



**LOW INCOME HOUSING TAX CREDIT
FORT BERTHOLD HOUSING AUTHORITY**

P.O. Box 310
New Town, ND 58763

Office Physical Address: Highway 1804 North, Dakota Drive
Telephone No. 701.627.4731 Fax No. 701.627.3802

Dear Applicant,

Please complete all pages including the Annual Student Certification.

YOUR APPLICATION IS VALID FOR ONLY 120 DAYS FROM THE FIRST SIGNING

LIHTC prefers to set an appointment to complete your application, depending on your household composition and income there is additional forms to complete.

WE REQUIRE COPIES OF SOCIAL SECURITY CARD(S) AND TRIBAL IDENTIFICATION(S) INCOME VERIFICATION (CHECK STUBS, SSI, ETC.) AND IF WE NEED TO CONTACT YOU, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

TRIBAL ENROMENT: _____

EMERGENCY CONTRACT INFORMATION:

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

PLEASE CIRCLE WHICH AREA YOU ARE APPLYING FOR

New Town -Hidatsa
Parshall- Mandan
Parshall -Arikara

White Shield-Mandan
White Shield- Arikara
Mandaree-Mandan

- Initial
- Recertification
- Add a Household Member

HOUSING TAX CREDIT ELIGIBILITY APPLICATION

_____ Move-in Date

\$ _____ Rent Amount

Property Name _____

Address _____

Unit # _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application. All applicants/tenants must also complete an Annual Student Certification (HTC 35).

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO	SOCIAL SECURITY NUMBER
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

HOUSEHOLD INCOME INFORMATION

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

DO YOU RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$ _____
		2. Does any member work for someone who pays them in cash or is self-employed.	\$ _____
		3. Regular pay for a member of the armed forces	\$ _____
		4. Public Assistance (TANF, GA)	\$ _____
		5. Worker's compensation	\$ _____
		6. Unemployment benefits or severance pay	\$ _____
		7. Student financial assistance (public or private, not including student loans)	\$ _____
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$ _____
		9. Alimony/Spousal Maintenance	\$ _____
		10. Social Security income (including unearned income of minor children)	\$ _____
		11. Disability benefits including social security disability	\$ _____
		12. Regular payments from pensions (PERA, railroad, etc.)	\$ _____
		13. Regular payments from retirement benefits	\$ _____
		14. Death Benefits	\$ _____
		15. Regular payments from annuities or life insurance dividends	\$ _____
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$ _____
		17. Net income from rental property	\$ _____
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$ _____
		19. Other (list) _____	\$ _____
		20. Other (list) _____	\$ _____

I/We hereby certify that I/we

Have Have not

sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date sold/dispensed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either YES or NO in response to each question. Add an explanation below for all items checked YES.

Yes

No

Will any household member, including children, live in the unit on a less than full time basis?

Do you anticipate any change in your household (someone moving in or out) during the next 12 months?

Does any adult member of the household have zero income? If yes, name(s): _____

Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).

Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

SIGNATURES

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____

Date _____

Applicant/Resident Signature _____

Date _____

Applicant/Resident Signature _____

Date _____

Applicant/Resident Signature _____

Date _____

This applicant/resident required assistance in completing the eligibility application due to: _____

Assistance in completing this application was provided by: _____ Date: _____

FORT BERTHOLD HOUSING AUTHORITY
 Lease Compliance Office
 PO BOX 310
 NEW TOWN ND 58763
 (701) 627-4731
 Fax: (701) 627-3802

NOTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Notification

The Fort Berthold Housing Authority requires me to consent to a criminal background check as a condition of housing. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the tribal, county, state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize FBHA to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FBHA in collecting this information.

Print Name	Middle Name	Last Name (Birth Name)		Primary Contact Ph#
Current Address	City	State	Zip Code	Secondary Contact Ph #
Social Security Number	Date of Birth	Driver's License #		State of Driver's License & number
Name of Tribe Enrolled (if applicable)		Other Tribal Affiliation(s) of Employment		

Have you ever been convicted of a Felony crime or pled guilty or no contest to any crime? (*Conviction will not necessarily disqualify applicant from housing.*) **YES** _____ (provide details on bottom of this page.) **NO** _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for housing. By signing below, I hereby provide my authorization to FBHA to conduct a criminal background check. In addition to those rights, I understand that I have a right to appeal an adverse decision made by FBHA based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven (7) working days from FBHA's receipt of such appeal. By signing this form, I hereby agree that I will not file any claim or lawsuit against Fort Berthold Housing Authority relating to the use of any criminal records regarding me for screening purposes.

This Authorization shall remain in effect for one year from the date of my signature.

Signature of Household Member

Date

FORT BERTHOLD HOUSING AUTHORITY
 Lease Compliance Office
 PO BOX 310
 NEW TOWN ND 58763
 (701) 627-4731
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Authorization

I hereby authorize FBHA to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FBHA in collecting this information.

Print Name	Middle Name	Last Name (Birth Name)		Primary Contact Ph#
Current Address	City	State	Zip Code	Secondary Contact Ph #
Social Security Number	Date of Birth	Driver's License #		State of Driver's License & number
Name of Tribe Enrolled (if applicable)		Other Tribal Affiliation(s) of Employment		

Have you ever been convicted of a Felony crime or pled guilty or no contest to any crime? (*Conviction will not necessarily disqualify applicant from housing.*) **YES** _____ (provide details on bottom of this page.) **NO** _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for housing. By signing below, I hereby provide my authorization to FBHA to conduct a criminal background check. In addition to those rights, I understand that I have a right to appeal an adverse decision made by FBHA based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven (7) working days from FBHA's receipt of such appeal. By signing this form, I hereby agree that I will not file any claim or lawsuit against Fort Berthold Housing Authority relating to the use of any criminal records regarding me for screening purposes.

This Authorization shall remain in effect for one year from the date of my signature.

Signature of Household Member

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

*This form must be mailed or faxed to the resident's employer by on-site personnel.
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer)

1st Request _____

2nd Request _____

3rd Request _____

Fax #: _____

Attn: _____

RE:

Applicant/Resident Name _____ Social Security Number _____ Unit # (if assigned) _____

I hereby authorize release of my employment information.

Signature of Applicant/Resident _____ Date _____

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Management Agent _____

Phone Number _____

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "N/A."

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: _____ No Last Date of Employment: _____

Current **Gross** Wages/Salary: \$ _____ (check one below) Average # of regular hours per week: _____

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

Year-to-date **gross** earnings: \$ _____ from _____ (mm-dd-yy) through _____ (mm-dd-yy) # of Pay Periods included in YTD _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one below) Included in Y-T-D figure above? Yes No

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401(k) Retirement account? Yes No Can employee access the account? Yes No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature _____ Employer's Printed Name and Title _____ Date _____

Employer (Company) Name _____ E-mail Address _____ Phone # _____ Fax # _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

*This form must be mailed or faxed to the resident's employer by on-site personnel.
The resident cannot "hand carry" this form to his/her employer.*

TO: (Name & address of employer)

1st Request _____

2nd Request _____

3rd Request _____

Fax #: _____

Attn: _____

RE: _____

Applicant/Resident Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Resident

Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Management Agent

Phone Number

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

➡ Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "N/A." ⬅

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: _____ No Last Date of Employment: _____

Current **Gross** Wages/Salary: \$ _____ (check one below) Average # of regular hours per week: _____

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

Year-to-date **gross** earnings: \$ _____ from _____ (mm-dd-yy) through _____ (mm-dd-yy) # of Pay Periods included in YTD _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one below) Included in Y-T-D figure above? Yes No

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

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Does the employee participate in a 401(k) Retirement account? Yes No Can employee access the account? Yes No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature

Employer's Printed Name and Title

Date

Employer (Company) Name

E-mail Address

Phone #

Fax #

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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.): US Department of HUD Office of Multifamily, 24th Floor 1670 Broadway Denver, CO 80202-4801	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Fort Berthold Housing Authority PO Box 310 New Town, ND 58763	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.): NDHFA PO Box 1535 Bismarck, ND 58502-1535
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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

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.

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date