

# Waldorf CSI Senior Housing, Inc.

3605 Moses Way

Waldorf, MD 20602

Dear Applicant:

Thank you for your interest in Waldorf CSI Senior Housing, Inc. We are happy to inform you that there are vacancies or a very short wait for an apartment.

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

1. Application
2. Income Eligibility Fact Sheet
3. Application
4. Reasonable Accommodation Form
5. Dual Subsidy Notice
6. Explanation of Needed Information
7. Supplemental & Optional Contact Information Form
8. Household Eligibility Questionnaire
9. Race & Ethnic Data Reporting Form
10. Financial Packet
11. HUD VAWA Forms 5380 & 5382
12. CSI Disclosure Notifications

Please print this packet 2-sided. If there are co-applicants, please complete one application packet and one financial packet for each applicant. **Please include a check or money order for \$15.00 per applicant, made payable to Waldorf CSI Senior Housing, Inc.** Please complete the application and financial packets and provide supporting documents and return them to the office in the enclosed envelope, or feel free to drop them by the office, located at 3605 Moses Way, Waldorf, MD 20602.

If you have any questions about the materials, please call 301-885-3958 or stop by the office where 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.

We are hoping that you join our cooperative community of  
*People Working Together to Help Each Other*

---

BUILDING OFFICE: 301-885-3958

LEASING OFFICE: 301-885-3958

FAX: 301-885-3957

TDD: 1-800-348-7011

www.csi.coop

A Member of CSI Support and Development  
Equal Housing Opportunity







<p><b>FOR OFFICE USE ONLY</b> Date Mailed:</p>
--

## APPLICATION

### WALDORF CSI SENIOR HOUSING, INC.

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](http://www.csi.coop) or speak to a Leasing Specialist at (301) 885-3958 (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:
Street Address		(    )
Apt. No.		
City	State	Zip Code
E-mail Address		

UNIT TYPE REQUESTING (Occupancy standards: minimum 1 person, maximum 2 persons)

**Standard One Bedroom** (head-of-household, the co-head-of-household or the spouse must be 55+)

**Standard Two Bedroom** (head-of-household, the co-head-of-household or the spouse must be 55+)

**OR**

**One Bedroom Mobility Accessible** (head-of-household, the co-head-of-household or the spouse must be 55+ 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 to qualify.)

**Two Bedroom Mobility Accessible** (head-of-household, the co-head-of-household or the spouse must be 55+ 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 to qualify.)



Income limits may apply:		<i>Note: Income limits subject to change annually by</i>				
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
30%	\$25,500	\$29,130	\$32,760	\$36,390	\$39,330	\$42,240
40%	\$34,000	\$38,840	\$43,680	\$48,520	\$52,440	\$56,320
50%	\$42,500	\$48,550	\$54,600	\$60,650	\$65,550	\$70,400
60%	\$51,000	\$58,250	\$65,520	\$65,530	\$72,780	\$84,480

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. Waldorf CSI Senior Housing, Inc. 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:		
<b>Household member's full name</b>	<b>Relationship to head of household</b>	
	<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	

## BACKCKGROUND 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
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)? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you currently using illegal drugs, or have you ever been convicted of illegal manufacturing or distribution of illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you or any member of your household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.		

AL	AK	AZ	AR	CA	CO	CT	DE	FL	GA	HI	ID	IL
IN	IA	KS	KY	LA	ME	MA	MI	MN	MS	MO	MT	
NE	NV	NH	NM	NY	NC	ND	OH	OK	OR	PA	RI	
SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	Washington DC	

## LANDLORD INFORMATION

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

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 -	Address of Your	Name and Address of	Telephone Number of Landlord	Indicate which Applies
				<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
				<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
				<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
				<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

## 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:		
<b>ANIMAL TYPE</b> <i>(dog, cat, turtle, etc.)</i>	<b>BREED</b> <i>(if applicable)</i>	<b>WEIGHT</b>

## 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](http://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](mailto: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 Waldorf CSI Senior Housing, Inc.. 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:**

**Waldorf CSI Senior Housing, Inc.  
Attn: Property Manager  
3605 Moses Way  
Waldorf, MD 20602**





## Request for Verification of the Need for a Reasonable Accommodation or Modification

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: CSI Waldorf

3605 Moses Way

Waldorf, MD 20602

Fax: 1-301-885-3957

Email: Carolynette.waddell@csi.coop

Phone: 1-301-885-3958

[www.csi.coop](http://www.csi.coop)

Reasonable Accommodation or Modification Request for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_,

Your patient has applied for a reasonable accommodation. Please complete the form after reading the instructions and fax 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 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:   Mobility Impaired unit with lower countertops, wider doorways, sinks that can roll under, open floor plan, etc.

---

---

---

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).



<b>Co-op:</b> CSI Waldor
<b>Applicant or Resident:</b>
<b>Date of Reasonable Acc/Mod Request:</b>

## 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 Support & Development**  
3605 Moses Way  
Waldorf, MD 20602  
Phone: (301) 885-3958

Dear Future Member:

The enclosed forms are for your use in providing the necessary information regarding your income and assets. This is a requirement of the State of Maryland Low Income Housing Tax Credit (LIHTC) Program and must be completed before you can move into the Waldorf CSI Senior Housing, Inc.

We are required to recertify your income and assets annually after you have moved into the Co-op.

*We must stress the importance of total honesty in reporting all income and assets belonging completely or in part to you. Penalties imposed by the federal government are severe for falsifying information in order to obtain housing. In addition, immediate eviction can result if it is determined the initial documentation was deliberately misleading.*

**\*\*\*\*\*THE FOLLOWING INFORMATION IS NEEDED\*\*\*\*\***

**PROOF OF AGE:** Please provide a copy of your birth certificate and/or a state picture ID or driver's license.

**SOCIAL SECURITY VERIFICATION** –You must provide a current copy of your social security card and a current copy of your SOCIAL SECURITY BENEFIT LETTER. If you do not have one, you can obtain a copy from [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling 1-800-772-1213. In addition, if you have a Direct Deposit card for your Social Security, please provide a current statement or a recent transaction receipt and a copy of the card.

**SUPPLEMENTAL AND OPTIONAL CONTACT:** Please provide your name, address and phone number in section 1; your emergency contact person's information in section 2 or if you do not want to provide an emergency contact, check the box in section 3; section 4 must be signed and dated.

**STUDENT STATUS VERIFICATION:** **This form must be completed.** Answer question number 1. If you answer no, skip to the bottom of the form and sign and date.

**RACE AND ETHNIC DATA (HUD 27061-H):** **This form must be signed and dated.** Print your name and date on the top. Indicating your ethnicity is optional; however the bottom of the form must be signed and dated. This information is used for statistics only.

**AUTHORIZATION TO RELEASE INFORMATION:** Print your name at the top then sign and date the bottom section of the form. Your signature will allow us to obtain the information that we need to complete your certification process.

**CHECK LIST:** **Complete a separate form for each household member. You must check yes or no to every statement and initial where indicated.** Sign your name, provide phone number and date.

**CERTIFICATION REGARDING DISPOSITION OF ASSETS:** **This form must be completed.** Check the appropriate box. If you have disposed of assets, please provide the requested information, and write a brief description of what the money was used for or if it is in the bank, then sign and date.

**VERIFICATION FORMS:** Please print your name, social security number and policy, ID, contract, or VA number where indicated on the form. **You need only to complete the forms that apply to you.**

- **VERIFICATION OF PENSION DATA:** If you receive a pension, other than Social Security or SSI, please provide the name, address, phone, and fax numbers of the company that provides your pension on the upper left side of the form. Include the pension ID number if it is different from your Social Security number.

• **VERIFICATION OF ASSETS ON DEPOSIT:**

- **Bank Accounts:** If you have bank accounts, please provide the name, address, phone and fax numbers of the bank that you use on the upper left side of the form. If you have multiple accounts at one bank, you only need to complete one form for that bank. Additional forms are enclosed if you use more than one bank. Deposit accounts include checking, savings, CDs, IRAs, Money Market, Holiday Club, etc.)
- **Stocks:** If you own stocks, please provide a photocopy or listing of your stocks, showing the number of shares you currently own. If the stock portfolio are handled by a company, for instance, Computershare, please complete the "Verification of Assets on Deposit" form for that company and make sure to include the account number.
- **Bonds:** If you own bonds, please provide a photocopy or notarized listing of same. If you have a company managing your portfolio, please complete a "Verification of Assets on Deposit" form for that company. Make sure to include the account number.
- **Verification of Life Insurance:** If you have whole or universal life insurance, please provide the company name, address, phone, and fax numbers on the upper left side of the form, and the policy numbers. If the policy is term or group life insurance that cannot be cashed in, it does not need to be verified.
- **Annuity:** If you have an annuity please provide the company name, address, phone, and fax numbers on the upper left side of the form. Also include your annuity or contract number.
- **Verification of Employment:** If you are employed, please provide the name, address, phone and fax numbers of your employer on the upper left side of the form.
- **Verification of Veteran's Pension/Benefits:** If you receive a Veteran's pension or Veteran's benefits, you must include your VA number.

**ADDITIONAL INFORMATION REQUIRED:**

**Property:** If you own land, or real estate, you must provide a copy of the most recent tax bill for this property and most recent mortgage statement.

The current income limits for Waldorf CSI Senior Housing, Inc. are:

Income limits may apply:		<i>Note: Income limits subject to change annually by</i>				
	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>
<b>30%</b>	\$25,500	\$29,130	\$32,760	\$36,390	\$39,330	\$42,240
<b>40%</b>	\$34,000	\$38,840	\$43,680	\$48,520	\$52,440	\$56,320
<b>50%</b>	\$42,500	\$48,550	\$54,600	\$60,650	\$65,550	\$70,400
<b>60%</b>	\$51,000	\$58,250	\$65,520	\$65,530	\$72,780	\$84,480

**All information should be brought in person or mailed to:**

**Waldorf CSI Senior Housing Inc.  
3605 Moses Way  
Waldorf, MD 20602**

Thank you.  
Certification/Accounting  
Enclosures

## HOUSEHOLD ELIGIBILITY QUESTIONNAIRE LIHTC

Property Name: Waldorf CSI Senior Housing, Inc Unit: \_\_\_\_\_

*Certification Type:*

<input checked="" type="checkbox"/>	Move In/Initial Certification
<input type="checkbox"/>	Re-certification
<input type="checkbox"/>	Other: _____

*Housing Program:*

<input checked="" type="checkbox"/>	LIHTC
<input type="checkbox"/>	202/Section 8
<input type="checkbox"/>	HOME

### I. HOUSEHOLD INFORMATION

- Please 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.
- Please check YES or NO to each question for each household member.
- List full time student status for any member who is currently enrolled, expects to be enrolled, or was previously enrolled for any of the past 5 months in the calendar year. Include K-12, university, technical, trade, and mechanical schools.

	HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN
1.		HEAD OF HOUSEHOLD		
2.				

<b>HOUSEHOLD TELEPHONE NUMBERS AND EMAIL ADDRESS:</b>	<b>HOME PHONE NUMBER</b>	
	<b>CELL PHONE NUMBER (HEAD OF HOUSEHOLD)</b>	
	<b>CELL PHONE NUMBER (CO HEAD OR SPOUSE)</b>	
	<b>HH EMAIL ADDRESS</b>	
	<b>CH/SP EMAIL ADDRESS</b>	

	Head of Household Check YES or NO	Co Head and/or Other Member Check YES or NO
1. Is any member of the household a full-time student?	[ ] YES [ ] NO	[ ] YES [ ] NO
2. Does the student receive assistance under the Title IV of the Social Security Act (i.e. TANF, SS, SSI)?	[ ] YES [ ] NO [ ] NA	[ ] YES [ ] NO [ ] NA
3. Are you a veteran or active member of the United States Armed Forces?	[ ] YES [ ] NO	[ ] YES [ ] NO
4. Are you or have you been a registered sex offender in any state? If yes, what state? _____	[ ] YES [ ] NO State: _____	[ ] YES [ ] NO State: _____



**II. HOUSEHOLD INCOME**

- You must check YES or NO to every item listed and complete amount and frequency for all checked YES.
- Include all regular or periodic payments including Required Minimum Distributions (RMD).
- All adults must sign and date the form.

Type of Income	Head of Household			Co Head and/or Other Member		
	Check YES or NO	Amount	Frequency	Check YES or	Amount	Frequency
1. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Social Security spousal	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Wages from full-time employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Wages from part-time employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Wages from seasonal or sporadic employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. 2 <sup>nd</sup> Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Retirement acct payments 401K, 403B, 501C, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Annuity acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. 2 <sup>nd</sup> Annuity acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Investment acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. TANF, AFDC, TAC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Alimony	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Rental income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Regular gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Lottery payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

**Are any income changes expected in the next 12 months?  YES  NO If YES, please describe:**

--

**For each source of income checked YES above, please complete the following:**

Income #	HH Member	Name of Income Source	Phone/Fax/Email

**III. HOUSEHOLD ASSETS**

- You must check YES or NO to every item listed and write approximate cash value for all items checked YES.
- List all assets for each household member.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.
- Do not list assets that are not accessible to the family or cannot be converted to cash.

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check YES or NO	Approximate Cash Value	Check YES or NO	Approx. Cash Value
1. Checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
2. 2 <sup>nd</sup> checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
3. Savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
4. 2 <sup>nd</sup> savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
5. Direct deposit pay card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
6. Certificate of Deposit (CD)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
7. Other bank account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
8. Mutual Fund	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
9. Stocks	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
10. Portfolio/brokerage	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
11. IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
12. 2 <sup>nd</sup> IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
13. Treasury bills/bonds	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
14. Company retirement acct	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
15. Annuity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
16. 2 <sup>nd</sup> Annuity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
17. Trust account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
18. Cash on hand	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
19. Life insurance (not term)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
20. Life insurance (not term)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
21. Life insurance (not term)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
22. Real estate equity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
23. Has anyone received any lump sum amounts in the past 2 years?	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
24. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$

**I CERTIFY THAT MY TOTAL ASSETS ARE VALUED AT LESS THAN \$5000: [ ] YES [ ] NO**

**For each asset checked YES above, please complete the following and use additional sheet, if necessary.:**

Asset #	HH Member	Name of Financial Institution	Phone/Fax/Email

**Has any applicant/member disposed of any assets over \$1,000 in the last 2 years? [ ] YES [ ] NO If YES, complete:**

**The asset(s) were disposed of: [ ] For market value [ ] For LESS THAN market value.**

Type of asset:	Date of Disposal:	Fair Market Value:	Amount Received:
What was done with the proceeds:			

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

**X** \_\_\_\_\_  
Head of Household Printed Name

**X** \_\_\_\_\_  
Head of Household Signature & Date

**X** \_\_\_\_\_  
Spouse and/or Co Head Printed Name

**X** \_\_\_\_\_  
Spouse and/or Co Head Signature & Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

### Supplemental and Optional Contact Information

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

**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:	
Home Phone:	Cell Phone:

#### SECTION 2

Name of Emergency 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

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

#### SECTION 4

X \_\_\_\_\_ X  
Signature Date



## Dual Subsidy Notice

<b>Applicant Name</b>		
<b>Head-of-Household Name (if different)</b>		
<b>Current Address</b>		
<b>Address Line 2</b>		
<b>City, State, Zip</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Email address</b>		
<b>Work Phone</b>		
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 **WALDORF CSI SENIOR HOUSING, INC.** 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 **WALDORF CSI SENIOR HOUSING, INC.**, 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 **WALDORF CSI SENIOR HOUSING, INC.**, 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  
Telephone – 586-753-9002  
TDD Number: 800-348-7011



**Race and Ethnic Data Reporting Form**

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

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

Office of Housing

Waldorf CSI Senior Housing, Inc.  
**Name of Property**

EHRP: 27.04.0009  
**Project No.**

3605 Moses Way, Waldorf, MD 20602  
**Address of Property**

CSI Support & Development

**Name of Owner/Managing Agent**

LIHTC  
**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 in compliance 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 provided 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 not require any special protection.

## 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.

## AUTHORIZATION TO RELEASE INFORMATION

Applicant name:  
(Please print)

X

Property Name:

Waldorf CSI Senior Housing, Inc.

Address:

3605 Moses Way, Waldorf, MD 20602 Apt.#

As managing agents for this Low Income Housing Tax Credit project, regulations require we verify the program eligibility of all applicants of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached verification form and return it via fax to 301-885-3957 or mail to the address below at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_  
Authorized Signature for CSI Support & Development

\_\_\_\_\_  
Certification/Accounting  
Title

Carolynette Waddell

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

---

## RELEASE BY APPLICANT

I authorize the release of the information requested to be sent to CSI Support & Development. I am the individual to whom the information applies. I know that if I make any representations which I know are false, to obtain information, I could be punished by a fine or imprisonment or both. Information obtained under this consent is limited to data that is no older than 12 months old. This form may be faxed or copied.

X

\_\_\_\_\_  
Applicant Signature

X

\_\_\_\_\_  
Date

**Penalties for misusing this consent:** "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 and any owner (or any employee of HUD 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 willingly 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 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. Section \*\*408 (a) (6), (7) and (8).\*\*"

**Verification form is attached. Please return attached form via fax to (410) 344-1840 or mail to:**

**Carolynette Waddell  
c/o CSI Support & Development  
3605 Moses Way  
Waldorf, MD 20602**





# PENSION VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Waldorf CSI Senior Housing, Inc.</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**Pension Provider:**

Company Name:			Contact Name:		
Address:			Phone:	Fax:	
City:		State:	Zip:	Email:	

**My Signature Authorizes Verification of my Pension Account Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

**Please return form by fax to: 301-885-3957**  
**Carolynette Waddell** email [Carolynette.waddell@csi.coop](mailto:Carolynette.waddell@csi.coop)  
**WALDORF CSI SENIOR HOUSING, INC.**  
**3605 Moses Way, Waldorf MD 20602**  
**Phone: 301-885-3958**

Carolynette Waddell  
Project Owner/Management Agent

**THIS SECTION TO BE COMPLETED BY PENSION COMPANY**

Does the individual receive periodic payments from any account listed above:				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please complete following:					
Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?		
	\$	[ ] Monthly [ ] Annually [ ] Other:	[ ] Fixed	[ ] Subject to Change	
	\$	[ ] Monthly [ ] Annually [ ] Other:	[ ] Fixed	[ ] Subject to Change	

**Please list any expected changes:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail

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

## BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Waldorf CSI Senior Housing, Inc.</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**Bank Contact:**

Bank Name:		Contact Person:	
Address:		Phone:	Fax:
City:	State:	Zip:	Email:

**My Signature Authorizes Verification of My Bank Account Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Carolynette Waddell  
Project Owner/ManagementAgent

**Please return form by fax to: 301-885-3957**  
**Carolynette Waddell** email [Carolynette.waddell@csi.coop](mailto:Carolynette.waddell@csi.coop)  
**WALDORF CSI SENIOR HOUSING, INC.**  
**3605 Moses Way, Waldorf MD 20602**  
**Phone: 301-885-3958**

**THIS SECTION TO BE COMPLETED BY BANK**

*If additional space is needed please attach a separate sheet with information, date and signature*

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (CD; Money Market; IRA; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail

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

## BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Waldorf CSI Senior Housing, Inc.</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**Bank Contact:**

Bank Name:		Contact Person:	
Address:		Phone:	Fax:
City:	State:	Zip:	Email:

**My Signature Authorizes Verification of My Bank Account Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,  
Carolynette Waddell  
Project Owner/Management Agent

**Please return form by fax to: 301-885-3957**  
**Carolynette Waddell** email [carolynette.waddell@csi.coop](mailto:carolynette.waddell@csi.coop)  
**WALDORF CSI SENIOR HOUSING, INC.**  
**3605 Moses Way, Waldorf MD 20602**  
**Phone: 301-885-3958**

**THIS SECTION TO BE COMPLETED BY BANK**

*If additional space is needed please attach a separate sheet with information, date and signature*

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (CD; Money Market; IRA; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail

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



29565

# Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

**TYPE or complete in BLACK INK. Use only CAPITAL LETTERS**

Fax Requests To..... 1-844-879-0412

Online Instructions..... [www.wellsfargo.com/biz/vod](http://www.wellsfargo.com/biz/vod)

Balance Confirmation Services ..... 1-540-563-7323

## SECTION 1: REQUESTER INFORMATION

W A L D O R F C S I S E N I O R H O U S I N G

Company Name

C A R O L Y N E T T E W A D D E L L

Attention

3 6 0 5 M O S E S W A Y

Street Address

W A L D O R F M D 2 0 6 0 2

City

State

Zip

Requester Email (optional)

3 0 1 - 8 8 5 - 3 9 5 8

Requester Phone Number

3 0 1 - 8 8 5 - 3 9 5 7

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Customer One Social Security Number

Account Number(s) (Required)

Account Number(s) (Required)

Month / Day / Year

Month

Day

Year

## CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date

Only use this form for the banks listed:

- Citi Bank
- PNC Bank
- TD Bank

# Verification of Deposit Housing Assistance Agencies

For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

**TYPE or complete in BLACK INK. Use only CAPITAL LETTERS**

Fax Requests To..... 1-844-879-0412  
 Online Instructions..... www.wellsfargo.com/biz/vod  
 Balance Confirmation Services ..... 1-540-563-7323

## SECTION 1: REQUESTER INFORMATION

W A L D O R F C S I S E N I O R H O U S I N G I N C

Company Name

C A R O L Y N E T T E W A D D E L L

Attention

3 6 0 5 M O S E S W A Y

Street Address

W A L D O R F M D 2 0 6 0 2

City

State

Zip

Requester Email (optional)

3 0 1 - 8 8 5 - 3 9 5 8

Requester Phone Number

3 0 1 - 8 8 5 - 3 9 5 7

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

[Empty grid for Customer One Full Name]

Customer One Full Name (First Middle Last)

[Empty grid for Customer Two Full Name]

Customer Two Full Name (First Middle Last)

[Empty grid for Customer One Social Security Number]

Customer One Social Security Number

Account Number(s) (Required)

[Empty grid for Account Number(s)]

[Empty grid for Month / Day / Year]

Month

Day

Year

## CUSTOMER AUTHORIZATION

I/We authorize and direct this financial institution to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty

**X** \_\_\_\_\_  
 Signature of Account Holder Date

**X** \_\_\_\_\_  
 Signature of Account Holder Date

COMPLETE & SIGN

## INVESTMENT/ANNUITY ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Waldorf CSI Senior Housing, Inc.</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**Financial Institution Contact:**

Name:		Contact Person:			
Address:		Phone:		Fax:	
City:		State:		Zip:	
				Email:	

**My Signature Authorizes Verification of Investment Account Information:**

**Applicant/Tenant Signature**

**Date**

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Carolynette Waddell  
Project Owner/Management Agent

**Please return form by fax to: 301-885-3957**  
Carolynette Waddell or email carolynette.waddell@csi.coop  
CSI Support & Development for WALDORF CSI SENIOR HSG  
3605 Moses Way ,Waldorf MD 20602  
Phone: 301-885-3958

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

- List only accounts that the individual has access to
- Please provide most recent quarterly or monthly statement

Account Number	Type of Account	Full Balance	Surrender Fee/ Penalty	Annual Interest/Dividend Income*
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*\* If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

Does the individual receive periodic payments from any account listed above: **INCLUDING RMD**  YES  NO

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

Please list any expected changes:

--

*If additional space is needed please attach a separate sheet with information, date and signature*

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone # Fax # E-Mail

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

## LIFE INSURANCE VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Waldorf CSI Senior Housing, Inc.</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**SEND TO:**

Business Name:		Contact Person:	
Address:		Phone:	Fax:
City:	State:	Zip:	Email:

My Signature Authorizes Verification of my Life Insurance Information:

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Carolynette Waddell  
Project Owner/Management Agent

**Please return form by fax to: 301-885-3957**

**Carolynette Waddell** or email [carolynette.waddell@csi.coop](mailto:carolynette.waddell@csi.coop)  
**WALDORF CSI SENIOR HOUSING, INC.**  
**3605 Moses Way ,Waldorf MD 20602**  
**Phone: 301-885-3958**

**THIS SECTION TO BE COMPLETED BY LIFE INSURANCE COMPANY**

Policy Account #	Cash Surrender Value	Dividend/Interest Rate *
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

***\*Provide amount regardless of whether individual has chosen to re-invest interest/dividends***

Balance of any outstanding loans against policy/policies: \$ \_\_\_\_\_

Penalty fee or % of Cash Surrender Value charged to cash in each policy: \$ \_\_\_\_\_ %

**NET ASSET VALUE = Total Cash Values [less] Loan Balances [less] Penalties = \$ \_\_\_\_\_**

***AUTHORIZED SIGNATURE***

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### Employer Contact:

Business Name:		Contact Person:					
Address:		Phone:		Fax:			
City:		State:		Zip:		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Carolynette Waddell

Project Owner/Management Agent

RETURN THIS FORM TO:  
Carolynette Waddell  
Email: Carolynette.Waddell@csi.coop  
Phone: 301-885-3958  
Fax: 301-885-3957

### THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes  Date First Employed: \_\_\_/\_\_\_/\_\_\_ No  Last Date of Employment: \_\_\_/\_\_\_/\_\_\_

Current Wages (check one)  Hourly  Salary \$ \_\_\_\_\_ Pay Frequency  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  
Pay Method  Cash  Check  Direct Deposit  Other

Number of regular hours scheduled per week: \_\_\_\_\_  
(If hours vary please list average anticipated)

Gross Year to Date Pay: \$ _____
From ___/___/___ Through ___/___/___
Number of pay periods included in the YTD earnings above: _____

Gross pay from prior year: \$ \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average number of OT hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average number of shift differential hours per week: \_\_\_\_\_

Commissions, bonus, tips, other: \$ \_\_\_\_\_ Frequency  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  Other \_\_\_\_\_

List the most recent change in the employee's rate of pay: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_/\_\_\_/\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_/\_\_\_/\_\_\_

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

Is employee eligible for unemployment during the layoff?  No  Yes Does employee participate in a retirement plan i.e. 401k?  No  Yes

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature Employer Printed Name & Title Date

\_\_\_\_\_  
Employer Name and Address

\_\_\_\_\_  
Phone # Fax # E-Mail

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

## VETERANS INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Waldorf CSI Senior Housing, Inc.</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**Veterans Administration Contact:**

Office Name:		Contact Name:			
Address:		Phone:		Fax:	
City:		State:		Zip:	
				Email:	

**My Signature Authorizes Verification of my Veterans Income Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Carolynette Waddell  
Project Owner/Management Agent

**Please return form by fax to: 301-885-3957**

or email [carolynette.waddell@csi.coop](mailto:carolynette.waddell@csi.coop)

**Carolynette Waddell**  
**CSI Support & Development for WALDORF CSI SENIOR HOUSING, INC.** 405 Williams Court, Suite 100  
Middle River, MD 21220  
Phone: 301-885-3958

**THIS SECTION TO BE COMPLETED BY VETERANS ADMINISTRATION**

PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT

Type of Benefit	Gross Amount	Payment Frequency	Fixed or Subject to Change?
Retirement, Disability, Survivor, Agent Orange	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

**Please list any expected changes:** \_\_\_\_\_

**Please list any helpful remarks:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail

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

## Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>

### To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Section 202 and 236 is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

### Protections for Applicants

If you otherwise qualify for assistance under Section 202 and 236, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### Protections for Tenants

If you are receiving assistance under Section 202 and 236, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Section 202 and 236 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

### Removing the Abuser or Perpetrator from the Household

CSI may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If CSI chooses to remove the abuser or perpetrator, CSI may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CSI must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

### Moving to Another Unit

Upon your request, CSI may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, CSI may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.**

This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CSI will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

CSI's emergency transfer plan provides further information on emergency transfers, and CSI must make a copy of its emergency transfer plan available to you if you ask to see it.

### Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

CSI can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from CSI must be in writing, and CSI must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. CSI may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to CSI as documentation. It is your choice which of the following to submit if CSI asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

A complete HUD-approved certification form given to you by CSI with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating

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

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

violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

Any other statement or evidence that CSI has agreed to accept.

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

If CSI receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), CSI has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, CSI does not have to provide you with the protections contained in this notice.

### **Confidentiality**

CSI must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

CSI must not allow any individual administering assistance or other services on behalf of CSI (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

You give written permission to CSI to release the information on a time limited basis.

CSI needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.

A law requires CSI or your landlord to release the information.

VAWA does not limit CSI's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, CSI cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CSI can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If CSI can demonstrate the above, CSI should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Baltimore HUD Field Office at 410-962-2520.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/administration/hudclips/fr/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/fr/)

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

For questions regarding VAWA, please contact CSI Support & Development at 586-753-9002.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact House of Ruth ([www.hruth.org](http://www.hruth.org) 410-889-7884).

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

For help regarding sexual assault, you may contact Turnaround ([www.turnaround.org](http://www.turnaround.org) 443-279-0379).

Victims of stalking seeking help may contact House of Ruth ([www.hruth.org](http://www.hruth.org) 410-889-7884) or Family Crisis Center ([www.familycrisiscenter.net](http://www.familycrisiscenter.net) 410-285-7496).

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s): _____ _____ _____ _____
--

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

## 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)

ءا ح ر ا ل ط ل م ح ر ن . ق م م ق و ي ل و ه ذ ه . (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 or a transfer to another unit for a matter of safety. If you would like to exercise your VAWA protections, please contact CSI Support & Development immediately. All residents will receive the Notice of Occupancy Rights under the Violence against Women Act when an Individual is denied residency, when an Individual is admitted to a dwelling unit, and with any notification of eviction or termination.

### 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).



# CO-OP LIVING CONNECTION

VOLUME 10, ISSUE 3

SUMMER 2021

## THANK YOU!

Thank you for your interest in our cooperative apartments. We are eager to welcome you to our co-op community.

The CSI Support & Development community consists of nearly 7,000 members nationwide, with co-op apartment buildings in California, Massachusetts, Michigan and Maryland.

## WHAT IS IT LIKE TO LIVE IN A CSI CO-OP?

Living in a co-op means living in a building that is controlled by the resident members. The resident members vote on all major operating decisions, including participating on writing the annual budget. Becoming part of a CSI co-op allows you to enjoy the benefits of apartment living while retaining control of your environment.

## EDUCATIONAL OPPORTUNITIES IN OUR SENIOR COOPERATIVE COMMUNITIES

The nationally established cooperative principles are: open, voluntary membership; democratic control; non-profit operation; continuing education; political, social, racial and religious neutrality; concern for community, and cooperation among local, national and international cooperatives. In CSI's communities, these principles are a part of the everyday lives of our active member volunteers. These principles propel members into active lifestyles, truly putting our motto of "People Working Together to Help Each Other" into action.

Education is an integral part of our cooperative principles. CSI Support & Development is constantly developing and updating our training programs to keep them up-to-date. We have a wonderful team that works hard to provide the best educational workshops possible to all our members. Our education department provides the following trainings: new officers & mid-year officers' trainings (president/vice president, treasurer and secretary), leasing committee workshops, leasing certification trainings, maintenance committee training, speaking series, congress 101 trainings, floor representative training, fair housing law training, election training and many more, including new member orientations. In addition, there are trainings held at the co-op level which are provided by the co-op liaison such as: budget training, apartment inspection training, and council training (which includes tools on how to conduct a meeting).

We believe in the importance of educating our members so that they can be the best volunteers possible in their co-op and promote the co-op spirit. We are a co-op family that is supportive and that genuinely cares for the well-being of all our members. We are firm believers in maintaining an active lifestyle and promoting volunteer opportunities within our cooperatives. We look forward to you joining us!



### WHY IS A CSI CO-OP SPECIAL?

In a co-op, each resident member has one vote. The way the co-op is run is determined by the elected persons, who are not appointed by a few, but are elected by all members equally. CSI provides members with an education on the goals and principles of the co-op, allowing them to take a more active part in managing their building.

We believe people live better and live longer when they have more control over their own lives. CSI empowers members to work and act together to make their co-op building a pleasant and safe place to live. In fact, our motto is "People working together to help each other."

### COOPERATIVE MANAGEMENT WORD SEARCH

N	P	E	F	T	G	N	M	K	U	S	O	C	L	V
O	F	N	H	N	N	Z	X	G	M	S	O	X	V	S
N	B	D	T	O	Q	E	J	G	V	O	S	R	R	V
P	M	R	N	Q	F	B	M	P	P	W	O	E	H	V
R	T	S	R	I	F	S	R	E	B	M	E	M	O	I
O	K	P	U	G	S	V	R	K	V	T	J	T	A	J
F	O	I	U	G	L	A	B	A	N	L	I	L	J	I
I	S	H	J	Y	T	S	M	U	P	N	O	X	D	J
T	O	S	F	I	X	I	L	D	G	O	U	V	V	F
O	J	R	V	D	V	O	N	E	P	O	M	L	N	I
E	B	E	E	Y	V	D	W	W	T	R	B	G	N	I
S	L	D	M	E	M	B	E	R	S	H	I	P	Q	N
Y	G	A	H	A	H	E	X	M	G	L	T	A	Z	W
S	W	E	B	P	P	F	H	J	M	L	J	B	F	Q
K	F	L	N	Q	K	N	S	T	H	J	Z	Y	B	I

**COOPERATIVELY  
FAIR  
INVOLVEMENT  
LEADERSHIP  
MEMBERS FIRST**

**MEMBERSHIP  
NONPROFIT  
OPEN  
VOLUNTEERS  
VOTING**



### HAPPY ANNIVERSARY CSI!

Did you know that CSI is celebrating its 75th anniversary this year? That's right, our apartment communities are part of an exciting movement that began back in 1945 when the incorporation papers were filed on December 21. A long history was forged with co-op milk dairies, optical services and credit union services, before moving on to affordable housing and the development of Wyandotte Co-op in 1965, our first affordable community for seniors. CSI has come to specialize in affordable housing throughout the years and today successfully manages 60 cooperatives throughout four states and is growing strong!

### CSI Support & Development

A mission-driven nonprofit providing affordable rental communities for seniors

**California:**  
201 E. Huntington Drive  
Suite #100  
Monrovia, CA 91016  
1-800-500-7725

**Massachusetts:**  
110 Florence Street  
Suite #204  
Malden, MA 02148  
1-800-225-3151

**Maryland:**  
405 Williams Court  
Suite 100  
Middle River, MD 21220  
1-800-362-0548

**Michigan:**  
8425 East 12 Mile Road  
Warren, MI 48093  
1-800-593-3052

TDD: 1-800-348-7011

[www.csi.coop](http://www.csi.coop)

Equal Housing Opportunity