

BOWLEYS GARDEN VILLA CO-OP

5200 BOWLEYS LANE

BALTIMORE, MARYLAND 21206

Dear Applicant:

Thank you for your interest in BOWLEYS GARDEN VILLA Co-op.

Enclosed is a packet of information needed for your application process to begin; it includes:

1. Application*
2. Income Eligibility Fact Sheet
3. Dual Subsidy Notice
4. Household Eligibility Questionnaire
5. Request for Verification of the Need for a Reasonable Accommodation or Modification
6. Supplemental and Optional Contact Information
7. CSI Disclosure Notifications

***If this is for co-applicants, two packets will need to be printed; each person must complete one packet.**

Please print this packet 2-sided. Complete the application and supporting documents and include a check or money order payable to **Bowleys Garden Villa Co-op**, in the amount of \$15 per applicant, for the application fee. Return everything by mail to the CSI office, located at 405 Williams Court, Suite 100, Middle River, MD 21220. Please make sure you use enough postage.

If you have any questions about the materials, please call 410-344-1820 and a staff member will be happy to help you.

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

Upon receipt of your application you will be placed on our waiting list. When your name reaches the top of our waiting list, you will be contacted.

We are hoping that you join our cooperative community of Bowleys Garden Villa Co-op.

People Working Together to Help Each Other

BUILDING OFFICE: 410-325-8890

LEASING OFFICE: 410-325-8890

FAX: 410-325-8893

TDD: 1-800-348-7011

www.csi.coop



A Member of CSI Support and Development

Equal Housing Opportunity

**CSI Support and Development
Income Eligibility Fact Sheet
Bowleys Garden Villa Co-op**

“Income” includes gross social security, pension, SSI, wages, interest, dividends, etc. There will be a choice of a security deposit equal to one month’s rent or a \$100 membership fee in Cooperative Services, Inc.

Eligibility:

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

Eligibility Income Limits as of April 1, 2020
Baltimore, MD

1 Person \$43,680 Annually

2 Persons \$49,920 Annually

Monthly Market rent for Bowley’s Garden Villa Co-op Apartments is:

\$625.00 one-bedroom apartment.

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:

CDA requires that all property and assets be accounted for at market value for a period of two years from date of disposition.



<p>FOR OFFICE USE ONLY</p> <p>Date received:</p>

APPLICATION

BOWLEYS GARDEN VILLA 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 using black or blue pen. Do not use white out.

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 Leasing Specialist at (800) 362-0548 (TTD 800-348-7011) for waitlist status information. Do not hesitate to contact us with any questions about our application process.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
CURRENT ADDRESS:		TELEPHONE NUMBER AND AREA CODE:
<hr/> Street Address Apt. No.		() <hr/>
<hr/> City State Zip Code		E-mail: <hr/>
UNIT TYPE REQUESTING (Occupancy standards: minimum 1 person, maximum 2 persons)		
<input type="checkbox"/> Standard One Bedroom (head-of-household, the co-head-of-household or the spouse must be 62+)		
OR		
<input type="checkbox"/> One Bedroom Mobility Accessible (head-of-household, the co-head-of-household or the spouse must be 62+ and require the features of an accessible unit. Some features of an accessible unit include lower kitchen cabinets and counters, wheelchair accessible doorways. Verification of the need for these features will be required in order to qualify.)		
Income limits may apply: <u>1 Person</u> <u>2 Persons</u> <i>Note: Income limits subject to change annually by CSI.</i> \$43,680/yr. \$49,920/yr.		
Estimate of your anticipated annual income: \$ _____		
How did you hear about us?		

HOUSING INFORMATION

1. Will this unit be your only place of residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. This building may have a limited number of parking spaces. Do you require a parking space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Bowleys Garden Vila Co-op Apartments does not allow smoking in any common areas, and within 25 feet of the building. Do you acknowledge that you are aware of this smoke free policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you agree that you, your guests, and service providers hired by you will abide by the smoke free policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please note, this building does not provide health support services, personal assistance nor security personnel. Are you able to meet all the obligations of tenancy with or without assistance from outside the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. If you will use services to enable you to meet obligations of tenancy, please list these services below. Attach an additional sheet if needed.

Name or agency: _____ Phone: _____

Address: _____
Street City State Zip

Type of assistance: _____

Name or agency: _____ Phone: _____

Address: _____
Street City State Zip

Type of assistance: _____

HOUSEHOLD 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.

7. 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household member's full name	Relationship to head of household
	<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in aide (<i>Live-in aides must be approved before move in</i>) <input type="checkbox"/> None of the above

BACKGROUND INFORMATION

8. Have you ever used a different name (or names) from the name given in this application? If yes, please provide name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>9. 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: <input type="checkbox"/> Felony, what year(s)? <input type="checkbox"/> Misdemeanor, what year(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Are you currently using illegal drugs or have you ever been convicted of illegal manufacturing or distribution of illegal drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. 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. Are you currently using marijuana for recreational or medicinal purposes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. 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.</p> <p> <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C </p>	

LANDLORD INFORMATION

<p>14. Are you currently receiving housing assistance from HUD or a Public Housing Agency? If yes, please complete the enclosed "Dual Subsidy Notice" form.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. 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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Have you ever been evicted from a property managed by CSI Support & Development for lease violations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. Are you currently homeless?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18. Are you currently renting? If not, please explain your current living arrangements:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. 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 date 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
_____ to present				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been evicted, or is this landlord attempting to evict you or another person living with you for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you or any member of your household evicted from this property for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you or any member of your household evicted from this property for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you or any member of your household evicted from this property for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 may be kept in the unit.

20. Do you plan to keep an animal in your apartment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If yes, please provide the following information:		
ANIMAL TYPE <i>(dog, cat, turtle, etc.)</i>	BREED <i>(if applicable)</i>	WEIGHT

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 years 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.

We are required by the State of Maryland to have your signature on file in order to be placed on the waitlist. Applicants must be at least 62 at the time we receive this application in order to qualify for a standard unit. A limited number of apartments are available in some locations for younger persons who are physically disabled and need the special design features of a unit designed for the mobility impaired. Call for eligibility requirements. Please note that the building has no health support services or personal assistance. Check our website at www.csi.coop or speak to a specialist at 800-362-0548 for the status of the waitlist.

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.

Applications received for a closed waitlist will not be processed. If you are in search of more immediate housing, note that some of our co-ops have shorter waitlists than others. Please contact our Waitlist Department at 800-362-0548 for waitlist information.

If you are interested in reviewing our Tenant Selection Plan, you may request a copy by calling us at 410-344-1820 or emailing us at seniorhousingmd@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 **Bowleys Garden Villa 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 were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

Date _____

PLEASE RETURN THIS APPLICATION TO:

**Bowleys Garden Villa Co-op
Attn: Leasing Specialist
405 Williams Court,
Suite 100
Middle River, MD
21220**



Dual Subsidy Notice

Applicant Name		
Head-of-Household Name (if different)		
Current Address		
Address Line 2		
City, State, Zip		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This form must be completed for each adult applicant. Choose one of the options below, sign the document and return it with the application package.

I understand that my application to move to **BOWLEYS GARDEN VILLA CO-OP** with my other household members has met preliminary eligibility requirements.

I have indicated on the application and/or it has been reported by EIV (Enterprise Income Verification), that:

1. I am not currently receiving HUD assistance in another unit
2. I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **BOWLEYS GARDEN VILLA CO-OP**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development (HUD) until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3. I am the recipient of a housing voucher.

I understand that HUD prohibits tenants from benefiting from Housing Voucher assistance in a unit assisted through HUD's Section 8 program. When the application is submitted the household will be added to the waiting list. A unit will be offered in accordance with the resident selection plan. If the family later moves out of the project, the project subsidy will not move with the family as it does with a voucher. If you wish to participate in the voucher program after move-out, you will need to reapply to the PHA to receive another voucher.

*All household members must be removed from or forfeit the voucher before receiving HUD assistance for a unit on this property. If the owner/agent discovers that any household member failed to give up current HUD assistance before moving to **BOWLEYS GARDEN VILLA CO-OP**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete.*



Dual Subsidy Notice

Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the information provided by EIV is then verified, the owner/agent will reject the application based on misrepresentation of information.

PENALTIES FOR MISUSING THIS FORM

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

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

Signature of Applicant

Date

cc: Applicant/Resident File

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.

The person named below has been 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).

Cindy Lamb
8425 East 12 Mile Road
Warren, MI 48093
Baltimore, MD 21224
Telephone – 586-753-9002
TDD Number: 800-348-7011



HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: **Bowleys Garden Villa Co-op**

Unit #: _____

Certification Type:

Move in or Initial Cert

Re-certification

Other: _____

Housing Program:

Low Income Housing Tax Credit

HOME

Other: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN	FT STUDENT?
1.	HEAD			[] YES [] NO
2.				[] YES [] NO
3.				[] YES [] NO

Are any HH changes expected in next 12 months? [] YES [] NO

If YES explain: _____

Are any student changes expected in next 12 months? [] YES [] NO

If YES explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above? • If NO, please just sign and date below • If YES please complete the following questions:	[] YES [] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[] YES [] NO
Was a student previously a foster child?	[] YES [] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[] YES [] NO
Is a student married and eligible to file a joint tax return?	[] YES [] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[] YES [] NO
Are the minors in the household claimed as a dependent by a parent?	[] YES [] NO

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature

Printed Name **Date**

Co Head and/or Other Member Signature

Printed Name **Date**

Management Signature

Date



Supplemental and Optional Contact Information

Optional Contact Person or Organization: You may 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.

Instructions: Complete Section 1. If you would like to provide additional contact information, also complete Section 2 and sign and date in Section 4. If you do not wish to provide a contact, please check the box in Section 3 and also sign and date in Section 4. **You may update, remove, or change the information you provide on this form at any time.**

SECTION 1

Your Name:	
Address:	Apt:
City, State and Zip:	
Phone:	

SECTION 2

Name of Additional Contact Person or Organization:	
Relationship to Applicant:	
Address:	Apt:
City, State and Zip:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	

SECTION 3

<input type="checkbox"/> Check this box <u>if you choose NOT to provide</u> the contact information then sign and date.

SECTION 4

Signature: X	Date: X
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Request for Verification of the Need for a Reasonable Accommodation or Modification

Date: _____

From: CSI Support & Development
450 Williams Court, Ste 100
Middle River, MD 21220

To: _____

Phone: _____

Fax 410-344-1840

Email seniorhousingmd@csi.coop

Fax: _____

Phone 410-344-1820

Reasonable Accommodation or Modification Request for: www.csi.coop

Dear _____:

Your patient has applied for a reasonable accommodation. Please complete the form after reading the instructions and fax it to 410-344-1840 or email to seniorhousingmd@csi.coop.

APPLICANT OR RESIDENT RELEASE

To the applicant or resident: ***You do not have to sign this form if the name or address of either the CSI Support & Development or the verification source is left blank.***

I hereby authorize the release of the requested information.

Signature: _____ Date: _____

CSI Support & Development Services and its co-op communities provide reasonable accommodations and modifications for residents with disabilities who have a verifiable need for the accommodation or modification

The Fair Housing Act defines “disability” as a physical, mental or emotional impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition, a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most individuals’ daily lives.



Co-op:
Applicant or Resident:
Date of Reasonable Acc/Mod Request:

In order to qualify for a reasonable accommodation or modification, **the need must be related to the disability** and there must be a connection between the disability and the request. *(For example, a resident, whose arthritis impairs the use of her hands and causes her substantial difficulty in using the doorknobs in her apartment, wishes to replace doorknobs with levers. There is a relationship between the resident's disability and the requested modification.)*

Description of the current circumstances and the applicant's or resident's request: **an apartment with features designed for mobility impaired persons. Some features are lower countertops and light switches, sinks that are open underneath, oven doors that open differently and wider doorways.**

Description of the connection between the disability and the request:

Because this property is governed by HUD regulations, we are required to verify the need for a reasonable accommodation and/or modification when the need is not obvious or previously known. **This means we must provide documentation from a physician, psychologist, clinical social worker, other licensed healthcare provider or the Veterans Administration that the accommodation or modification request would alleviate at least one of the identified symptoms or effects of the existing disability.** The verifier needs direct, current knowledge of the patient's disability and request.

We are required by the U.S. Department of Justice and the U.S. Department of HUD to complete our verification process in a short time period. Feel free to contact me by phone or email with your questions. Thank you in advance for your cooperation and prompt response.

Sincerely,

Co-op Liaison

CC: Applicant or Resident File

Penalties for misusing this verification 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 is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Co-op:
Applicant or Resident:
Date of Reasonable Acc/Mod Request:

The following to be completed by the verifier:

I can cannot verify that the enclosed request is necessary for changes to the apartment or the common area or policies and procedures for the above named individual, as a result of his/her disability to have equal housing opportunity.

Note: If you have direct knowledge of this individual and can verify the necessity for the accommodation or modification, please answer the questions below. If you cannot verify the necessity for the request, please sign the form and return it to CSI Support & Development via fax.

Please verify that the enclosed description of needed changes, requested by the individual are necessary for the equal enjoyment of the housing opportunity as a result of his/her disability.

The individual's request is NOT required in order for him/her to have equal opportunity to live in this housing. There is NO CONNECTION between the disability and the request. *Note, if there is no connection at this time, just sign and date the form and return it.*

In my opinion, there is a connection between the individual's request and his/her disability.

Description of how the accommodation addresses the disability: _____

Alternate accommodations or modifications that can be made to allow the individual to use and enjoy the housing: _____

Note: If the accommodation or modification is necessary, please answer the questions below:

How long will the individual's condition exist?

Permanent disability

Temporary disability with expected duration of:

Less than 1 year

Between 1-5 years

More than 5 years

Please indicate how long your current knowledge is regarding this individual

Knowledge is within the last 12 months

Knowledge is older than 12 months

By signing this, I certify that the information provided is true and correct and I agree that I may be called to testify in a court of law concerning my opinion.

Name of verifier: _____

Professional designation or title: _____

Address: _____

Email: _____ Phone: _____

Signature: _____

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。请翻译这份文件。(Chinese)

이것은 매우 중요한 통지입니다. 꼭 번역하시기 바랍니다. (Korean)

Это очень важное сообщение. Переведите пожалуйста. (Russian)

Acesta este un mesaj important. Vă rugăm să apelați la cineva să vi-l traducă. (Romanian)

Jest to ważna informacja. Proszę mieć to przetłumaczone. (Polish)

هذه تفيشولا مهم. عاجز لا اتم جرك (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, 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 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

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).

Rev. 12. 16.16

