

# GOLDEN RING CO-OP

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8620 KELSO DRIVE, BALTIMORE, MD 21221

Dear Applicant:

Thank you for your interest in Golden Ring Co-op.

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

1. Income Eligibility Fact Sheet
2. Application\*
3. Dual Subsidy Notice
4. Household Eligibility Questionnaire
5. Supplemental & Optional Contact Information Form
6. Request for Verification of the Need for a Reasonable Accommodation or Modification
7. VAWA HUD Forms 5380 & 5382
8. CSI Disclosure Notifications

**\*If this is for co-applicants, there will be two applications; each person must complete one application.**

Please print this packet 2 sided. Complete the application and supporting documents, and include a check or money order made payable to **Golden Ring Co-op** in the amount of **\$15.00** per applicant, for the application fee, and return them by mail to the CSI office , located at 405 Williams Court, Suite 100, Middle River, MD 21220. Please make sure you use enough postage.

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

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

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

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

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BUILDING OFFICE: 410-682-4657

LEASING OFFICE: 410-682-4315

FAX: 410-682-5230

TDD: 800-348-7011

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

A Member of CSI Support & Development



**CSI Support and Development  
Income Eligibility Fact Sheet**

**Golden Ring Co-op Apartments**

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

**Eligibility:**

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

Eligibility Income Limits as of <u>April</u> _____	
<u>Baltimore, MD</u> _____	
1 Person	<u>\$43,680</u> Annually
2 Persons	<u>\$49,920</u> Annually
Monthly Market rent for Golden Ring Co-op Apartments is:	
	<u>\$682.00</u> (standard one bedroom)
	<u>\$713.00</u> (premium one bedroom)

Fifteen units are assigned at reduced rates to persons earning 50% or less of median income.

**You Must Declare The Following Assets:**

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

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

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

**Do Not Declare the Following Assets:**

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

**Reminder:**

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



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

### GOLDEN RING CO-OP APARTMENTS

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

This application is for **one person**. **A separate application must be completed if a second person will occupy the apartment.** Check our website at [www.csi.coop](http://www.csi.coop) or speak to a Leasing Specialist at (800) 362-0548 (TTD 800-348-7011) for waitlist status information. Do not hesitate to contact us with any questions about our application process.

### APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
CURRENT ADDRESS:		TELEPHONE NUMBER AND AREA CODE:
<hr/> <div style="display: flex; justify-content: space-between;"> <span>Street Address</span> <span>Apt. No.</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>		<hr/> <div style="text-align: center;">(      )</div> <hr/> E-mail: <hr/>
UNIT TYPE REQUESTING (Occupancy standards: minimum 1 person, maximum 2 persons)		
<input type="checkbox"/> <b>Standard One Bedroom</b> (head-of-household, the co-head-of-household or the spouse must be 62+)		
<b>OR</b>		
<input type="checkbox"/> <b>One Bedroom Mobility Accessible</b> (head-of-household, the co-head-of-household or the spouse must be 62+ and require the features of an accessible unit. Some features of an accessible unit include lower kitchen cabinets and counters, wheelchair accessible doorways. Verification of the need for these features will be required in order to qualify.)		
Income limits may apply: <u>1 Person</u> <u>2 Persons</u> <i>Note: Income limits subject to change annually by CSI.</i> \$42,420/yr.      \$48,480/yr.		
Estimate of your anticipated annual income: \$ _____		
How did you hear about us?		

## HOUSING INFORMATION

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

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

Name or agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of assistance: \_\_\_\_\_

Name or agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of assistance: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

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

7. Will anyone else live in the unit with you? If yes, please provide the following information and note that all adults must complete their own application:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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

## BACKGROUND INFORMATION

8. Have you ever used a different name (or names) from the name given in this application? If yes, please provide name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>9. Have you ever been convicted of a crime?          If yes, indicate if the conviction(s) was a felony, misdemeanor, or check both if you have been convicted of both:  <input type="checkbox"/> Felony, what year(s)?                      <input type="checkbox"/> Misdemeanor, what year(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Are you currently using illegal drugs or have you ever been convicted of illegal manufacturing or distribution of illegal drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. The Controlled Substances Act prohibits all forms of marijuana use, therefore, the use of medical or recreational marijuana is illegal under federal law even if it is permitted under state law and is not allowed on any CSI property because of federal funds received. Are you currently using marijuana for recreational or medicinal purposes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</p> <p> <input type="checkbox"/> AL   <input type="checkbox"/> AK   <input type="checkbox"/> AZ   <input type="checkbox"/> AR   <input type="checkbox"/> CA   <input type="checkbox"/> CO   <input type="checkbox"/> CT   <input type="checkbox"/> DE   <input type="checkbox"/> FL   <input type="checkbox"/> GA   <input type="checkbox"/> HI   <input type="checkbox"/> ID   <input type="checkbox"/> IL  <input type="checkbox"/> IN   <input type="checkbox"/> IA   <input type="checkbox"/> KS   <input type="checkbox"/> KY   <input type="checkbox"/> LA   <input type="checkbox"/> ME   <input type="checkbox"/> MD   <input type="checkbox"/> MA   <input type="checkbox"/> MI   <input type="checkbox"/> MN   <input type="checkbox"/> MS   <input type="checkbox"/> MO   <input type="checkbox"/> MT  <input type="checkbox"/> NE   <input type="checkbox"/> NV   <input type="checkbox"/> NH   <input type="checkbox"/> NJ   <input type="checkbox"/> NM   <input type="checkbox"/> NY   <input type="checkbox"/> NC   <input type="checkbox"/> ND   <input type="checkbox"/> OH   <input type="checkbox"/> OK   <input type="checkbox"/> OR   <input type="checkbox"/> PA   <input type="checkbox"/> RI  <input type="checkbox"/> SC   <input type="checkbox"/> SD   <input type="checkbox"/> TN   <input type="checkbox"/> TX   <input type="checkbox"/> UT   <input type="checkbox"/> VT   <input type="checkbox"/> VA   <input type="checkbox"/> WA   <input type="checkbox"/> WV   <input type="checkbox"/> WI   <input type="checkbox"/> WY   <input type="checkbox"/> Washington D.C         </p>	

**LANDLORD INFORMATION**

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

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

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

## PETS & ASSISTANCE/COMPANION ANIMALS

Please review the Rules for Animal Ownership. They are available upon request. The presence of any animal must be approved before the animal may be kept in the unit.

20. Do you plan to keep an animal in your apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If yes, please provide the following information:		
<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 Golden Ring Co-op. My signature below authorizes credit reporting agencies and/or landlord references and law enforcement agencies to release all pertinent information requested.

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

All Social Security Numbers Used by Applicant \_\_\_\_\_

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

You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

Date \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

**Golden Ring Co-op  
Attn: Leasing Specialist  
405 Williams Court, Suite 100  
Middle River, MD 21220**



## 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 **GOLDEN RING CO-OP** with my other household members has met preliminary eligibility requirements.

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

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

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

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

3.  I am the recipient of a housing voucher.

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

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



## Dual Subsidy Notice

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

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

### PENALTIES FOR MISUSING THIS FORM

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

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

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

\_\_\_\_\_  
Date

cc: Applicant/Resident File

*CSI Support & Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

*The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

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



## HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: **Golden Ring Co-op**

Unit #: \_\_\_\_\_

**Certification Type:**

Move in or Initial Cert

Re-certification

Other: \_\_\_\_\_

**Housing Program:**

Low Income Housing Tax Credit

HOME

Other: \_\_\_\_\_

### I. HOUSEHOLD COMPOSITION

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

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

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

If YES explain: \_\_\_\_\_

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

If YES explain: \_\_\_\_\_

### II. STUDENT STATUS

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> <li>• If NO, please just sign and date below</li> <li>• If YES please complete the following questions:</li> </ul>	[ ] YES [ ] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[ ] YES [ ] NO
Was a student previously a foster child?	[ ] YES [ ] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[ ] YES [ ] NO
Is a student married and eligible to file a joint tax return?	[ ] YES [ ] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[ ] YES [ ] NO
Are the minors in the household claimed as a dependent by a parent?	[ ] YES [ ] NO

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

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Printed Name** **Date**

\_\_\_\_\_  
**Co Head and/or Other Member Signature**

\_\_\_\_\_  
**Printed Name** **Date**

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

\_\_\_\_\_  
**Date**

## Supplemental and Optional Contact Information

**Optional Contact Person or Organization:** You may include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require.

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

### SECTION 1

<b>Your Name:</b>	
<b>Address:</b>	<b>Apt:</b>
<b>City, State and Zip:</b>	
<b>Phone:</b>	

### SECTION 2

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

### SECTION 3

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

### SECTION 4

<b>Signature:</b> X	<b>Date:</b> X
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# Request for Verification of the Need for a Reasonable Accommodation or Modification

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

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

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

Phone: \_\_\_\_\_

Fax 410-344-1840

Email seniorhousingmd@csi.coop

Fax: \_\_\_\_\_

Phone 410-344-1820

Reasonable Accommodation or Modification Request for: [www.csi.coop](http://www.csi.coop)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

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

## APPLICANT OR RESIDENT RELEASE

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

I hereby authorize the release of the requested information.

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

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

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



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

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

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

Description of the connection between the disability and the request:

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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

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



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

## The following to be completed by the verifier:

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

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

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

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

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

Description of how the accommodation addresses the disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

How long will the individual's condition exist?

Permanent disability

Temporary disability with expected duration of:

Less than 1 year

Between 1-5 years

More than 5 years

Please indicate how long your current knowledge is regarding this individual

Knowledge is within the last 12 months

Knowledge is older than 12 months

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

Name of verifier: \_\_\_\_\_

Professional designation or title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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



### 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)

هذه وثيقة مهمة. ترجمتها الرجاء. (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).