



**AGAWAM
VETERANS
HOUSING, LLC**
702 South Westfield Street
Agawam, MA 01030
413-387-3639 RELAY 711

1 Bedroom Affordable Rental Housing

Located at 702 South Westfield Street in Agawam, MA, the former Western Massachusetts Regional Police Academy has been beautifully renovated into 51 one bedroom cooperative apartments, providing limited equity homeownership opportunities for veterans. Occupancy is expected in August 2017. The property will provide an affordable housing option for veterans, with preference given to homeless veterans.

In order to qualify, applicants must be a U.S. Veteran with an annual income less than \$34,980. We will be accepting applications now thru 12:00PM on June 26, 2017 for the Lottery Drawing. This drawing will determine the waitlist order only. Applications received after 12:00PM on June 26, 2017 will be added to the end of the waitlist in the order that they were received.

The lottery drawing will be held on Tuesday, July 11, 2017 at 4pm at Soldier On, Inc.

An informational meeting will be held at Soldier On, Inc., located at 421 N. Main Street, Building 6, In Leeds, MA 01050 on Wednesday, April 26, 2017 at 4:00pm.

Applications may be obtained at the Agawam Public Library, 750 Cooper St., Agawam, MA, the Department of Veterans' Services for the Western Hampden District, Agawam Town Hall, 36 Main St., Agawam, MA, or from Soldier On, Inc., 421 N. Main St., Building 6, Leeds, MA 01053

Applications must be returned to Soldier On, Inc.:

Soldier On, Inc.
425 N. Main Street, Building 6,
Leeds, MA 01053
Telephone (413) 387-3639



Please inquire in advanced for Reasonable Accommodations



APPLICATION FOR HOUSING
Gordon H. Mansfield Veterans Communities

Agawam Veterans Housing, LLC
702 South Westfield Street
Agawam, MA 01030

PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE,
OR OTHER ALTERNATE FORMATS.

IF YOU REQUIRE ASSISTANCE, PLEASE CALL (413-387-3639.)

Please fill in all sections completely.

HOUSEHOLD INFORMATION
(List each household member who will be residing in the apartment.)
Last Name : First Name : Middle Initial :
S.S. # : D.O.B : Relationship to Head of House : Sex(Optional): Student :
Last Name : First Name : Middle Initial :
S.S. # : D.O.B : Relationship to Head of House : Sex(Optional): Student :
Present Address: Email Address:
City: State: Zip Code: Best Telephone Number
Mailing Address (if different):
City: State: Zip Code:
If you wish to identify an advocate who is assisting you in the application process, please do so in the boxes below:
Name: Relationship: Phone: Email:



2. HOUSEHOLD COMPOSITION

1. Have there been any changes in household composition in the last twelve (12) months? Yes No
If yes, explain: _____
2. Do you anticipate any changes in household composition in the next twelve (12) months? Yes No
If yes, explain: _____
3. Is there someone not listed above who would normally be living with the household? Yes No
If yes, explain: _____
4. Will any of the persons in the household be or have been students during five calendar months of this year or plan to be in the next calendar year at an educational institution? Yes No

IF YOU ANSWERED YES TO #4, ANSWER THE FOLLOWING QUESTIONS:

- 4a. Are any full-time student(s) married and filing a joint tax return? Yes No
- 4b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No
- 4c. Are any full-time student(s) a TANF or a Title IV recipient? Yes No
- 4d. Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return whose children are not dependents of anyone other than a parent? Yes No
- 4e. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

3. ELIGIBILITY INFORMATION

- 1. Are you homeless or at risk of being homeless?** Yes No

Defined as an applicant who:

- Veterans must meet the definition of homelessness defined in The McKinney Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009
- Veterans who are appropriate for this program must be VA health care eligible veterans. VA eligibility makes this determination.
- To apply for HUD-VASH, please contact your local VA Homeless Program. Veterans can contact the HUD-VASH program directly, or obtain a referral from a case manager in another VA program, from a community program, or other referral sources.

- 2. Are you a U.S. Veteran?** (Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.) Yes No

Please note that veteran status is a requirement for residency at this property. If you are a veteran, please attach one of the following documents as verification: DD - 214 or VA Medical Card

- 3. Have you been determined to be eligible for the HUD-VASH Supportive Housing Program?**

Yes No

If yes, when and by whom? _____

- 4. Are you currently receiving case management services?** Yes No

If yes, from whom? _____

- 5. Are you currently living in transitional housing?** Yes No

If yes, where? _____



4. APARTMENT ADAPTIONS AND REASONABLE ACCOMMODATIONS

1. Are you in need of an accessible apartment? Mobility Adapted Sensory Adapted
2. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? Yes No

If yes, please explain: _____

5. INCOME INFORMATION

Please fill in all sources of income received by each member of your household. If you do not have income from a particular source listed below please fill in "N/A" in the Gross Monthly Amount box next to that source.

Household Member Name	Source of Income	Gross Monthly
	Social Security	\$ per month
	SSI / SSP Benefits	\$ per month
	Veteran's Benefit (Claim #:)	\$ per month
	Chapter 115	\$ per month
	Pension (List Sources:)	\$ per month
	Public Assistance (Title IV, TANF, etc.)	\$ per month
	Settlement from Workers Compensation or an Insurance Claim	\$ per month
	Unemployment Compensation	\$ per month
	Contributions to the Household from outside the Household (monetary or not)	\$ per month
	Full-Time Student Income (18 & Over Only)	\$ per month
	Financial Aid (excluding loans)	\$ per month
	Annuities (List Sources:)	\$ per month
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$ per month

Are you receiving dual entitlement benefits from Social Security? Yes No Benefit Claim #:

Does any household member receive periodic payments from a retirement account, pension, IRA, Annuity, Investment? Yes No



5. INCOME INFORMATION (continued)

Employment		
Household Member Name	Employment Amount	\$ per
	Employer's Name:	
	Employer's Address:	
	Employer's Phone & Fax #:	Start Date:
Employment		
Household Member Name	Employment Amount	\$ per
	Employer's Name:	
	Employer's Address:	
	Employer's Phone & Fax #:	Start Date:
Alimony		
Household Member Name	Are you <i>legally entitled</i> to receive Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive:	\$ per
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive:	\$ per
Child Support		
Household Member Name	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive:	\$ per
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive:	\$ per
Other Income (List any other sources of income you have below)		
		\$ per
		\$ per
		\$ per
Total Gross Annual Income (Based on the monthly amounts listed above X 12)		\$
Total Gross Annual Income for the previous year?		\$
1. Do you anticipate any changes in income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any member of the household legally entitled to receive additional income assistance not listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 1?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to questions 1 to 3 above, please explain:		



6. ASSET INFORMATION

Please list all of your assets. You may duplicate this page if additional space is needed. If a section does not apply, please fill in "N/A" in the Balance \$ section next to the item that did not apply.

Checking Account	#: _____	Bank: _____	Balance \$ _____
	#: _____	Bank: _____	Balance \$ _____
Savings Account	#: _____	Bank: _____	Balance \$ _____
	#: _____	Bank: _____	Balance \$ _____
Certificates of Deposit (D)	#: _____	Bank: _____	Balance \$ _____
	#: _____	Bank: _____	Balance \$ _____
Money Market Accounts	#: _____	Bank: _____	Balance \$ _____
Trust Account	#: _____	Bank: _____	Balance \$ _____
Savings Bonds	#: _____	Maturity Date: _____	Value \$ _____
Life Insurance Policy	#: _____	Held at: _____	Value \$ _____

Mutual Funds	Name: _____	# of Shares _____	Dividend Paid \$ _____	Value \$ _____
Stocks	Name: _____	# of Shares _____	Dividend Paid \$ _____	Value \$ _____
Bonds	Name: _____	# of Shares _____	Dividend Paid \$ _____	Value \$ _____

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes</i> , type of property: _____		
Location of the property: _____	Appraised Market Value: \$ _____	
Mortgage or outstanding loan balance due: \$ _____	Amount of annual insurance premium: \$ _____	Amount of most recent tax bill: \$ _____

Do you or any member of the household have an asset owned jointly with a person who is NOT a member of the household as listed on page 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain: _____	
Have you or any member of the household sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain: _____	
Have you or any member of the household sold/disposed of any other assets in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain: _____	
Do you or any member of the household have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain: _____	



7. ADDITIONAL INFORMATION

Are you or any member of your household required to register as sex offender under Massachusetts or any other state law? Yes No

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

2. List all states where the applicant and members of the applicant's household have resided: _____

3. How did you hear about this housing development? _____

4. Do you have a pet? Yes No If yes, provide detail _____

Application Certification

I understand that this form is not an offer of housing. Based on this application, I understand that I should not make any plans to move. I understand that it is my responsibility to inform Soldier On of any change of address, income, reasonable accommodation, property selection and/or family composition or my application will be withdrawn. I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation

Signed under the pains and penalties of perjury.

Signature of the Head of Household

Date

Signature of Co-Applicant

Date

Soldier On, acting as management agent for the Property does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

Upon request to the Property Manager, you have the right to receive a Tenant Selection Plan which details the tenant application process, including eligibility and screening requirements, for occupancy in the property.

The initial rent-up will be done by lottery. Applications received by June 26, 2017 will be reviewed for completeness and eligibility and placed into all lottery pools for which they qualify, based on the application and the properties Tenant Selection Plan.

Completed application must be returned to:

Soldier On, Inc.

421 N. Main Street, Building 6, Leeds, MA 01053



Notice of Right to Reasonable Accommodation

Soldier On, Inc. (“SO”) and the property do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

Under applicable state and federal laws, SO and the property provide “reasonable accommodations” to residents, applicants and household members who are disabled and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing. *Disabled is defined as having a physical or mental impairment, that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment.

A reasonable accommodation is:

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

A reasonable accommodation may not be granted if it poses an undue financial or administrative burden on the property, requires a fundamental change in the nature of the program, and is structurally infeasible.

If you or a member of your household have a disability or handicap, and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. You can request a reasonable accommodation by contacting John Lawson at 421 N. Main Street, Building 6, Leeds, MA 01050 or by calling (413) 835-1387.

An applicant household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy. They must be able to: pay rent, care for their apartment, report required information to management, avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

Applicant / Resident Signature

Date



ASSESSMENT OF HOUSEHOLD DEMOGRAPHICS

Project Name: Agawam Veterans Housing

Unit #: _____

Name of Head of Household (HOH)

Name of Household Member #2

Name of Household Member #3

Name of Household Member #4

Name of Household Member #5

Name of Household Member #6

Name of Household Member #7

THIS FORM TO BE COMPLETED BY APPLICANT/TENANT

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain tenant data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

	Check all that apply for each household member						
	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
(A) Racial Categories* <i>(select one or more)</i>							
1. White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asian <i>(select sub-category as well)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4a. Asian India	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Native Hawaiian or Other Pacific Islander <i>(select sub-category as well)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Guamanian or Chamorro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B) Ethnic Categories* (select one)	Check all that apply for each household member						
	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. Hispanic or Latino (select a sub-category as well)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1a. Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Mexican, Mexican American, Chicano/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Another Hispanic, Latino/a or Spanish Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) **Disability Status***: Are any household members disabled according to the Fair Housing Act? Yes No

***Please refer to the attached page for definitions of race, ethnicity, and disability.**

I/we were given the opportunity to furnish the above-listed information for our household but chose not to. (Do NOT check this box if your household furnished the data requested in sections A, B, and C above.)

_____	_____	_____	_____
Head of Household Signature	Date	Member #2	Date
_____	_____	_____	_____
Member #3	Date	Member #4	Date
_____	_____	_____	_____
Member #4	Date	Member #5	Date

The following racial and ethnic definitions are modeled after the OMB-approved form, “Race and Ethnic Data Reporting Form” (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of “disabled” comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant’s voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year’s information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

SOLDIER ON

NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Notice of Occupancy Rights Under the Violence Against Women Act¹

To all Residents and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) and the Internal Revenue Service are the Federal agencies that oversee the *LIHTC program* in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under the *LIHTC program*, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Residents

If you are receiving assistance under the *LIHTC program*, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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

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

Removing the Abuser or Perpetrator From the Household

Soldier On, as Management Agent for the property, 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.

In removing the abuser or perpetrator from the household, Soldier On must follow Federal, State, and local eviction procedures. In order to divide a lease, Soldier On may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Moving to Another Unit

Upon your request, Soldier On 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, Soldier On 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.

Soldier On 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.

Soldier On's emergency transfer plan provides further information on emergency transfers, and Soldier On 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

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

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

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

Confidentiality

Soldier On 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.

Soldier On must not allow any individual administering assistance or other services on behalf of Soldier On (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.

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

- You give written permission to Soldier On to release the information on a time limited basis.
- Soldier On 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 Soldier On or your landlord to release the information.

VAWA does not limit Soldier On’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 Resident 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, Soldier On cannot hold residents who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to residents 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, Soldier On 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 residents or those who work on the property.

If Soldier On can demonstrate the above, Soldier On 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 *Mass Housing, One Beacon Street, Boston, MA 02108* or *US Housing & Urban Development (HUD), 1 Washington Street, Boston, MA 02108*.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

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

For questions regarding VAWA, please contact your property manager.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact SafeLink at 1-877-785-2020 (toll-free) or for persons with hearing impairments, 1-877-521-2601 (TTY).

For residents who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <http://victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact the National Sexual Assault Hotline at 1-800-656-HOPE (4673).

Victims of stalking seeking help may contact http://www.janedoe.org/find_help/for_victims_and_survivors_of_stalking

Attachment: Appendix C: Certification Form HUD-5832 (Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation)

**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.