

Lawnside & Evesham Court Apartments

109 Mouldy Road, Apt. 1A Lawnside NJ 08045 (856) 547-8982 Fax (856) 547-8985
TTYL 1800-852-7899

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION.

- ***COPY OF BIRTH CERTIFICATION FOR ALL HOUSE HOLD MEMBERS***
- ***COPY OF SOCIAL SECURITY CARD FOR ALL HOUSE HOLD MEMBERS***
- ***PROOF OF ID FOR ALL MEMBER OF HOUSEHOLD 18 YEARS AND OLDER***
- ***PROOF OF INCOME FOR ALL MEMBERS OF HOUSEHOLD 18 YEARS AND OLDER***

APPLICATOINS WILL NOT BE ACCEPTED IF YOU DO NOT HAVE ALL REQUIRED INFORMATION LISTED ABOVE.

Bring Application into office:

*Evesham & Lawnside Apartments
109 Mouldy Road, #1A
Lawnside NJ 08045*

The filing of this application, in no way guarantees you an apartment.

The Occupancy Policy/Tenant Selection Plan for the apartment complexes is located in the office.

If you need assistance with this application due to a disability please contact Jane Mulholland, Community Manager or Aris Turner, Assistant Community Manager at 856-547-8982.

MANAGEMENT OFFICE USE ONLY:

APPLICATION RECEIVED BY: _____

DATE & TIME RECEIVED: _____



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WELCOME TO OUR COMMUNITY

Evesham & Lawnside Court Apartments are a great choice. As of September 1, 2007, the property is under new ownership and new management. Renovations are underway to provide modern quality affordable housing for the Lawnside New Jersey area. We are located near restaurants, shopping, I295 North & South, Route 30 and the New Jersey Turnpike. Each apartment features kitchen appliances and free parking, and laundry facilities. We know you'll like it here!

OUR VISION STATEMENT

The Streamwood Company

We will only manage apartment communities that we would be proud to live in. Our strong commitment to quality and service contributes to our growth and your comfort.

*We believe that you deserve to live in an apartment that you would be proud to call you home and a place where day-to-day living is comfortable and worry free. That is why every **Streamwood Company** community is staffed with professional Community Managers and trained personnel for every service from leasing to maintenance. Your calls and visits to the management office are encouraged and welcomed.*



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APPLICATION FOR RENTAL HOUSING

(CHOOSE ONE OR BOTH PROPERTIES)

EVESHAM COURT APTS: _____ LAWSIDE COURT APTS: _____

NUMBER OF BEDROOMS PREFERRED: _____

- 1) Please check the apartment complex you are applying for. Please print all sections in ink. Do not leave any section blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the corrected information, then print the correct information above and initial the change.
- 2) As head of household, you will complete this application form. Each additional adult (18 & over) who will live in the apartment must sign this application.
- 3) It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
- 4) As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes. All information must be sent to us in writing.
- 5) After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standing procedures.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.

PLEASE PRINT – TO BE FILLED OUT BY APPLICANT, HEAD OF HOUSHOLD, AND SPOUSE OR CO-APPLICANT.



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Head of Household – Full Legal Name

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work/Cell: _____

Name of Landlord: _____

Address of Landlord: _____

Landlord's Phone Number: _____

Landlord's Fax Number: _____

Spouse/Co-Applicant – Full Legal Name

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work/Cell: _____

Name of Landlord: _____

Address of Landlord: _____

Landlord's Phone Number: _____

Landlord's Fax Number: _____



RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing.

Race of Head of Household (please check one):

White _____

Black _____

Native American/Alaskan/Hawaiian _____

Asian/Pacific Islander _____

Ethnicity of Household (please check one)

Hispanic _____

Non-Hispanic _____



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QUESTIONNAIRE (FILL OUT COMPLETELY)

- 1) Have you, your spouse or co-applicant ever used different names for the names listed on previous page? Yes ____ No ____ . If yes, list names used and dates when such names were used.
- 2) Have you, your spouse or co-applicant ever been evicted or removed from housing? Yes ____ No ____ . If yes, please provide landlords name, address, phone number and date(s). _____

- 3) Does any member of your household receive income from assets, including interest, dividends, stocks or bonds? Yes _____ No _____
- 4) Does any member of your household receive cash from individuals not living with you? Yes _____ No _____
- 5) Does any member of your household receive money from school aid, scholarships, or educations grans? Yes _____ No _____
- 6) Have you sold or given away any real estate property or other assets in the past two years? Yes _____ No _____
- 7) Does any adult member of your household attend school full time? Yes _____ No _____
- 8) Do you or any member of your household currently illegally use a controlled substance? Yes _____ No _____
- 9) Have you or any other member of your household ever been convicted of the illegal manufacturer of distribution of a controlled substance? If yes, explain circumstances, outcome and present status:

- 10) Have you or any other member of your household ever been involved in criminal activity that poses a threat to the health, safety or welfare of others? If yes, when and where

- 11) Does any adult member of your household have a legal permit to carry a concealed weapon? Yes _____ No _____. If yes explain



HOUSEHOLD COMPOSITION

LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL RESIDE IN THE APARTMENT

- 1) Full Name: _____
Relationship: _____
Sex: _____
Age: _____
Birth Date: _____
Occupation (if student name of school): _____
Social Security Number: _____ ~ _____ ~ _____
Driver's License Number: _____
- 2) Full Name: _____
Relationship: _____
Sex: _____
Age: _____
Birth Date: _____
Occupation (if student name of school): _____
Social Security Number: _____ ~ _____ ~ _____
Driver's License Number: _____
- 3) Full Name: _____
Relationship: _____
Sex: _____
Age: _____
Birth Date: _____
Occupation (if student name of school): _____
Social Security Number: _____ ~ _____ ~ _____
Driver's License Number: _____
- 4) Full Name: _____
Relationship: _____
Sex: _____
Age: _____
Birth Date: _____
Occupation (if student name of school): _____
Social Security Number: _____ ~ _____ ~ _____
Driver's License Number: _____



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INCOME FROM EMPLOYMENT

List all full-time, part-time and/or seasonal employment for head of household, spouse, co-applicant and other household members age 18 or older, including self-employed.

Head of Household : _____
Place of Employment: _____
Employer Address: _____
Employer Phone Number: _____
Employer Fax Number: _____
Contact Person: _____
Estimated Total Gross Earning for Coming Year: _____

Household Member: _____
Place of Employment: _____
Employer Address: _____
Employer Phone Number: _____
Employer Fax Number: _____
Contact Person: _____
Estimated Total Gross Earning for Coming Year: _____

Household Member: _____
Place of Employment: _____
Employer Address: _____
Employer Phone Number: _____
Employer Fax Number: _____
Contact Person: _____
Estimated Total Gross Earning for Coming Year: _____

Household Member: _____
Place of Employment: _____
Employer Address: _____
Employer Phone Number: _____
Employer Fax Number: _____
Contact Person: _____
Estimated Total Gross Earning for Coming Year: _____



INCOME FROM OTHER SOURCES

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation, disability compensation, the portion or educational grants and scholarships allotted for subsistence and all other income:

Head of Household Member: _____
Type of Income: _____
Address of Source: _____
Contact Person: _____
Contract Person Phone Number: _____
Estimated Total Gross Earnings for this coming year: _____

Household Member: _____
Type of Income: _____
Address of Source: _____
Contact Person: _____
Contract Person Phone Number: _____
Estimated Total Gross Earnings for this coming year: _____

Household Member: _____
Type of Income: _____
Address of Source: _____
Contact Person: _____
Contract Person Phone Number: _____
Estimated Total Gross Earnings for this coming year: _____

Household Member: _____
Type of Income: _____
Address of Source: _____
Contact Person: _____
Contract Person Phone Number: _____
Estimated Total Gross Earnings for this coming year: _____



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ASSETS

List assets of all Household members, including bank accounts, stocks, bonds, credit union shares, and land real estate:

Head of Household Member: _____

Description of Asset: _____

Address of Source of Asset: _____

Contact Name: _____

Contract Phone Number: _____

Household Member: _____

Description of Asset: _____

Address of Source of Asset: _____

Contact Name: _____

Contract Phone Number: _____

Household Member: _____

Description of Asset: _____

Address of Source of Asset: _____

Contact Name: _____

Contract Phone Number: _____

Household Member: _____

Description of Asset: _____

Address of Source of Asset: _____

Contact Name: _____

Contract Phone Number: _____



ELDERLY HOUSHOLD ALLOWANCE

An elderly household is one in which the head of household, spouse, or sole member who is 62 or older disabled or handicapped. Such household qualify for a \$400.00 deduction in computed rent. Check to claim this deduction:_____

Medical Expenses: Elderly households qualify for a medical expense deduction, check here _____ and indicate the medical expenses you anticipate for the coming year \$_____.

ALLOWANCES

Dependent Deduction: Enter the name(s) of all household members other than head of household or spouse who are under the age of 18:

1) _____ age _____

2) _____ age _____

3) _____ age _____

18 or older and full time student: _____ age _____

18 or older and disabled or handicapped: _____ age _____

Each family member verified above = \$480.00 deduction from Annual Income for computing rent.



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CHILD CARE EXPENSES

List amount you pay for the care of children or foster children in the household under the age of 13 to permit an adult family member(s) to work or go to school: \$ _____

List names of children for who care is provided:

1) _____

2) _____

3) _____

List the name of any adult member of the family able to work or go to school because of the childcare paid above:

1) _____

2) _____

3) _____



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STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

By signing this statement we certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of the information is false, misleading or incomplete, management may decline our application or, if move in has occurred, terminate our Rental Agreement.

We authorize the property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords, or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move in occurs, we certify that those persons listed in this application will occupy the apartment and that they will maintain no other place of residents, and that there are no other persons for whom we have or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read and understood the information in this application in particular the information contained in the instructions for Head of Household and we agree to comply with such information.

We have notified that the Resident Selection Plan which summarizes the procedure for processing applications, is posted in the Management Office.

We understand that if this application is placed on the Waiting List, we may request sample copies of the Rental agreement and House Rules. If this application is approved, and move in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specially all conditions regarding pets, rent, damages and Security Deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting act, 15 J.S.C. Section 1681 a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristic, or mode of living.



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If this application is for a household of more than one person we consider ourselves a stable household and all of our income available for its needs.

1) _____
Signature of Head of Household _____ *Date*

2) _____
Signature of Spouse or Co-Applicant _____ *Date*

3) _____
Signature of Co-Applicant _____ *Date*

4) _____
Signature of Co-Applicant _____ *Date*

ACCEPTANCE OF COMPLETED APPLICATION BY MANAGEMENT:

Signature of Management Representative _____ *Date*



Notice and Consent for the Release of Information

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

Notice H 2009-11 Form

Notice H 2009-11, issued on September 9, 2009 reiterates current regulatory requirements whereby owners and management agents must perform necessary criminal history background checks to determine if any applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under a State sex offender registration program. The same background check will be done at every annual recertification. The Notice also strongly encourages that owners and management agents establish standards and processes with a zero tolerance approach to prevent lifetime sex offenders from receiving federal housing assistance.

Unit # _____

Adult Household Member Names:

Are any household members subject to a lifetime state sex offender registration program in any state?

_____ (NO) _____ (YES) list who _____

Failure to respond to the above question may jeopardize the approval of the application or may determine just cause to terminate an existing lease.

Head of Household (signature) _____ Date

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

To be completed by management

Each of the persons named above have been verified for lifetime sex offender registry via The Dru Sjodin National Sex Offender Public Website (NSOPW). <http://www.nsopw.gov/Core/Conditions.aspx>

Jane Mulholland / Aris Turner
Management Agent (print name)

Management Agent (signature) _____ Date



LAWNSIDE/EVESHAM COURT APARTMENTS

Sex Offender Registry addition information required

Please list all states where you and all household members have resided:

Applicant Name & State(s):

Household Members name & State(s):



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Evesham and Lawnside Court Apartments

109 Mouldy Road Lawnside NJ 08045

Phone (856) 547-8982

Fax (856) 547-8985

LANDLORD REFERENCE FORM

Send To: _____

Applicant/Tenant: _____ Unit # _____

Property Name: _____

Applicant's Signature: _____ Date: _____

This section for landlord to fill out.	
How long has the applicant been at this address?	How much was the monthly rent? \$

	Ye s	No
Was rent paid on time?		
If rent was paid late, indicate how many times.		
Was unit maintained in a safe and sanitary manner?		
Were there any problems with neighbors?		
Were there any tenant-caused damages?		
Were children properly supervised?		
Did applicant have people living in the apt. other than those listed as residents on the lease?		
Are you related to this family/person?		
Would you rent to this family/person again?		
If not, please state why:		
Have you ever begun eviction proceedings against this household?		
If yes, why?		
Is the applicant's unit currently being treated for or contain bedbugs?		
Any additional information you may care to provide would be helpful.		

Landlord Name (print): _____ Telephone: _____

Landlord Signature: _____ Date: _____

Return Form to:

--OFFICE USE ONLY--

Date Received: _____

Comments: _____

STUDENT QUESTIONNAIRE

Applicant/Resident _____ Date _____

Property _____

TO BE COMPLETED BY APPLICANT / RESIDENT

Yes No

Are you student at an institution of higher education?

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered no, please skip the following questions and sign below.

If you answered yes, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

Yes No

1. Are you a full-time student?

2. Will you be living with your parents?

3. If no:

a. Are your parents receiving or eligible to receive Section 8 assistance?

b. Are you claimed as a dependent on your parent's tax return?

4. Are you a graduate or professional student?

5. Are you at least 24 years of age?

6. Are you a veteran of the United States military?

7. Are you married?

8. Do you have a dependent child?

9. Do you have dependents other than a child or spouse?

10. Have you been independent of your parents for at least one year?

11. Are you disabled?

a. If yes, were you receiving housing assistance as of 11/30/2005?



STUDENT QUESTIONNAIRE

12. Are you receiving any financial assistance to pay for your education?

If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Print Name _____

Signature _____

Date _____





Lawnside Court & Evesham Court Apartments
109 Mouldy Road, Lawnside NJ 08045
Phone (856) 547-8982 Fax (856) 547-8985

INCOME VERIFICATION

Pursuant to HUD requirements, we will be using a new method for verifying income for all new move ins, interim recertification and annual recertifications. The new method is called Enterprise Income Verification, also known as EIV.

The EIV System is a HUD data-based program which provides information for tenant income (wages, Social Security, SII and Unemployment), income discrepancy and subsidy information on tenants and applicants.

The purpose of EIV is to streamline the income verification process and to help in minimizing the need for 3rd party verification. EIV allows the property to identify:

- Applicants currently receiving HUD assistance
- Income not previously reported
- New employment
- Historical patterns of earnings and received income
- Multi-subsidy for household members included in the TRACS database
- Deceased household members

Household members, 18 and older, will be required to sign the HUD Release of Information Form (9887 & 9887A) which entitles the Property Manager to verify all household income.

In the event the resident disputes the calculated annual income derived from the EIV program, pay stubs and or a third party verification will be required for the purpose of comparison.

If you have any questions regarding the above please fee free to contact the Property Manager.

LAWNSIDE & EVESHAM COURT APARTMENTS

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.¹ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **LAWNSIDE & EVESHAM COURT APARTMENTS** 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 **LAWNSIDE & EVESHAM COURT APARTMENTS**, 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 **LAWNSIDE & EVESHAM COURT APARTMENTS**, 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.

¹ 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.

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 **LAWNSIDE & EVESHAM COURT APARTMENTS** 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 **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

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 **LAWNSIDE & EVESHAM COURT APARTMENTS, Jane Mulholland @ 856-547-8982.**

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).

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, Victims of stalking and individuals affected by sexual violence please call the professionals that can provide assistance and referrals.

NJ DOMESTIC VIOLENCE HOTLINE

1-800-572-SAFE (7233)

24 hours a day - 7 days a week

This hotline serves domestic violence victims and others seeking information about domestic violence services.

NJ COALITION AGAINST SEXUAL ASSAULT (NJCASA) HOTLINE

1-800-601-7200

24 hours a day - 7 days a week

NJCASA is the collective voice for victims of sexual violence, their loved ones and rape crisis centers across NJ. Its member centers represent each of NJ's 21 counties. This hotline connects

WOMEN'S REFERRAL CENTRAL

1-800-322-8092

24 hours a day - 7 days a week

This hotline provides referrals and basic information in areas such as discrimination, housing, displaced homemakers, divorce, violence and other areas of concern.

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

Evesham & Lawnside Court Apartments
109 Mouldy Road, Apt 1A, Lawnside NJ 08045
856-547-8982 x2 Fax 856-547-8985
TTYL 1800-852-7899

Evesham & Lawnside Court Apartments

**Model Emergency Transfer Plan for Victims of Domestic Violence, Dating
Violence, Sexual Assault, or Stalking**

Emergency Transfers

Evesham & Lawnside Court Apartments is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ Management allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of Management to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether Management has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, 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.



Evesham & Lawnside Court Apartments
109 Mouldy Road, Apt 1A, Lawnside NJ 08045
856-547-8982 x2 Fax 856-547-8985
TTYL 1800-852-7899

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that **Evesham & Lawnside Court Apartments** is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.



Evesham & Lawnside Court Apartments
109 Mouldy Road, Apt 1A, Lawnside NJ 08045
856-547-8982 x2 Fax 856-547-8985
TTYL 1800-852-7899

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify Management office at 109 Mouldy Road, Apt 1A, Lawnside NJ 08045 attention Jane Mulholland, Community

Manager and submit a written request for a transfer will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under Evesham & Lawnside Court Apartments; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

Management will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives Management written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program.



Evesham & Lawnside Court Apartments
109 Mouldy Road, Apt 1A, Lawnside NJ 08045
856-547-8982 x2 Fax 856-547-8985
TTYL 1800-852-7899

This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about MANAGEMENT's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

Management cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Management will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. Management may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If Management has no safe and available units for which a tenant who needs an emergency is eligible, Management will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, Management will also assist tenants in contacting the local organizations



Evesham & Lawnside Court Apartments
109 Mouldy Road, Apt 1A, Lawnside NJ 08045
856-547-8982 x2 Fax 856-547-8985
TTYL 1800-852-7899

offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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>.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.



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Hotlines and Helplines

If you are deaf or hard of hearing, please call **1-877-294-4356 TTY** to access any hotline.

Hotlines and Helplines

NJ DOMESTIC VIOLENCE HOTLINE

1-800-572-SAFE (7233)

24 hours a day - 7 days a week

This hotline serves domestic violence victims and others seeking information about domestic violence services.

NJ COALITION AGAINST SEXUAL ASSAULT (NJCASA) HOTLINE

1-800-601-7200

24 hours a day - 7 days a week

NJCASA is the collective voice for victims of sexual violence, their loved ones and rape crisis centers across NJ. Its member centers represent each of NJ's 21 counties. This hotline connects individuals affected by sexual violence with professionals that provide assistance and referrals. Calls will be routed to the individual's closest rape care center.

WOMEN'S REFERRAL CENTRAL

1-800-322-8092

24 hours a day - 7 days a week

This hotline provides referrals and basic information in areas such as discrimination, housing, displaced homemakers, divorce, violence and other areas of concern.



**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) _____

LAWNSIDE & EVESHA COURT APARTMENTS REASONABLE ACCOMMODATION POLICY AND PROCEDURES

POLICY STATEMENT

The Lawnside & Evesham Court Apartments is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operation of the Lawnside & Evesham Court Apartment's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to Lawnside & Evesham Court Apartment's policy, Lawnside & Evesham Court Apartments will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such case, Lawnside & Evesham Court Apartments will attempt to make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

Lawnside & Evesham Court Apartments will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located at Lawnside & Evesham Court Apartments. In addition, individuals will receive a copy of this Reasonable Accommodation Policy and Procedures in their tenant move-in packet.

LEGAL AUTHORITY

Lawnside & Evesham Court Apartments is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations.

See Section 504 of the Rehabilitation Act of 1973 (Section 504)¹; Title II of the Americans with Disabilities Act of 1990 (ADA)²; the Fair Housing Act of 1968, as amended (Fair Housing Act)³; the Architectural Barriers Act of 1968⁴, and the respective implementing regulations for each Act.

MONITORING AND ENFORCEMENT

The Lawnside & Evesham Court Apartment's Section 504/ADA Coordinator is responsible for monitoring the Lawnside & Evesham Court Apartment's compliance with this Policy. Individuals who have questions regarding this policy, its interpretation or implementation should contact the Lawnside & Evesham Court Apartment's Section 504/ADA Coordinator in writing, by telephone, by facsimile, or by appointment, as follows: Lawnside & Evesham Court Apartments, 109 Mouldy Rd, Apt 1A, Lawnside NJ 08045, 856-547-8982 fax: 856-547-8985.

¹ 29 U.S.C. § 794; 24 C.F.R. Part 8.

² 42 U.S.C. §§ 12101 *et. seq.*

³ 42 U.S.C §§3601-20; 24 C.F.R. Part 100.

⁴ 42 U.S.C. §§ 4151-4157.

Lawnside & Evesham Court Apartments

STAFF TRAINING

The Section 504/ADA Coordinator will ensure that all appropriate Lawnside & Evesham Court Apartments staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

REASONABLE ACCOMMODATION

A person with a disability may request a reasonable accommodation at any time during the application process, or residency at Lawnside & Evesham Court Apartments name of complex]. The individual, Lawnside & Evesham Court Apartment's Section 504 Coordinator, or any person identified by the individual, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

APPLICATION OF REASONABLE ACCOMMODATION POLICY

The Reasonable Accommodation Policy applies to individuals with disabilities in the programs provided by Lawnside & Evesham Court Apartments:

PERSON WITH A DISABILITY

A person with a disability as defined by the Federal Fair Housing Act⁵ is an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase "physical or mental impairment" includes:

- (a) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems; Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- (b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment", visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

⁵ The definition of an individual with a disability is nearly identical under Section 504 and the ADA.

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in the public housing program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others. The definition does protect alcoholics who are being treated for their alcoholism .

EXAMPLES OF REASONABLE ACCOMMODATIONS⁶

Examples of reasonable accommodations may include, but are not limited to:

- (a) Making a unit, part of a unit or public and common use elements accessible for the head of household or a household member with a disability who is on the lease;
- (b) Permitting a family to have a service or emotional support animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aid to reside in a tenant's unit;
- (d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability when the disability requires this;
- (e) Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- (f) Making documents available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicants or residents meeting with Lawnside & Evesham Court Apartments staff; or attending resident meetings/functions;
- (h) Installing strobe type flashing lights; and other such equipment for a family member with a hearing impairment; and
- (i) Permitting an outside agency or family member to assist a resident for an applicant meet screening criteria in order for a resident to meet the essential terms of the lease and/or Residents' rules.

PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

[Lawnside & Evesham Court Apartments will provide the "Request for Reasonable Accommodation Form" ("Request Form"), attached hereto, to all applicants, residents or

⁶ [Lawnside & Evesham Court Apartments] will also provide, as an attachment to the Reasonable Accommodations Policy, its "Examples of Reasonable Accommodations", approved by the U.S. Department of Housing and Urban Development.

program beneficiaries. It will also be provided to all applicants, tenants or program beneficiaries upon request.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. Submission of the Request Forms is not mandatory. However, Lawnside & Evesham Court Apartments will ensure that all reasonable accommodation requests will be reduced to writing within 24 hours of receipt. If needed as a reasonable accommodation, Lawnside & Evesham Court Apartments will assist the individual in completing the Request Form.

- (a) Lawnside & Evesham Court Apartments will provide all applicants with the Request Form as an attachment to Lawnside & Evesham Court Apartments application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- (b) Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. Lawnside & Evesham Court Apartments will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- (c) [Lawnside & Evesham Court Apartments will provide all residents that request one with the Request Form during the annual re-certification, and upon request at any other time. Lawnside & Evesham Court Apartments will provide the Request Form in an alternate form, upon request.
- (d) Residents seeking accommodation(s) may contact Lawnside & Evesham Court Apartments 856-547-8982 of the housing management office, including office of private management companies acting on behalf of Lawnside & Evesham Court Apartments. In addition, residents may also contact the Section 504/ADA Coordinator's office directly to request the accommodation(s).
- (e) Within two (2) business days of receipt, the [Lawnside & Evesham Court Apartments office or the private management company will forward the resident's reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.
- (f) Within five (5) business days of receipt, the office of the Section 504/ADA Coordinator, or the resident's regional or management office will respond to the Resident's Request.
- (g) If additional information or documentation is required, the Section 504/ADA Coordinator's Office will notify the resident, in writing, of the need for the additional information or documentation. The Section 504/ADA Coordinator's Office will provide the resident with the "Request for Information or Verification Form", a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- (h) Within ten (10) business days of receipt of the request and, if necessary, all supporting documentation, Lawnside & Evesham Court Apartments will provide

written notification to the resident of its decision to approve or deny the resident's request(s). Upon request, the written notification will be provided in an alternate format. A copy of the "Letter Denying Request for Reasonable Accommodation(s)" and "Letter Approving Request for Reasonable Accommodations(s)" are attached.

- (i) If the [Lawnside & Evesham Court Apartments approves the accommodation request(s), the resident will be notified of the projected date for implementation.
- (j) If the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding [Lawnside & Evesham Court Apartment's Grievance Procedures.
- (k) All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate housing manager for implementation. All requests for reasonable accommodation that are approved by the housing manager will promptly be implemented.

VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

Lawnside & Evesham Court Apartments may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, Lawnside & Evesham Court Apartments may request that the individual provide suggested reasonable accommodations.

Lawnside & Evesham Court Apartments may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt, the resident's Property Manager, including private management companies operating on behalf of [Lawnside & Evesham Court Apartment's, will forward the recommendation, including all supporting documentation, to the Lawnside & Evesham Court Apartment's Section 540/ADA Coordinator within five (5) days of receipt.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

Requested accommodations will not be approved if one of the following would occur as a result:

- (a) A violation of State and/or Federal law;
- (b) A fundamental alteration in the nature of Lawnside & Evesham Court Apartment's housing program;

- (c) An undue financial and administrative burden on [Lawnside & Evesham Court Apartments];
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

TRANSFER AS REASONABLE ACCOMMODATIONS

Lawnside & Evesham Court Apartments shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a housing resident with a disability requests dwelling unit modifications that involve structural changes, including but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that resident's complex or an adjacent complex, Lawnside & Evesham Court Apartments may offer to transfer the resident to the vacant unit in his/her complex or adjacent complex in lieu of providing structural modifications.

If the resident accepts the transfer, Lawnside & Evesham Court Apartments will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, Lawnside & Evesham Court Apartments shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of Lawnside & Evesham Court Apartments Tenant and Assignment Plan and any resident's rights thereunder.

SERVICE OR ASSISTANCE ANIMALS

Residents of Lawnside & Evesham Court Apartments with disabilities are permitted to have assistance/emotional support animals, if such animals are necessary as a reasonable accommodation for their disabilities. Lawnside & Evesham Court Apartments residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance/emotional support animals are not subject to the requirements of Lawnside & Evesham Court Apartment's Pet Policy or pet deposit.

RIGHT TO APPEAL/GRIEVANCE PROCESS

- (1) The applicant or resident may file a complaint in accordance with Lawnside & Evesham Court Apartment's Grievance Procedure following a formal determination by the [Lawnside & Evesham Court Apartment's ADA/504 Coordinator.
- (2) An applicant or resident may, at any time, file a complaint with the U.S. Department of Housing and Urban Development. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
One Newark Center, 13th Floor
Newark, NJ 07102
Telephone: (973) 776-7307
Facsimile: (973) 645-6423

APPLICANT INFORMATION

SOCIAL SECURITY NUMBERS

As required by federal law, applicants must provide all member's Social Security Numbers except those who have not yet been assigned a Social Security Number or who do not contend eligible immigration status.

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.

Previous Owner/Landlord Name, Address and Phone Number

Applicants should be able to verify all Social Security Numbers with a Social Security Card. However, if the applicant or resident cannot produce the Social Security and for any or all non-exempt household members, the documentation listed below, showing the household members Social Security Number may be used for verification.

- 1) Original document issued by a federal or state government agency which contains the name, social security number, and or identifying information of the individual
- 2) Driver's license with social security number
- 3) Earning statements on payroll stubs with social security number
- 4) Bank statement with social security number
- 5) Form 1099
- 6) Social Security Administration benefit award letter with social security number
- 7) Retirement benefit letter with social security number
- 8) Life insurance policy with social security number
- 9) Court records with social security number

