to be one within the next 12 months?

Yes _____ No _____ If yes, please explain: _____

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

1. Filed for bankruptcy? Yes: _____ No: _____
2. Been evicted from any residence? Yes: _____ No: _____
3. Willfully or intentionally refused to pay rent? Yes: _____ No: _____
4. Been arrested and charged with any misdemeanor or felony? Yes: _____ No: _____

If yes, please explain: _____

5. Been arrested for possession, sale or delivery of any illegal or controlled substance? Yes: _____ No: _____

If yes, please explain: _____

6. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required)? _____

7. Have you or any other proposed occupant ever, while living in a subsidized community, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes: _____ No: _____

8. Do you have any pets? Yes: _____ No: _____

If yes, please describe (include breed and weight): _____

9. How did you hear about our apartment community: the HousingWorks website Sec 8 Voucher Yes: _____ No: _____

VEHICLES: List any cars, trucks, or other vehicles owned.

Type of Vehicle _____ Yr./Make: _____ Color: _____

License Plate#: _____ Monthly Payment: _____ Loan Payable To: _____

REFERENCES:

Local Credit Reference: _____ Account#: _____ Type of Acct _____

Bank/Credit Union: _____ Account # _____ Type of Account _____

Personal Reference: _____ Relationship: _____ Telephone: _____

Personal Reference: _____ Relationship: _____ Telephone: _____

EMERGENCY CONTACT (Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

INCOME:

Tax Credit, Section 42 of the Internal Revenue Codes regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this Tax Credit, property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. Please provide the mailing address and phone number for each of these sources in the area provided. Should you need assistance completing this form, feel free to ask your Property Manager for assistance, he/she would be more than happy to help.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. (You must place a "0" in each column describing each source from which no income is received)

INCOME SOURCES	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMT. RECEIVED (An "0" must be marked in each column in which you do not receive income from that source.)	PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please Provide)
Salary / Wages / Employment			
Tips / Bonuses			
Self Employment / Unearned Income			
Workers Compensation			
Social Security Benefits			
SSI			
Disability Pension / Death Benefits			
Pension / Retirement Funds			
Welfare			
AFDC / TANF			
Rental Income			
Child Support / Unearned income from a family member under 17 years of age			
Alimony			
Military Payments / GI Bill / VA			
Unemployment			
Net Farm/Business Income			
Payment Rec'd on Real Est. / Rental Income or Income from a Contract sale of Real Estate			
Interest on Check/Savings Acct.			
Interest on Bonds/CD's			
Investment Dividends			
Stock Dividends / Annuities / Trusts			
Recurring gifts/monetary or not			
Other			

Do you anticipate any changes in income during the next 12 months? Yes _____ No _____
Explanation: _____

CHILD SUPPORT:

We must count court-ordered support whether it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payor

Are you or any member of your household **entitled** to receive child support payments? Yes _____ No _____

If **yes**, are you **currently** receiving any child support payments? Yes _____ No _____

If **yes**, are your child support payments court ordered? Yes _____ No _____

If money is not actually received, are you taking legal action to remedy? Yes _____ No _____

Explanation: _____

ASSETS: (You must place an "0" in each column describing each source from which no income is received)

Type of Assets	Value	Account #	Organization Name, Phone & Address	FOR OFFICE USE ONLY
Checking Accounts				
Checking Accounts				
Savings Accounts				
Cash on Hand/At Home				
Trust Accounts/Revocable or Irrevocable				
CD's				
C D's				
Credit Union				
IRA's/Pensions/401K / Mutual funds				
Stocks/Bonds/Money Mkt.				
Whole Life				
Money in a safety deposit box				
Savings bonds				
Personal property held as an investment				
Other (Describe)				

REAL ESTATE:

Do you own any property? Yes _____ No _____
If yes, type of property: _____ Location _____
Appraise Market Value: \$ _____

Do you have any land contracts? Yes _____ No _____
If yes, type of property: _____ Location _____
Terms of Contract: _____

Do you receive any rent from your property? Yes _____ No _____
If yes, type of property: _____ Location _____
Amount received per month: \$ _____

ASSETS DISPOSED OF: Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes _____ No _____
If yes, did you dispose of any assets for less than fair market value? Yes _____ No _____

Please list assets disposed of:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. Rural Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage and data to Carleton House and Landlord. I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Date: _____ Co-Applicant Signature: _____

STATUS:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Tax Credit Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

RACE: Please check one of the following:

American Indian/ Alaska Native	_____
Asian	_____
Black or African American	_____
Native Hawaiian or Other Pacific Islander	_____
White	_____

GENDER: Please check one of the following: Male _____ Female _____

For Landlord Use Only:

Your signature on this form authorizes Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

E		I		S	S	I
S	E		I			I
		I			S	
				L	R	I
F	C				R	
F		S		S	S	
C	R		L	C	H	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

C S :

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

I :

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security# _____ Birthdate: _____

Driver's License# _____ State Issued: _____

Signature: _____ Date: _____

C I :

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security# _____ Birthdate: _____

Driver's License# _____ State Issued: _____

Signature: _____ Date: _____

**ACKNOWLEDGEMENT OF
SMOKE-FREE HOUSING POLICY**

This notice is being mailed to you because you are currently an applicant on the waiting list for an apartment at CARLETON HOUSE. By signing and returning this form, you are acknowledging receipt of this notice and indicating that you wish to remain on the waiting list and agree to abide by this new rule if, and when you are offered an apartment.

Carleton House is a “Smoke-Free” community. This means that smoking is prohibited in **all areas of the building including common areas, individual units, and services areas**. This Non-Smoking policy was developed to mitigate (i) the irritation and known health risks from second-hand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; and (iii) the increased risk of fire from smoking.

Definition of Smoking: The term “smoking” means inhaling, exhaling, breathing, or carrying any lighted cigar, cigarette, e-cigarette, pipe, tobacco product or similar lighted product in any manner; marijuana including medical marijuana; herbal smoking products “Legal Weed” or products known as “bath Salts” or other legal or illegal substances in any other form.

- Resident agrees and acknowledges that the premises to be occupied by Resident and Resident’s household have been designated as a smoke-free environment. Resident and members of Resident’s household shall not smoke anywhere in the apartment rented by the Resident, within any of the common areas of the building, building entryways, or areas near any exterior window or door. Resident shall not permit any guests, visitors or invitees under the control of the Resident to do so, and shall be responsible to inform their guests of the non-smoking policy.
- Resident shall promptly notify the Owner/Property Manager in writing of any incident where tobacco smoke is migrating into the Resident’s apartment from sources outside of the Resident’s apartment.
- Resident acknowledges that Owner/Property Manager adoption of a smoke-free living environment, and the efforts to designate the rental complex as smoke-free, does not in any way change the standard of care that the Owner/Property Manager would have to a Resident household to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any other rental premises. Owner/Property Manager specifically disclaims any implied or express warranties that the building, common areas, or Resident premises will have any higher or improved air quality standards than any other rental property.
- Resident acknowledges that Owner’s adoption of a smoke –free building does not make the Owner or any of its managing agents the guarantor of Resident’s health or of the

smoke-free condition of the Resident's apartment and the common areas. However, Owner shall take reasonable steps to enforce the smoke-free terms of the Lease. Owner is not required to take steps in response to smoking unless Owner is put on notice of the presence of cigarette smoke, via agent, personal knowledge, and/or written notice by Resident.

- Resident acknowledges that Owner's ability to police, monitor or enforce this policy is dependent in significant part on voluntary compliance by Resident and Resident's guests or invitees.
- Resident acknowledges that non-compliance with the non-smoking requirements may result in termination of tenancy.

Failure to comply with the Smoke-Free Housing Policy will be considered a material lease violation.

Nothing in the rules above shall be construed to restrict the power of any county, parish, city, municipality, town or village to adopt and enforce additional local laws, ordinances, or regulations that comply with at least the minimum applicable standards to establish smoke-free public places.

The resident agrees that the owner/agent and/or property staff will have immediate access to the unit if the owner/agent and/or property staff suspects a violation of the smoke-free policy.

*By signing this form, I acknowledge that I have read and understand the new Smoke-Free policy that is now in effect at **Carleton House**. I wish to remain on the waiting list and agree to abide by this rule if and when I am offered residency.*

Applicant

Date

Applicant

Date



EQUAL HOUSING OPPORTUNITY

Background Investigation & Release of Information Authorization

I. _____, hereby authorize. without reservation. Rogerson Communities, PT Research and any party or agency contacted by PT Research. to furnish the above information. I further release and forever discharge Rogerson Communities. PT Research. Inc., and any person/entity from which they obtained information from any liability resulting from providing such information.

I understand that this information will be transmitted electronically and authorize such transmission. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Signature _____ Social Security Number _____ Date _____

Last Name	First Name	Middle Name	Date of Birth
-----------	------------	-------------	---------------

Street Address	City	Zip
----------------	------	-----

Please list any other CITIES AND STATES where you have resided in the last seven years.

Please list any other LAST NAMES you have used in the last seven years.

**Consumer Report / Investigative Consumer Report
Disclosure and Authorization**

I understand that, in connection with my housing application for Rogerson Communities, **PT Research, Inc.** may conduct a background investigation on me for housing, tenant screening purposes.

I understand **PT Research, Inc.**, a consumer-reporting agency, may prepare a consumer report or investigative consumer report, as defined under the Fair Credit Reporting Act (15 U.S.C. § 1681, et seq.), in connection with the background investigation. A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing my eligibility for housing purposes. An "investigative consumer report" means a consumer report or portion thereof in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge concerning any such items of information. Information for a consumer report and or investigative report may be retrieved from several sources, including but not limited to public records, educational institutions, financial institutions, law enforcement and other government agencies, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history and criminal history records consistent with federal and state law. I understand that this information may be transmitted electronically and I authorize such transmission.

I further acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" which is attached to this Authorization. In the event an investigative consumer report is prepared, I understand that I may submit a written request for additional disclosures regarding the nature and scope of the investigation requested as well as a summary of my rights under the FCRA.

If information from a consumer report or an investigative consumer report is used in whole or in part in making an adverse decision concerning my housing or housing application, before making the adverse decision Rogerson Communities will provide me with a copy of the consumer report or investigative consumer report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand that if I disagree with the accuracy of any information contained in the report, I must notify PT Research, Inc. within 10 days of my receipt of the report.

AUTHORIZATION

I hereby authorize PT Research, Inc. to obtain a consumer report and or an investigative report about me. If I am approved for housing, this authorization shall remain on file and shall serve as an ongoing authorization for PT Research, Inc. to procure consumer reports and or investigative consumer reports at any time the term of my lease agreement. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

Signature

Date

Dear Applicant:

This letter is being distributed to every **Applicant** upon recertification as required by HUD. This letter is not meant to imply that you, or other members in your household, have not complied with the requirement to provide proof of your social security number, we are simply notifying everyone of this new rule.

New HUD Social Security Number Requirement

Effective January 31, 2010, all household members receiving assistance or applying to receive assistance will be required to provide a Social Security Number and adequate documentation necessary to verify that number. This rule applies to all household members including live-in aides, foster children and foster adults. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN such as:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a Federal, State or local agency, a medical provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statements
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

For eligibility purposes, applicants do not need to disclose or provide verification of a Social Security Number for household members to be placed on a waiting list. However, applicants must disclose a Social Security Number and provide adequate documentation to verify each Social Security Number for all non-exempt household members before they 1) can be screened, 2) can participate in the eligibility interview or 3) can be housed.

Exceptions to Disclosure of Social Security Number

The Social Security Number requirements do not apply to:

- 1) Individuals who do not content eligible immigration status.
 - When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families

must continue to be followed. In these instances, the owner will have each resident's Citizenship Declaration on file- whereby the individual did not content eligible immigration status – to support exception to the requirements to disclose and provide verification of a Social Security Number.

2) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

- The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.
- Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. This documentation must be retained in the resident file. An owner/agent cannot accept a certification from the applicant (a self-certification) stating they qualify for the exemption.
- The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

If all non-exempt household members have not disclosed and/or provided verification of their Social Security Numbers at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the day they are first offered an available unit to disclose/verify the Social Security Numbers.

During this 90-day period, the applicant may retain their place on the waiting list. After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers for all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

Secondary Verification of the Social Security Number

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated and any assistance paid in error must be returned to HUD. (Optional) If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

Signature

Date



EQUAL HOUSING OPPORTUNITY

**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):

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.

CARLETON HOUSE

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 The Low Income Housing Tax Credit program is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under The Low Income Housing Tax Credit program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under The Low Income Housing Tax Credit program you may not be denied assistance, terminated from participation, or be evicted from your rental housing

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.

because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under The Low Income Housing Tax Credit program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

Carleton House 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 Carleton House chooses to remove the abuser or perpetrator, Carleton House 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, Carleton House 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, Carleton House must follow Federal, State, and local eviction procedures. In order to divide a lease, Carleton House 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, Carleton House 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, Carleton House 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.

Carleton House 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.

Carleton House's emergency transfer plan provides further information on emergency transfers, and Carleton House 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

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

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

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

Confidentiality

Carleton House 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.

Carleton House must not allow any individual administering assistance or other services on behalf of Carleton House (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.

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

- You give written permission to Carleton House to release the information on a time limited basis.

- Carleton House 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 Carleton House or your landlord to release the information.

VAWA does not limit Carleton House'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, Carleton House 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 Carleton House 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 Carleton House can demonstrate the above, Carleton House 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 Massachusetts Housing Finance Agency, One Beacon Street, Boston, MA 02108 or U.S. Department of Housing and Urban Development, 10 Causeway Street, 3rd Floor, Boston, MA 02222.

For Additional Information

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

http://portal.hud.gov/hudportal/HUD?rcs=/program_offices/administration/hudclips/fr

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

For questions regarding VAWA, please contact Massachusetts Housing Finance Agency, One Beacon Street, Boston, MA 02108.

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 or the National Center for Victims of Crime 202-467-8700

www.victimsofcrime.org.

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 National Sexual Assault Hotline 800-656-4673 (HOPE) www.rainn.org.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**