CSI SUPPORT & DEVELOPMENT

Dear Online Applicant,

Thank you for your interest in **Friendly Garden Co-op**. We are anxious to get the paperwork and approvals completed so we can welcome you to our co-op community.

Here's the information needed for your application; it includes:

1. Application*
2. "Document Package for Applicant's/Tenants Consent to Release of Information" (Please print an extra copy for your personal use.)
3. Income Eligibility Fact Sheet
4. Citizen Declaration Form
5. Supplemental & Optional Contact Information (Attachment A)
6. Race and Ethnic Data Reporting Form

*If this is for co-applicants, two applications and two packets of certification forms need to be downloaded; each person must complete their own.

Please complete the application and release forms and then return them to:

CSI Support & Development
Attn: Certification Department
110 Florence Street, Suite 204
Malden, MA 02148

There's a lot of paperwork, but please don't be discouraged! If you have any questions about the materials, assistance is just a phone call away. Please call **617-544-1160** TDD: (800) 348-7011 or stop by the CSI Support and Development' office where a staff member will be happy to assist you in completing the paperwork.

Your eligibility for these cooperative apartments will require you to meet the income limits and provide social security information. In addition to eligibility requirements, our screening includes an interview, landlord and/or credit and background checks.

After your application is completed you will be placed on the waitlist as of the date and time it is received. When your name comes up towards the top of the waitlist a financial packet will be mailed out to you. This financial packet will need to be completed in a timely manner in order for the application process to proceed.

If you would like to set up an appointment to tour Friendly Garden Co-op, please call in the Leasing office at 781-289-0225.

We are hoping that you join our cooperative community of

People Working Together to Help Each Other.

EQUAL HOUSING OPPORTUNITY

Questions Concerning this Notice

CSI Support & Development is dedicated to providing decent, and affordable housing to our residents. If you have any questions about this notice, please contact the management office.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

This is an important notice. Please have it translated. (English)
Esto es un aviso importante. Por favor téngalo traducido. (Spanish)
Ceci est un avis important. Le faire traduire, s'il vous plait. (French)
这是一个重要的通知。请翻譯這分文件。(Chinese)
이것은 매우 중요한 통지 입니다. 꼭 번역하시기 바랍니다. (Korean)
Это очень важное сообщение . Переведите пожалуйста. (Russian)
Acesta este un mesaj important. Vâ rugâm sâ apelaţi la cineva sâ vi-l traducâ. (Romanian)
Jest to ważna informacja. Proszę mieć to przetłumaczone. (Polish)

انتباه! هذه الوثيقة مهمة. الرجاء ترجمتها (Arabic)
Ky është një njoftim i rëndësishëm. Ju lutemi ta përktheni këtë (Albanian)

Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, handicap, or any other state or locally protected classes.

Notification of Non-Discrimination Based on Disability

CSI Support & Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: 504 Coordinator, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

FOR OFFICE USE ONLY
Online/Phone/ Walk in Applicant
Date & Time Received:
Processed By:

APPLICATION

FRIENDLY GARDEN CO-OP APARTMENTS

Thank you for your interest in residing in one of CSI Support & Development's properties. We look forward to processing your application. Please answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. **Applications will not be considered unless they are fully completed.** Please print.

This application is for **one person**. **A separate application must be completed if a second person will occupy the apartment.** Check our website at www.csi.coop or speak to a specialist at 800-225-3151 (TTD 800-348-7011) for waitlist status information. Do not hesitate to contact us with any questions about our application process, a friendly CSI staff member is just a phone call away.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.
CURRENT ADDRESS _____ Street Address Apt. No. _____ City State Zip Code	AREA CODE & TELEPHONE NUMBER ( )_____ E-mail: _____	
Income limits may apply: 1 Person $60,000p/yr. 2 Person $68,600 p/yr.	*Please note: Income limits subject to change by* HUD. Estimate of your anticipated annual income: _____	
Do you qualify under the attached extremely low-income limits?	☐ Yes ☐ No	

HOUSING COMPOSITION

If you are the head of household (HOH), please complete this section which provides information about other household members. You must indicate one of the HUD approved relationship codes for each household member. If you are not the HOH, please skip this section.

1. Will anyone else live in the unit with you? If yes, please provide the following information and note that all adults must complete their own application:	☐ Yes ☐ No
Other household member's full name	**Relationship to head of household**
	☐ Co-head/Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in aide *(Live-in aides must be approved before move in)* ☐ None of the above

HOUSING INFORMATION

2. Will this unit be your only place of residency?	☐ Yes ☐ No
3. This building may have a limited number of units with features specially designed for mobility impaired individuals. (e.g., lower kitchen cabinets and counters, wheelchair accessible doorways.) Do you require such a unit?	☐ Yes ☐ No
4. **If the head of household or co-head/spouse is not 62** or older, do you claim eligibility because the head of household or co-head/spouse is disabled and requires the specially designed features of a mobility accessible unit (lower kitchen cabinets/counters, wheelchair accessible doorways, etc.)?	☐ Yes ☐ No
5. Do you require a unit that has been adapted for the hearing/visual impaired?	☐ Yes ☐ No
6. Would you be interested in a studio apartment if one became available before a one-bedroom apartment?	☐ Yes ☐ No
7. Are you enlisted in the U.S. military or are you a veteran of the U.S. military?	☐ Yes ☐ No
8. Are you a student enrolled in an institute of higher education?	☐ Yes ☐ No
9. Friendly Garden Co-op is a smoke free co-op. Members are not allowed to smoke inside their own apartment. Smoking is not allowed in any common area of the building. Do you acknowledge that you are aware of this smoke free policy, and agree that you, your guests, and service providers hired by you will abide by the smoke free policy?	☐ Yes ☐ No
10. The Controlled Substances Act prohibits all forms of marijuana use, therefore, the use of medical or recreational marijuana is illegal under federal law even if it is permitted under state law and is not allowed on any CSI property because of federal funds received. Do you acknowledge that you are aware of this zero-tolerance marijuana use policy, and agree that you, your guests, and service providers hired by you will abide by this policy?	☐ Yes ☐ No
11. Do you understand that failure to comply with the smoking and marijuana policies may result in termination of tenancy?	☐ Yes ☐ No
12. The management and property staff do not provide, nor has the authority to provide, any personal care or personal supervision services. All care and supervision services must be provided by the resident or aides supervised by the resident or the resident's representative(s). Neither CSI nor the co-op provide assistance with personal activities of daily living. Are you able to meet all the obligations of tenancy with or without assistance from outside the building?	☐ Yes ☐ No
13. Legally, do you need permission of another person (i.e. court appointed guardian) to make leasing or financial decisions? If yes, please provide her/his contact information: 14. Name:_____ Phone number: (_____)_____	☐ Yes ☐ No

BACKGROUND INFORMATION

15. Have you ever used a different name (or names) from the name given in this application? If yes, please provide name(s):	☐ Yes ☐ No
16. Have you ever been convicted of a crime? If yes, indicate if the conviction(s) was a felony, misdemeanor, or check both if you have been convicted of both: ☐Felony, what year(s)? ☐Misdemeanor, what year(s)?	☐ Yes ☐ No
17. Are you currently using illegal drugs or have you ever been convicted of illegal manufacturing or distribution of illegal drugs?	☐ Yes ☐ No
18. Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes ☐ No

19. Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

☐AL ☐AK ☐AZ ☐AR ☐ CA ☐CO ☐CT ☐DE ☐FL ☐GA ☐ HI ☐ID ☐IL

☐IN ☐IA ☐KS ☐KY ☐ LA ☐ME ☐MD ☐MA ☐MI ☐MN ☐ MS ☐MO ☐MT

☐NE ☐NV ☐NH ☐NJ ☐ NM ☐NY ☐NC ☐ND ☐OH ☐OK ☐OR ☐PA ☐ RI

☐SC ☐SD ☐TN ☐TX ☐UT ☐ VT ☐VA ☐WA ☐WV ☐WI ☐WY ☐Washington D.C

LANDLORD INFORMATION

20. Are you currently receiving housing assistance from HUD or a Public Housing Agency?	☐ Yes ☐ No
21. Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? If yes, when?	☐ Yes ☐ No
22. Have you ever been evicted from a property managed by CSI Support & Development for lease violations?	☐ Yes ☐ No
23. Are you currently homeless? If yes, please skip questions about your present landlord and answer questions related to your prior landlords.	☐ Yes ☐ No
24. Are you currently renting? If not, please explain your current living arrangements:	☐ Yes ☐ No

25. We require information on where you have lived for the past five years. Please provide this information and give the name, address, phone number of your landlords, and the dates you lived there. (Use an additional sheet if you need more space.)

Dates From - To	Address of Your Location	Name and Address of Landlord	Telephone Number of Landlord	Indicate which Apply
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Have you been evicted, or is this landlord attempting to evict you or another person living with you for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No

26. How did you hear about this co-op apartment? (example: newspaper or community center?)	

PETS & ASSISTANCE/COMPANION ANIMALS

Please review the Rules for Animal Ownership. They are available upon request. The presence of any animal must be approved before the animal is allowed to be kept in the unit. Please note that only one four-legged, warm-blooded, under 20 lbs., domesticated animal is allowed per apartment as a pet. Accommodations can be made for assistance animals. Pets and assistance animals must be approved before they are allowed to live in the unit. Please contact us at **617-544-1160**, for further information.

27. Do you plan to keep an animal in your apartment?	☐ Yes ☐ No

28. If yes, please provide the following information:

ANIMAL TYPE *(dog, cat, turtle, etc.)*	**BREED** *(if applicable)*	**WEIGHT**

PARKING

29. This building may have a limited number of parking spaces. Do you require a parking space?	☐ Yes ☐ No

APPLICANT SIGNATURE AND CERTIFICATION

I understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I understand that any false information may make me ineligible for a unit.

I certify that all information given in this application and in the attachments: application's information and the citizenship declaration are true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, management may decline my application or, if move-in has occurred, terminate my Lease Agreement.

I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I understand that it is a criminal offense, punishable by a $10,000 fine or 10 year's imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

During the application process, if your address and/or phone number is to change, it is your responsibility to provide us with the new address and/or phone number.

If you are interested in reviewing our Tenant Selection Plan, you may request a copy by calling us at 617-544-1160 or emailing us at seniorhousingma@csi.coop.

This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in this facility and have an equal opportunity to participate in the project, you should bring that fact to the management's attention. The management will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Notification of Non-Discrimination Based on Disability: CSI Support & Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: Corporate Controller, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

Penalties for Misusing 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).

_____ _____

SIGNATURE DATE

AUTHORIZATION TO RELEASE INFORMATION

I am applying for an apartment at **Friendly Garden Co-op**. My signature below authorizes credit reporting agencies and/or landlord references and law enforcement agencies to release all pertinent information requested.

Applicant's Name (please print) _____

Applicant's Signature _____

Date of Birth _____

Applicant's Social Security Number _____

All Social Security Numbers Used by Applicant _____

If you have no social security number, you claim you are exempt because:

- ☐ You are an ineligible non-citizen
- ☐ You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

Date _____

PLEASE RETURN THIS APPLICATION TO:

CSI Support & Development
Attn: Leasing Department
110 Florence Street, Suite 204
Malden, MA 02148

Application-MA- FG- 202-8
Rev 10/12/2026

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. **HUD-9887/A Fact Sheet describing the necessary verifications**
2. **Form HUD-9887 (to be signed by the Applicant or Tenant)**
3. **Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
4. **Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

   Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, 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.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet**: Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

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

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

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)

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

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.):
U.S. Dept. of Hsg. & Urban Development Thomas P. O'Neill Jr., Fed Bldg. 10 Causeway Street, Boston, MA 02222	Revere Elderly Housing 110 Florence Street, Suite 204 Malden, MA 02148	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 verity 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 Barters 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 HUD9887/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 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.

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.

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS… IS FRAUD WORTH IT?

Do You Realize…

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to $10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know…

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(**Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

CSI Support & Development Services

Section 202 Income Eligibility Fact Sheet

Friendly Garden Cooperative Apartment Community

Each resident (or couple) will pay 30% of his/her monthly income for rent. "Income" includes social security, pension, S.S.I., wages, interest, dividends, etc. This means that everyone's rent will be somewhat different. Each member's charges will be computed individually. A security deposit equal to one month's rent is due at the time of lease signing.

Eligibility:

Qualified applicants are eligible to live in this housing program subject to the following income limits:

Eligibility income limits as of	5/1/2026		Date
	Boston		Area
1 Person	60,000	(36,000)	Annually
2 Persons	68,600	(41,150)	

Amounts in parenthesis indicate extremely low-income limits. 40% of the move-ins over the course of each year must fall into this category.

Applicants must also qualify for at least $1.00 of subsidy in order to qualify financially. This means that 30% of your income must be at least $1.00 less than the current market rent for your apartment.

Market rent for Friendly Garden Co-op Apts. is $1,176.00 (studio); $1,435.00 (one bedroom).

You Must Declare The Following Assets:

Checking, savings, stocks, bonds, mutual funds, value of equity in real estate property, and other capital investments, anything owned wholly or in part by you.

If total assets are less than $5,000, we calculate the projected income earned based on the current rate of interest.

If total assets exceed $5,000, we base the earnings on a percentage of the total assets, or actual income earned -whichever is higher.

Do Not Declare the Following Assets:

Value of necessary personal property, such as furniture, automobiles, etc.

Reminder:
HUD requires that all property and assets be accounted for at market value for a period of two years from date of disposition.
Rev. 5/2026

Notification of Non-Discrimination Based on Disability

CSI Support & Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: 504 Coordinator, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

If you are applying for an apartment with special design features for the mobility impaired, the following characteristics may apply to this type of unit:

- Wheelchair turn-around space in the kitchen and bathroom
- Kitchen and bathroom counters and cabinets are two inches lower Areas beneath the kitchen and bathroom sinks are open (cabinet free)
- Two peep holes installed at the apartment entry door-one at wheelchair height
- Lower switch plates and intercom controls
- Door openings wide enough to accommodate wheelchairs
- Front control stoves
- Refrigerators with at least 50% freezer space accessible at wheelchair height
- Lower shelves and hanger bars in closets for better wheelchair accessibility

Medical verification of mobility impairment will be required by a doctor in order to occupy an accessible unit. This verification form will be reviewed and distributed at the building interview/orientation.

CSI SUPPORT & DEVELOPMENT

Dear Co-op Applicant or Resident:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in several HUD programs, including Section 8 Housing Assistance Payments and Section 236 of the National Housing Act.

You have applied for or are currently receiving, assistance under one of these programs. Therefore, **each person living in or applying to live in their apartment** is required to fill out the enclosed Declaration Form (one form per person) and return it to us within ten (10) days. If you indicate on the Declaration Form that you are a noncitizen, we will be contacting you requesting additional information. **Failure to provide this information or establish eligible status may result in the termination of, or failure to qualify for, housing rental assistance.**

This Section 214 review will be performed only one time during continuously assisted occupancy for each person living in or applying to live in the apartment under any covered program. If this review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your household are eligible for assistance, your household may be eligible for temporary deferral of termination of assistance, continued assistance or proration of assistance.

If you have any questions regarding the Declaration Form, or need additional forms for members of your household, please contact us at 617-544-1160 and we will be happy to help you.

Sincerely,

Certification Department

DECLARATION FORM

INSTRUCTIONS: Complete this declaration for each member of the household listed on the Family Summary Sheet

LAST NAME_____

FIRST NAME_____

☐Head of Household

☐Other: _____(spouse, co-head etc.)

SEX_____

DATE OF BIRTH_____

SOCIAL SECURITY NO._____

ALIEN REGISTRATION NO._____

ADMISSION NUMBER_____ if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

NATIONALITY_____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by management company if and when received)

INSTRUCTIONS: Complete the declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the block shown below and complete either block number 1, 2 or 3:

DECLARATION

I, _____ hereby declare, under penalty

of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this form and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form (Exhibit 3-7).

AND

b. One of the following documents:
   (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
   (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
      (a) "Admitted as Refugee Pursuant to section 207";
      (b) "Section 208" or "Asylum";
      (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
      (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
   (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must by accompanied by one of the following documents:
      (a) A final court decision granting asylum (but only if no appeal is taken);
      (b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
      (c) A court decision granting withholding or deportation; or
      (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
   (4) Form I-688, *Temporary Resident Card*, which must by annotated "Section 245A" or "Section 210"
   (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12"
   (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified
   (7) Form I-151 Alien *Registration Receipt Card*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____

Signature Date

Check if adult signed for a child:_____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____

Signature Date

Check here if adult signed for a child: _____

Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the *Declaration Form*. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I,_____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing: and

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
   a. HUD, as required by HUD; and
   b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

_____ _____
Signature Date

Check here if adult signed for a child: _____

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Friendly Garden Co-op	023-98118	235 Revere St., Revere, MA 02151
Name of Property	**Project No.**	**Address of Property**
CSI Support & Development		202/8

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

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

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

form HUD-27061-H (9/2003)

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **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."
2. **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.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **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.
2. **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
3. **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."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Friendly Garden Co-op

A.K.A. Revere Elderly Housing, Inc.

House Rules

These house rules have been approved by the residents of the co-op and are enforceable by a court of law as they are an attachment to your lease agreement. The house rules were designed with your safety and comfort in mind. It is your legal responsibility to become familiar with these rules, and to ensure that you and your guests comply with them.

Your support and cooperation as a resident member is of utmost importance in order to promote harmonious and pleasant living conditions within the co-op. The observance of the requirements and guidelines set forth herein will help you, your neighbors and management staff to maintain this cooperative as an outstanding place to live.

If you have trouble understanding this document in any way, please notify management immediately.

CSI Disclosure Notifications

Questions Concerning this Notice

CSI Support & Development is dedicated to providing decent, and affordable housing to our residents. If you have any questions about this notice, please contact the management office.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

This is an important notice. Please have it translated. (English)
Esto es un aviso importante. Por favor téngalo traducido. (Spanish)
Ceci est un avis important. Le faire traduire, s'il vous plait. (French)
这是一个重要的通知。请翻譯這分文件。(Chinese)
이것은 매우 중요한 통지 입니다. 꼭 번역하시기 바랍니다. (Korean)
Это очень важное сообщение . Переведите пожалуйста. (Russian)
Acesta este un mesaj important. Vâ rugâm sâ apelaţi la cineva sâ vi-l traducâ. (Romanian)
Jest to ważna informacja. Proszę mieć to przetłumaczone. (Polish)

انتباه! هذه الوثيقة مهمة. الرجاء ترجمتها (Arabic)
Ky është një njoftim i rëndësishëm. Ju lutemi ta përktheni këtë (Albanian)

Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, handicap, or any other state or locally protected classes.

Consideration of the Need for Reasonable Accommodation

You have the right to request a reasonable accommodation to assist in facilitating a meeting with CSI Support & Development. CSI Support & Development will consider extenuating circumstances where this would be required as a matter of reasonable accommodation.

Protections Provided Through the Violence Against Women Act Reauthorization of 2013 (VAWA 2013)

HUD provides protections for victims of acts of domestic violence, dating violence, stalking and sexual assault. This is true for women and men. While victims are still required to meet criminal and screening requirements, you will not be subject to denial solely because you are a victim of an act covered under VAWA 2013. Where someone is abusive to other members of the household, only the abuser may be evicted. Residents in assisted housing facing threat of domestic violence, sexual assault or stalking or threat of such violence can be allowed early lease termination for a matter of safety. If you would like to exercise your VAWA protections, please contact CSI Support & Development immediately.

Notification of Non-Discrimination Based on Disability

CSI Support & Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: 504 Coordinator, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

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    a) Bed Bug Inspections
    b) Annual apartment Unit Inspections

2. Apartment Maintenance: Page 4
    a) Alterations
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3. Behavior: Pages 4-5
    a) Bullying
    b) Guns
    c) Noise
    d) Offensive Behavior
    e) illegal drug activity
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4. Common Areas: Pages 5-6
    a) Community spaces
    b) Dress code
    c) Grounds

5. Guests/Visitors: Page 6
    a) General information

6. Safety and Security: Page 6
    a) Fire safety
    b) Door Entry Security

An **(CSI)** indicates the rule is a CSI policy and cannot be changed without board approval

1. ***Apartment Inspections:***

a. Bed bug inspections

- If residents suspect any bed bug activity in their apartments, they are required to report the issue to the co-op officers or the co-op liaison, immediately.
- Residents must comply with and prepare their apartments for inspections and exterminations, per instructions.
- Residents must not bring in objects that have been previously thrown into the garbage or found along the side of the road. If residents exhibit habits that are deemed to promote the infestation of their apartments, they will be required to pay for treatments and/or face possible eviction proceedings.
- **Do not try to exterminate bed bugs yourself**. Do not spray any insecticides, alcohols, or chemicals in your apartment, as these products neither prevent nor eliminate bed bugs.
- Residents must comply with the prevention, inspections, apartment preparations, treatments and ongoing measures to safeguard the co-op from bed bug infestations.

b. Annual apartment Unit Inspections:

- Members are expected to pass apartment inspections, which will be at least once a year.

2. ***Apartment Maintenance:***

a. Alterations:

- Per your lease agreement, no alterations of any kind can be made to your apartment without previous written approval.

b. Work orders:

- You are required to report all damages and repairs needed in a timely matter, per work order procedures.

3. ***Behavior:***

a. Bullying: **(CSI)**

- CSI Support & Development respects the rights, privacy and privileges of all individuals that are engaged in CSI managed cooperative housing. All co-op members are recognized as a team that share common goals for the improvement in his/her home for each and every member. Diversity is valued in race, color, sex, age and ability. Volunteers and paid staff are similarly recognized and should be treated equally. Behavior that appears to be disrespectful towards others and/or poor conduct at co-op meetings or CSI Support & Development sponsored events is unacceptable.

- Bullying includes comments or conduct intended to intimidate, humiliate or isolate people in a way that causes physical or emotional distress. This behavior is demoralizing and counter-productive to our cooperative management system and will not be tolerated in any CSI Support & Development Services' co-op. Therefore, the following shall apply:

    a. Verbal aggression, including, but not limited to, threatening, taunting, harassment, stalking, starting rumors, and hate speech may result in disciplinary action up to and including eviction.

    b. Physical aggression, including, but not limited to, hitting, kicking, pushing, choking, and punching shall result in eviction.

b. Guns:

- Lethal weapons shall include all deadly weapons, which, from the manner used, are calculated or likely to produce death or serious bodily injury. This includes, but is not limited to all firearms, hunting knives, switchblades, bows and arrows, machetes, billy clubs, tasers, stun guns, BB guns, pellet guns and paint guns. Residents shall not carry or possess lethal weapons anywhere within the building or on the co-op property other than to transport such items between Residents' apartments and their vehicle, in which case such lethal weapons must be concealed or transported in an appropriate carrying case. All such lethal weapons must remain in the immediate control of the Resident and must be stored in Resident's apartment in such a manner so as to prevent any other Resident, guest, authorized or unauthorized person from gaining access to such weapon.
- Implying possession of, threatening to use, displaying to any other person (including to any other Resident), brandishing, using, or discharging a weapon either in the building or on the co-op property is strictly prohibited except in the act of self-defense as may be permitted by law. Residents shall timely report to management the presence of any person within the building or on co-op property, who is possessing a lethal weapon in violation of these provisions.
- The discharge of any fireworks or firecrackers is prohibited in the building and the co-op property.
- The possession of lethal weapons by any guests of Residents, excluding police officers, is strictly prohibited.

c. Noise:

Quiet hours are between 11:00p.m. and 7:00a.m. but please be mindful that at all other times of the day, that the noise you make in your apartment and common areas can disturb others. Please maintain a respectful noise level at all times.

d. Offensive Behavior

- Abusive, offensive, or foul language or behavior will not be tolerated

e. Illegal drug activity:

- The Controlled Substances Act categorizes marijuana as a Schedule 1 substance and therefore the manufacture, distribution, possession or use of marijuana is a federal criminal offense and not allowed on any CSI property because of federal funds received. Because the Controlled Substances Act prohibits all forms of marijuana use, the use of "medical marijuana" is illegal under federal law even if it is permitted under state law and is considered a lease violation. **(CSI)**

f. Smoking:

- Friendly Gardens is a smoke free co-op, smoking is not allowed **anywhere** in the co-op, or within 25 feet of the building **(CSI)**

4. Common Areas

a. Community spaces:

- Eating and drinking outside your apartment is only allowed in designated areas, (floor lounges 2-9 and the community room.)
- No sleeping in lounges, in common areas or on outside benches.
- Absolutely no soliciting in the building. To protect member's rights to quiet enjoyment in their apartments, members and their guests are prohibited from soliciting door to door.

b. Dress code:

- Members should be appropriately dressed in common areas

c. Grounds

- No feeding of any wildlife on the building premises.

5. Guests/Visitors:

a. *General information*

- Members are responsible for their guests. The member will be held responsible for all acts of negligence on the part of their guests.
- Only those that are on the lease agreement, are permitted to reside in the apartment. Guests are permitted to stay a maximum of 30 days in each calendar year. Members

may request extensions for extenuating circumstances either in writing or in person to the office, which will be considered at a closed meeting by council.

- Visiting pets are allowed in the building but must abide by CSI pet rules

6. ***Safety and Security:***

a. *Fire Safety*

- Apartment doors into halls must be kept closed at all times (This is a city fire ordinance).
- All apartment entrance doors are fire rated and must not be punctured, pieced, or altered in any way.
- All requirements for fire safety and rescue emergency must be abided by.

b. *Door Entry Security*

- Under no circumstances should any member admit visitors other than their own into the building, this is for the safety and protection for all members.
- All outside ground-level doors must not be propped or jammed open under any circumstances.
- Outer door key or fob must not, under any circumstances, be given to anyone besides the member. In case of emergency a specially marked key may be requested from the President, for a limited time.
- Charge for lost security key/fob will be the current cost to replace it.

Friendly Garden Co-op
Rules for Animal Ownership

In accordance with 24 CFR Part 5(C)
Pet Ownership for the Elderly or Persons with Disabilities

Revised: December 20,2017

Residents/Members are permitted to own and keep common household animals in their dwelling units. These animal rules have been established to ensure the co-op is decent, safe and sanitary and that all residents/members can live in peace and quiet comfort.

The animal rules are an attachment to the lease agreement.

Your support and cooperation of these rules is of utmost importance in order to promote harmonious and pleasant living conditions within the co-op.

Summary of Rules for Animal Ownership:

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Requirements for All Residents (Including Non-Animal Owners).....Page 4
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HUD provides protections for victims of acts of domestic violence, dating violence, sexual assault, or stalking. These protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation, and for persons affiliated with victims who experience imminent threat. While victims are still required to meet criminal and screening requirements, and lease requirements, you will not be subject to denial solely because you are a victim of an act covered under VAWA 2013. Where someone is abusive to other members of the household, only the abuser may be evicted. Residents in assisted housing facing threat of domestic violence, sexual assault or stalking or threat of such violence can be allowed early lease termination or a unit transfer for a matter of safety. If you would like to exercise your VAWA protections, please contact CSI Support & Development immediately.

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Definitions:

Assistance Animal: In accordance with the Fair Housing Amendment Act of 1988, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, the co-op seeks to accommodate persons with disabilities who require the assistance of a qualified service/therapy/companion/emotional support animal. These are referred to as "assistance animals." Assistance animals are not considered pets.

Disability: "Disability" is defined as a physical or mental condition or impairment that is medically cognizable, diagnosable, and substantially limits one or more of a person's major life activities.

Pet: A "pet" is a domesticated animal kept for ordinary enjoyment and companionship. A pet is not considered an assistance animal.

Animals and Reasonable Accommodations

Under the Fair Housing Amendment Act and comparable state laws, assistance animals may be allowed to accompany individuals in housing as a reasonable accommodation if, and only if, the person requesting the accommodation has a disability or someone is making the request for a person with a disability.

CSI Support & Development is committed to reasonably accommodate persons with disabilities who require the assistance or presence of an animal. However, CSI is also mindful of the health and safety concerns of all the residents/members. Therefore, CSI balances the needs of the individual with the disability with the potential impact of animals on other residents.

Processing a request for an assistance animal is done in accordance with *CSI's Reasonable Accommodation and Modification Policy* and with the requirements set forth by HUD and the Department of Justice.

A resident/member or applicant requesting an assistance animal must provide the CSI liaison (management agent) assigned to the co-op with a request for reasonable accommodation if he/she would like CSI to waive any pet rules (additional pet rules are listed on page 7). This request can be made in writing or verbally to the liaison. The liaison must verify the disability and/or need in compliance with the guidance provided by HUD and the Department of Justice. If the disability is not obvious or previously known, the CSI liaison will verify, with a licensed medical professional, that there is the presence of a disability and the need for an assistance animal. There must be an identifiable relationship, or connection, between the requested accommodation/modification and the individual's disability. Refer to the *Reasonable Accommodation and Modification Policy* and the co-op liaison for more information on the process.

A reasonable accommodation will not be unreasonably withheld if the resident/member makes the specific request and CSI receives written verification of the disability status if the said disability and/or need are not obvious. All reasonable accommodation requests are considered.

Requirements for All Residents (Including non-animal owners): Residents/members of the community and their guests are required to abide by the following practices:

1. Do not touch or pet any animal unless invited to do so.
2. Do not feed animals unless invited to do so.
3. Do not deliberately startle animals that live on the property.
4. Do not separate or attempt to separate an owner from his/her assistance animal.
5. Do not inquire for details about a person's disabilities. The nature of a person's disability is a private matter.
6. Residents/members with medical conditions that are affected by animals (respiratory diseases, asthma, severe allergies) should contact the co-op liaison if they have a health or safety-related concern about exposure to an animal. The individual will be asked to provide medical verification. The liaison will make reasonable attempts to resolve any conflict in a timely manner, considering the conflicting needs and/or accommodations of all persons involved.

Registration for All Animals:

1. All applicants and resident/members must register their assistance animals and pets with the co-op leasing committee **before** allowing the animal to live in the unit. The applicant or resident/member must register the animal **before** it is brought onto the property, and **must update the registration at least annually**. The registration will include:
    a. A certificate signed by a licensed veterinarian or a statue or local authority empowered to inoculate dogs and cats stating that the animal has received all inoculations required by applicable state and local law;
    b. A certificate of spaying or neutering signed by a licensed veterinarian (Dogs and cats must be spayed or neutered prior to occupancy. An exception may be made to this rule if spaying/neutering poses a health threat to the animal. A licensed veterinarian must verify this.);
    c. If applicable, a license certificate from the appropriate agency;
    d. Information sufficient to identify the animal;
    e. The name, address, and phone number of one or more responsible parties who will care for the animal if the resident/member is hospitalized, dies, is incapacitated, is incarcerated or is otherwise unable to care for the animal;
    f. A signed certification from the animal owner stating that he/she has read the rules for animal ownership and agrees to comply with them.
2. Registration of an animal may be refused if:
    a. The animal owner fails to provide complete animal registration information or fails to update the animal registration annually;
    b. A determination is made, based on the animal owner's habits and practices, that the animal owner will be unable to keep the animal in compliance with the animal rules and/or other lease obligations; or
    c. The animal poses a threat to the health of safety of other residents/members, guests, vendors or service providers or staff;

d. The animal would interfere with other resident/members' peaceful enjoyment of the property; The presence of the animal would change the nature of the program or cause undue financial and administrative burden;
e. The resident/member has a history of animal neglect or abuse.

If registration of an animal is denied, such notice of refusal will be given to the animal owner. The notice will state the basis for the refusal and will be served in accordance with the procedures under *Animal Rules Amendments* and *Animal Rules Violations*.

Care of Animals and Property:

1. Required animal licenses must be worn at all times, in accordance with state/local laws.
2. Care should be taken so that the animal's food and water dishes do not attract pests.
3. Animals left unattended for an unreasonable amount of time and animals that are improperly cared for will be reported to the co-op and/or authorities.
4. Sanitary Standards:
   a. Dogs must be housebroken and cats must be trained to use a litter box.
   b. Dogs must be removed from the building for exercise and to deposit waste. Designated areas on the grounds may be used for animal exercise.
   c. Animal owners must pick up and properly dispose of all waste by bagging, tying tightly, and taking to the dumpster or dropped down the trash chute (if this does not violate any house rules prohibiting trash chute for animal waste and if the co-op has an operable trash chute). Toilets may not be used.
   d. Waste must be cleaned from litter boxes daily and litter must be changed at least weekly. Soiled litter must be disposed of by bagging, tying tightly, and taking to the dumpster or dropped down the trash chute (if the co-op has an operable trash chute and it is not prohibited by the co-op's trash room rules). Do not dispose of cat litter, cage waste or shaving in the toilet.
   e. A separate waste removal charge of $5 per occurrence will be imposed on animal owners who fail to remove waste in accordance with the prescribed animal rules.
   f. Failure to properly remove and dispose of animal waste is considered a minor lease violation. Three or more instances of minor lease violations may result in additional penalties up to and including termination of tenancy of the resident/member.

Disruptive Animal Behavior:

1. Dogs and cats will remain inside the animal owner's apartment unless they are being carried or on a leash that is no longer than six (6) feet long or on a retractable leash that is extended no longer than six (6) feet and directly controlled by a responsible person. Animal owners must have control over the animal on any part of the property at all times. (Please note that the use of an electronic leash is not sufficient for the purposes of compliance with this rule. The animal must be on a physical leash, harness, or other effective restraint while in common areas in and outside the building.) The animal owner acknowledges that other resident/members may have allergies related to animals or are easily frightened by animals. The animal owner, therefore, agrees to exercise common sense and courtesy with respect to other residents/members' right to the peaceful and

quiet enjoyment of the premises. Animals must be carried or walked on a leash on the grounds of the building, and walked in designated areas only.

2. Animals must not be allowed to jump on, impede or otherwise limit any resident/member, staff, vendor or guest's use of the property, including public and common areas.
3. Animal owners must control the noise and odor caused by their animals so that other residents/members are not disturbed.
4. No animal that bites, attacks, or demonstrates other aggressive behavior towards humans or other animals may be kept on the property.
5. Animal owners shall assume liability for any injury sustained by residents/members, guests or staff members that is caused by the owner's animal.

Inspections for Residents/Members with Animals:

1. Inspections of the animal owner's apartment, after reasonable notice to the animal owner and during reasonable hours, are allowed. Such inspection will only be permitted if a signed written complaint is received, or if reasonable grounds are present to believe that the conduct or condition of an animal in the apartment constitutes, under applicable state or local law, a nuisance or threat to the health or safety of the other resident/members or other persons in the community.
2. Animal owners must cooperate with inspectors, maintenance staff, vendors, service people, volunteers and staff for routine unit inspections and/and or services as required by the lease and in compliance with notification requirements. The animal owner must restrain or remove the animal if necessary to allow services/inspections or have prior accommodation approval regarding any extenuating circumstances.

Damages from Animals:

1. Animal owners are solely financially responsible for any damage to persons or property caused by their animals. Costs to repair damages may be assessed at any time and are due within thirty (30) days of invoice/charge.
2. Apartments occupied by cats, dogs or other four-legged, warm-blooded animals may be fumigated at the animal owner's expense upon vacating, or upon any evidence of fleas or other pests attracted to animals.

Care for Animals in the Event of Death, Incapacity or Refusal of/by the Animal Owner:

1. If the health or safety of an animal is threatened by the death or incapacity of the animal owner, or by other factors that render the animal owner unable to care for the animal, the co-op may contact the responsible party or parties listed in the animal registration required under the animal registration rules (above). If the responsible party is unwilling or unable to care for the animal, or despite reasonable efforts no contact with the responsible party has been made, the appropriate state or local authority may be requested to remove the animal, where this liability otherwise is not imposed by state and local laws or regulations.
2. If the animal becomes vicious, displays symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health or safety of other residents/members, and the animal owner refuses to remove the animal or the co-op is unable to contact the animal owner, the co-op may request the state or local authority to remove the animal.

3. If no state or local authority is authorized to remove the animal, the lesser may enter the animal owner's apartment to remove the animal and to place the animal in a facility that will provide care and shelter until the animal owner or a representative of the animal owner is able to assume responsibility for the animal, but no longer than 30 days. The cost of the animal care facility provided shall be the financial responsibility of the animal owner. The co-op is not responsible for the care or the return of the animal.

Pet Rules: These additional rules DO NOT apply to assistance animals, but DO apply to pets:

1. Pets are restricted to small domesticated animals, such as a dog, cat, bird, fish, rodent (including a rabbit) or turtle that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Only one four-legged, warm-blooded animal is allowed per apartment as a pet.
3. The weight of the pet must not exceed 20 pounds at maturity. Owners must provide proof of such weight.
4. Fish tanks are limited to 20-gallon tanks. Water damage is the financial responsibility of the resident/member.
5. Pets are not permitted in public areas of the building except while directly entering or exiting the building.

Co-op Procedures for Animal Rules Violations:

The following procedures will be taken if these animal rules are found to have been violated:

1. A written notice of the animal rule violation must be served on the animal owner by:
    a. Sending a letter by first class mail properly stamped and addressed to the resident/member at his/her apartment with a proper return address; or
    b. Serving a copy of the notice on any adult answering the door at the resident's/member's apartment, or if no adult responds, by placing the notice under the door, if possible, or else by attaching the notice to the door.
2. The notice of the animal rule violation must:
    a. Contain a brief statement of the factual basis for the determination and the animal rule or rules alleged to be violated;
    b. State that the animal owner has 10 days from the effective date of serve of the notice to correct the violation (including, in appropriate circumstances, removal of the animal) or to make a written request for a meeting with the management agent to discuss the violation;
    c. State that the animal owner is entitled to be accompanied by another of his/her choice at the meeting; and
    d. State that the animal owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting, may result in initiation of procedures to terminate the animal owner's tenancy.
3. If the animal owner makes a timely request for a meeting to discuss an alleged rule violation, a mutually agreeable time and place for the meeting shall be established, but no later than 15 days from the effective date of the service of the notice of the animal rule violation, unless all parties agree to a later date. At the animal rule violation meeting, the

animal owner and the co-op management agent (a co-op representative may also be present at this meeting) shall discuss any alleged animal rule violation and attempt to correct it. As a result of the meeting, the animal owner may be given additional time to correct the violation.

4. If the animal owner and the co-op are unable to resolve the animal rule violation at this meeting, or if the co-op determines that the animal owner has failed to correct the animal rule violation within any additional time provided for this purpose, written notice may be served on the animal owner in accordance with the notice requirements in the *Procedures for Animal Rule Violations* (1a,b), or at the meeting, if appropriate, requiring the animal owner to remove the animal.
5. The notice for animal removal must:
    a. Contain a brief statement of the factual basis for the determination and the animal rule or rules that have been violated;
    b. State that the animal owner must remove the animal within 10 days of the effective date of the notice of the animal removal, or of the meeting if notice is served at that meeting; and
    c. State that failure to remove the animal may result in initiation of procedures to terminate the animal owner's tenancy.
6. Steps may not be initiated to terminate an animal owner's tenancy based on an animal rule violation, unless:
    a. The animal owner has failed to remove the animal or correct an animal rule violation within the acceptable time periods specified in these animal rules, including any additional time permitted to the animal owner; and
    b. The animal rule violation is sufficient to begin procedures to terminate the animal owner's tenancy under the terms of the lease and applicable regulations.
7. Procedures to remove an animal in accordance with the provisions of applicable state or local law may be initiated at any time if the animal's conduct or condition is duly determined to constitute a nuisance or a threat to the health or safety of other occupants of the project or of other persons of the community where the project is located.

Co-op Procedures for Animal Rules Amendments:

Amendment of these animal rules may be made at any time by following these procedures:

1. Notice of the proposed changes in the animal rules shall be served on each resident/member provided in these amendment procedures (#3 below). The notice shall include the text of the proposed changes in the rules, state that the residents/members or their representatives may submit written comments on the rules, and state that all comments must be submitted no later than 30 days from the effective date of the notice of the proposed changes in the rules. The notice may also announce the date, time, and place of a meeting to discuss the proposed changes in the rules.
2. Residents/members or their representatives may submit written comments on the proposed changes in the animal rules by the date specified in the notice. One or more meetings with the residents/members during the comment period may be convened to discuss the proposed changes in the rules, and oral comments on the proposed changes may be made at this meeting. Comments made at meetings shall be summarized, reduced to writing, and submitted before the end of the comment period. The final changes in the

pet rules will be developed after reviewing the written comments from residents/members and their representatives and summarized comments from the meetings. Attempts will be made to resolve the issues raised by the comments. The content of the final changes in the animal rules is within the sole discretion of CSI Support & Development, subject to the above provisions.

3. Notice as required under these animal rules must be made by:
    a. Sending a letter by first class mail properly stamped and addressed to the resident/member at his/her apartment with a proper return address; or
    b. Serving a copy of the notice on any adult answering the door at the resident's/member's apartment, or if no adult responds, by placing the notice under the door, if possible, or else by attaching the notice to the door; or
    c. For service of notice to residents/members of a high-rise building (any building equipped with an elevator and a community room), posting this notice in at least three conspicuous places within the building and maintaining the posted notices intact and in legible form for 30 days.
4. For purposes of computing time periods following service of the notice, service is effective on the day that all notices are delivered or mailed, or in the case of service by posting, on the day that all notices are initially posted.
5. The revised animal rules take effect:
    a. Upon renewal of the lease and in accordance with any applicable regulation; and,
    b. When a resident/member registers an animal.