

Central Wisconsin Community Action Council, Inc.

Bill Gomoll Family Senior Village

Two bedroom units offering low-income housing for over 55 years of age.

Primary Applicant:

Name: _____ ☐ Male ☐ Female ☐ Other

Date of Birth: _____ Social Security Number: _____

Marital Status: ☐ Single (Never married) ☐ Engaged ☐ Married ☐ Divorced ☐ Separated ☐ Widowed, _____ date: _____

Other name(s) by which I have been known: _____

Other state(s) in which I have resided during the last 7 years (e.g. Michigan 2015-2019): _____

Secondary Applicant:

Name: _____ ☐ Male ☐ Female ☐ Other

Date of Birth: _____ Social Security Number: _____

Marital Status: ☐ Single (Never married) ☐ Engaged ☐ Married ☐ Divorced ☐ Separated ☐ Widowed, _____ date: _____

Other name(s) by which I have been known: _____

Other state(s) in which I have resided during the last 7 years (e.g. Michigan 2015-2019): _____

Telephone #: _____ Cell Phone #: _____

Email: _____

Current Physical Address: _____
Street Address City State Zip

Do you own this property? ☐ Yes ☐ No

If No, list name, address and telephone of Owner or Manager: _____

Mailing Address: _____
(If Different) Street Address City State Zip

Former Addresses: List below any former rental addresses within the past 10 years.
Attach additional sheet, if necessary.

<u>Rental Addresses:</u>	<u>Name, Address & Telephone of Owner or Manager:</u>
_____	_____
_____	_____

Other Household Members (Attach an additional sheet, if necessary.)

Gender Circle one.	Last Name	First Name & Middle Initial	Relation to Head of Household	Date of Birth	Social Security or Alien Reg. #	Marital Status
M <input type="checkbox"/> F <input type="checkbox"/>						
M <input type="checkbox"/> F <input type="checkbox"/>						
M <input type="checkbox"/> F <input type="checkbox"/>						
M <input type="checkbox"/> F <input type="checkbox"/>						
M <input type="checkbox"/> F <input type="checkbox"/>						
M <input type="checkbox"/> F <input type="checkbox"/>						

Do you expect any changes to the household in the next 6 to 12 months? ☐ Yes ☐ No

If yes, what changes?

Will you have 50% or more physical custody of any minor members of the household? ☐ Yes ☐ No

Emergency Contact: (The person to be notified in case of emergency.)

Name: _____ **Phone:** _____

Address: _____
Street Address City State Zip

Relationship: _____ **Password:** _____
Create a password to share with your emergency contact.

May we contact this person regarding financial and rental issues? ☐ Yes ☐ No

Do you require any special accommodations? ☐ Yes ☐ No

If yes, please explain: _____

Additional Questions: All questions below must be answered "Yes" or "No", with additional details provided if needed.

Have you or anyone else in your household ever been convicted of a felony? ☐ Yes ☐ No

If yes, for what? _____

Have you or anyone else in your household ever been evicted? ☐ Yes ☐ No

If yes, when: _____

Do you or anyone else in your household smoke cigarettes or cigars? ☐ Yes ☐ No

All of our apartments are non-smoking units. You must go off-site to smoke. If you do not agree to this, your application will be denied. Do you agree to this smoking policy? ☐ Yes ☐ No

Income Information: Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months. **Answer all 24 items by checking Yes or No.**

Yes or No		Source	Monthly Gross Income or Benefit Amount
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment: receiving wages, salary, overtime pay, commissions, fees, tip, bonuses, and/or other compensations. Name of Employer(s): _____ _____	\$ _____ \$ _____
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-employment: Attach Schedule C, Form 1040 and most current tax returns. List nature(s) of self-employment: _____ _____	\$ _____ \$ _____
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security payments: including Social Security benefits, Supplemental Security Income (SSI), Disability benefits, Death benefits, and unearned income from family members ages 17 & under. List recipients(s) and source(s): _____ _____ _____	\$ _____ \$ _____ \$ _____
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits and/or Worker's Compensation	\$ _____
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income	\$ _____
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payments from trusts, annuities, inheritance, retirement funds, pensions, insurance policies, and/or lottery winnings. List sources: _____ _____	\$ _____ \$ _____
7	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal maintenance payments.	\$ _____
8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property.	\$ _____
9	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive Child Support payments. If yes, attach a copy of the Child Support Order and answer the following: Child Support Court Order #: _____ County & State order was filed: _____	\$ _____
10	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Assistance (Examples: TANF, AFDC, W2, Section 8 voucher) If yes, List Sources: _____ _____	\$ _____ \$ _____
11	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions of gifts on an ongoing basis from persons not living in the unit, including rent or utility payments.	\$ _____
12	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from a source other than those listed above. If yes, list source(s): _____	\$ _____

Asset Information: Identify each asset, its value, and interest rate currently held by the household.

Answer every question "Yes" or No" and provide the additional information, noting "Unsure" if you do not know the additional details. Attach an additional sheet, if necessary.

Yes or No		Source	Cash Value/ Balance	Interest Rate
13	<input type="checkbox"/> Yes	Checking account(s): If yes, list bank(s):	\$ _____	_____ %
	<input type="checkbox"/> No	_____	\$ _____	_____ %
14	<input type="checkbox"/> Yes	Savings account(s): If yes, list bank(s):	\$ _____	_____ %
	<input type="checkbox"/> No	_____	\$ _____	_____ %
15	<input type="checkbox"/> Yes	Certificate of Deposit (CD) or Money Market account(s)	\$ _____	_____ %
	<input type="checkbox"/> No	If yes , list source(s)/bank(s):	\$ _____	_____ %
		_____	\$ _____	_____ %
16	<input type="checkbox"/> Yes	IRA/Lump Sum Pension/Retirement/Keogh/401(K) accounts(s), etc.	\$ _____	_____ %
	<input type="checkbox"/> No	If yes , list source(s)/bank(s):	\$ _____	_____ %
17	<input type="checkbox"/> Yes	Life insurance policy. If yes, how many: _____	\$ _____	_____ %
	<input type="checkbox"/> No	If yes , list source(s)/bank(s):	\$ _____	_____ %
18	<input type="checkbox"/> Yes	Revocable, irrevocable and/or Funeral Trust(s)	\$ _____	_____ %
	<input type="checkbox"/> No	_____	\$ _____	_____ %
19	<input type="checkbox"/> Yes	Stocks. If yes , list source(s)/bank(s):	\$ _____	_____ %
	<input type="checkbox"/> No	_____	\$ _____	_____ %
20	<input type="checkbox"/> Yes	Bonds and/or treasury bills. Attach a copy of each bond/treasury bill.	\$ _____	_____ %
	<input type="checkbox"/> No	If yes , list source(s)/bank(s):	\$ _____	_____ %
21	<input type="checkbox"/> Yes	More than \$1,000 cash on hand (that cannot be verified through a financial institution).	\$ _____	_____ %
	<input type="checkbox"/> No			
22	<input type="checkbox"/> Yes	Items held as an investment (e.g. antique car, coin collection, safe deposit box contents, etc.) If yes , list source(s)/bank(s)	\$ _____	_____ %
	<input type="checkbox"/> No	_____	\$ _____	_____ %

Yes or No		Source	Cash Value/ Balance	Interest Rate
23	<input type="checkbox"/> Yes	Have you ever owned a home, mobile home, and/or real estate? If yes , how long ago? _____	\$ _____	
	<input type="checkbox"/> No	<p>If you sold the property within the last two years, provide the closing statement of the sale and write the amount of money you received from the sale to the right.</p> <p>If you still own the property and it is not on the market, provide the property tax bill.</p>		

DISPOSAL OF ASSETS CERTIFICATION

RE: Sale of home:

I hereby certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for tax credit housing participation, **I have OR have not** (circle one) disposed of any of the following asset(s) as identified below, (i.e., sold home, closed accounts, sold stock)

A ASSET	B CASH VALUE*	C DATE DISPOSED	D ACTUAL AMOUNT RECEIVED

If you state in column D that you received money, where is the money now? (Please provide receipts if possible)

*CASH VALUE is the market value of asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity
2. Broker/legal fees for the sale or conversion of assets
3. Settlement costs for real estate transaction

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Signature of Applicant/Resident

Date

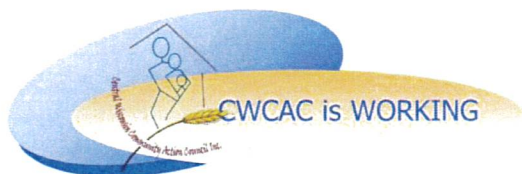
INFORMATION NEEDED

The following information must be provided:

1. Social Security payments must have the Benefit Verification letter you get each December. You can also get a copy by going to SSA.gov and go to your account or create an account.
2. All checking accounts, savings accounts, CDs and Money Markets must be noted as to what financial institution the accounts are at.
3. VA benefits must have a VA benefit letter.
4. Pensions, retirements payments, and annuities must have a letter from the company with the annual or monthly amount paid to you.
5. Insurance policies must have a letter from the insurance company stating the cash value of the policy.
6. Any funeral trust must be noted as to what funeral home or bank the trust is with.

Central Wisconsin Community Action Council, Inc.

549 W North St
P.O. Box 576
Adams, WI 53910



Ph: 608-474-4190
Fax: 608-254-4327
Email – monica@cwac.org

Release of Information Authorization and Certification

I hereby authorize the release of the requested information pertaining to my rental history with my landlord(s). There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Credit Check: I acknowledge that the owner or owner's agent will request a consumer credit report from the Trans Union Credit Reporting Agency to evaluate my qualifications as a potential tenant.

Income and Assets: In order to comply with federal regulations requesting verification on all income, including unemployment compensation benefits, assets, and allowances for residents of tax cred and affordable housing programs, please complete the attached information and return to the above address. I/We hereby authorize release of any information requested by CWAC, their subsidiaries, or managing agents regarding my/our income, assets, allowances, credit history, and rental history. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.




Certification: I/We certify that the information given on household composition, income, net family assets, and allowance and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for termination of housing termination of tenancy and/or retroactive rent increases.

I/We acknowledge that by providing CWAC, Inc. my/our emergency contact information, CWAC, Inc. is allowed to discuss my/our tenancy status with those I/we have listed.

Under penalties of perjury, I certify that the information present on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement. All of the information contained herein will be verified.

A background check, credit check, and third party verifications with financial institutions and/or other organizations or business including Unemployment Compensation noted in this application or any material provided by you will be completed to verify the information. Previous landlords may be contacted to verify your tenancy. To facilitate these verifications, by signing below, you hereby give your permission to complete said verifications. This permission will expire 13 months from the date of the signature.

Applicant Signature(s):

X 	Date 	Social Security Number 
X	Date	Social Security Number

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses prior housing, and household status for purposes of determining my eligibility for participation in the following affordable housing programs: Low Income Housing Tax Credit Program-Section 42; HUD Housing Assistance Payments Program-Section 8, RECD Rental Assistance Program-Section 515, WHEDA-HOME Program, USDA-Housing. The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

CWAC, Inc. does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

.....
Power of Attorney: If you have given power of attorney to someone to represent you in financial matters, have them sign below and attach a copy of the Financial Power of Attorney document to this form. If the person is only a health power of attorney, do not sign below and do not include a copy of the Power of Attorney document.

Name of Power of Attorney (printed): _____

Power of Attorney Signature: _____ Date: _____

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Bill Gomoll Family Senior Village

665 W North St, Adams WI 53910

Name of Property

Project No.

Address of Property

Central WI Community Action Council, Inc.

Section 42-LIHTC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

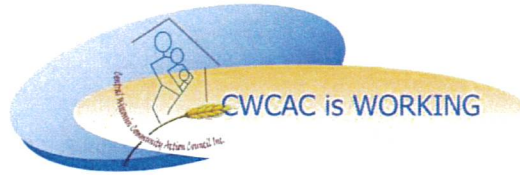
Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Central Wisconsin Community Action Council, Inc.

549 W North St
P.O. Box 576
Adams, WI 53910



PHONE: 608-474-4190
FAX: 608-474-4028
Email - monica@cwacac.org

Central Wisconsin Community Action Apartments

SATELLITE DISH GUIDELINES

To: All Central Wisconsin Community Action Tenants

With regard to the installation of a Satellite Dish, the guidelines are as follows:

- 1. Any Satellite Dish must be installed into the ground attached to a pole. There are no exceptions.**
2. Each Satellite carrier dish can have up to four accounts attached to the dish that has been installed to the pole. As such, if there are several tenants that go with Dish, they are to share the Satellite Dish that has been installed by this carrier. The same applies to the usage of Direct TV.
3. If any apartment will be using cable, the builder has preinstalled the connection boxes for each individual apartment. These connection boxes are to be used.
- 4. Under no exceptions are any holes to be drilled by any outside party to connect service to an apartment.**

If there is a discovery of any deviation of these guidelines, there will be a charge to the tenant for damages done by the third party made payable to CWACAC. The fee for the damages will be assessed accordingly per damage to the apartment unit.

Tenant Signature

Date

Central Wisconsin Community Action Council, Inc.

509 N Elm St
P.O. Box 576
Adams, WI 53910



PHONE: (608) 474-4190
FAX: (608) 474-4028
Email - monica@cwccac.org

I have received the **Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual assault, or Stalking.** (Form HUD-5383)

I have received the **Certification of Domestic Violence, Sexual Assault, or Stalking and Alternate Documentation.** (HUD-5382)

[Redacted Signature]

Tenant Signature

[Redacted Signature]

Date

Tenant Signature

Date

**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.

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

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

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

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet 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. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(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 submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. 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 or an emergency transfer to you. 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 PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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) _____