

# TERRACE GARDEN CO-OP

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751 W. SARATOGA STREET BALTIMORE, MD 21201

Dear Applicant:

Thank you for your interest in Terrace Garden Co-op. We are happy to inform you that there are vacancies or a very short wait for an apartment.

Enclosed are the forms required for your application and the certification of your income, with instructions explaining how to complete these forms. **\*if this is for co-applicants, two packs must be printed; each person must complete one packet.**

1. Income Eligibility Fact Sheet
2. Application & Dual Subsidy Notice
3. Supplemental & Optional Contact Information Form
4. Race & Ethnic Data Reporting Form
5. Declaration Citizenship
6. Request for Verification of the Need for a Reasonable Accommodation or Modification
7. Explanation Of What Is Needed For Financial Certification
8. Authorization To Release Information
9. Household Eligibility Questionnaire
10. Financial Packet to Determine Your Eligibility
11. VAWA HUD Forms 5380 & 5382
12. CSI Disclosure Notifications

Please print this packet 2-sided. Complete the application and financial certification information required. Be sure to include copies of the supporting documents, such as your Social Security card, a current state issued photo identification card or driver's license, a current Social Security award letter. Please mail your packet(s) and all documentation to CSI Support & Development, 405 Williams Court, Suite 100, Middle River, MD 21220. Please include a check or Money order for \$15.00 per applicant, made payable to Terrace Garden Co-op.

If you have any questions about the materials, please call 410-344-1820 , the CSI Support and Development 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 the aforementioned supporting documents and verification information. In addition to eligibility requirements, our screening includes landlord, criminal and credit check, as well as an orientation interview.

After all paperwork is received and the verification process has been completed and approved, you will be considered certified and will be contacted by the Leasing Committee of the co-op to schedule the orientation interview.

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

Thank you, again, for you interest in Terrace Garden Co-op.

*People Working Together to Help Each Other*

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BUILDING OFFICE: 410-230-9399  
LEASING OFFICE: 410-230-9423  
FAX: 410-230-9428  
TDD: 800-348-7011



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

**Terrace Garden Co-op**

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 1, 2020</u> |                 |          |
| <u>Baltimore, MD</u>                                 |                 |          |
| 1 Person   | <u>\$43,680</u> | Annually |
| 2 Persons  | <u>\$49,920</u> | Annually |

Monthly Market rent for Terrace Garden Co-op Apartments is:

|                 |                        |
|-----------------|------------------------|
| <u>\$545.00</u> | (standard one bedroom) |
| <u>\$605.00</u> | (premium two bedroom)  |

**You Must Declare The Following Assets:**

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

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

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

**Do Not Declare the Following Assets:**

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

**Reminder:**

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> |
|---|

## APPLICATION

### TERRACE GARDENS 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: center;"> <span>(      )</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="display: flex; justify-content: center;"> <span>E-mail:</span> </div> <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+)   |            |   |
| <u>OR</u>  |            |   |
| <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><br><div style="display: flex; justify-content: space-around;"> <span>\$43,680/yr.</span> <span>\$49,920/yr.</span> </div>  |            |   |
| 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. Terrace Gardens 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<br><input type="checkbox"/> Foster adult/child<br><input type="checkbox"/> Live-in aide ( <i>Live-in aides must be approved before move in</i> )<br><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?<br>If yes, please provide name(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

|  |  |
|--|--|
| <p>9. Have you ever been convicted of a crime?<br/>         If yes, indicate if the conviction(s) was a felony, misdemeanor, or check both if you have been convicted of both:<br/> <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<br/> <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<br/> <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<br/> <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<br><input type="checkbox"/> Live with family or friends<br><input type="checkbox"/> Other-explain:<br><br>Do you currently have outstanding balances overdue to this landlord?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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<br><input type="checkbox"/> Live with family or friends<br><input type="checkbox"/> Other-explain:<br><br>Do you currently have outstanding balances overdue to this landlord?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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<br><input type="checkbox"/> Live with family or friends<br><input type="checkbox"/> Other-explain:<br><br>Do you currently have outstanding balances overdue to this landlord?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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<br><input type="checkbox"/> Live with family or friends<br><input type="checkbox"/> Other-explain:<br><br>Do you currently have outstanding balances overdue to this landlord?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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><br><i>(dog, cat, turtle, etc.)</i> | <b>BREED</b><br><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 Terrace Garden Co-op. My signature below authorizes credit reporting agencies and/or landlord references and law enforcement agencies to release all pertinent information requested.

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

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

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

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

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

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

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

Date \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

**Terrace Gardens 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 **TERRACE GARDEN 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 **TERRACE GARDEN 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 **TERRACE GARDEN 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



## 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 |
|---------------------|----------------|





**Race and Ethnic Data  
Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 6/30/2017)

**Lexington Terrace Senior Hsg Ltd**

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

**CSI Support & Development**

**LIHTC**

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

**X**

**X**

Name of Head of Household \_\_\_\_\_ Name of Household Member \_\_\_\_\_

Date (mm/dd/yyyy): **X** \_\_\_\_\_

| <i>Ethnic Categories*</i>                 | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not-Hispanic or Latino                    |                       |
| <i>Racial Categories*</i>                 | 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.**

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
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.



# Citizen/Non-Citizen Declaration



**INSTRUCTIONS:** Complete the Declaration below for each member of the household listed on the Family Summary Sheet by printing the person's first name, middle initial and last name in the space provided. Then review the block shown below and complete either block number 1, 2 or 3:

NAME: Last, First, Middle Initial \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD:  Head of Household

Other: \_\_\_\_\_ (spouse, co-head etc.)

SEX  Male  Female DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

ALIEN REGISTRATION NO. \_\_\_\_\_

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

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

SAVE VERIFICATION NO. \_\_\_\_\_ (to be entered by owner if and when received)

## DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty (print or type first name, middle initial, last name):

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

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 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 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 42 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8). Rev. 12/10/2013

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

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or (Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it **must** be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*

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

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

\_\_\_\_\_  
Signature

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_  
Date

**REQUEST FOR EXTENSION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_





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



## **EXPLANATION OF WHAT IS NEEDED FOR FINANCIAL CERTIFICATION**

The enclosed forms are for your use in providing access to the necessary information regarding your income and assets. This is an initial and annual requirement of the Low-Income Housing Tax Credit program for all residents. From this information, we will be able to determine your eligibility for the program.

**AUTHORIZATION TO RELEASE INFORMATION:** Print your name on top line, sign and date at the black X's.

**HOUSEHOLD ELIGIBILITY QUESTIONNAIRE:** You MUST check yes or no to each statement, provide the amounts, frequency, and approximate cash value as requested. It is important this form is completed in its entirety. Print, sign and date the form.

### **COMPLETE ONLY THE VERIFICATION FORMS WHICH PERTAIN TO YOU.**

If you need more forms, please make copies. We will not accept a list of names on a piece of paper.

### **VERIFICATION FORMS:**

- In the top box, provide your name, date and social security number where indicated.
- In the next section, provide the name, address and phone & fax numbers of the company with whom CSI will need to verify your information.
- Sign and date on the lines indicated.
- **DO NOT WRITE BELOW YOUR SIGNATURE ON THE VERIFICATION FORMS except to list account or policy numbers only.**

The following verification forms are enclosed for your completion:

- PENSION DATA FORM
- ASSETS ON DEPOSIT FORM
- WELLS FARGO (account holders only, use this form - requires full account numbers)
- INVESTMENT/ANNUITY ACCOUNT VERIFICATION FORM
- LIFE INSURANCE FORM – requires policy account numbers
- EMPLOYMENT FORM
- VETERAN'S PENSION FORM

**Note:** If you have VA medical benefits only, do not complete this form.

**Stocks:** Provide a photocopy or notarized listing of your stocks, showing the number of shares you currently own, the current value, and anticipated dividends or if stocks are handled by a company, for instance Computershare.

**Bonds:** Provide a photocopy or notarized listing of bonds. If you have a company managing your portfolio, please complete a verification of assets on deposit form for this company. Make sure you give your account number and date of birth.

Please contact Rashida Grant, COS, at 410-344-1822 if you have any questions or need help completing these forms.

## AUTHORIZATION TO RELEASE INFORMATION

Applicant  
name:  
(Please print)

X

Property Name: Terrace Garden Co-op

Address: 751 W. Saratoga Street  
Baltimore, MD 21201

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 410-344-1840 or mail to the address below at your earliest convenience. Thank you for your assistance.

|  |                                 |
|--|---------------------------------|
| <hr/>  | <u>Certification/Accounting</u> |
| Authorized Signature for CSI Support & Development | Title                           |
| <hr/>  | <hr/>                           |
| Rashida Grant                                      |                                 |
| 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:**

Rashida Grant  
c/o CSI Support & Development  
405 Williams Court, Suite 100  
Middle River, MD 21220  
Phone: 410-344-1822



## HOUSEHOLD ELIGIBILITY QUESTIONNAIRE LIHTC

Property Name: **Terrace Garden Co-op**

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

*Certification Type:*

Move In/Initial Certification

Re-certification

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

*Housing Program:*

LIHTC

202/Section 8

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. |                       |                   |     |     |

| HOUSEHOLD TELEPHONE NUMBERS: | HOME                        |  |
|------------------------------|-----------------------------|--|
|                              | WORK                        |  |
|                              | CELL<br>(HEAD OF HOUSEHOLD) |  |
|                              | CELL<br>(CO-HEAD OR SPOUSE) |  |

|  | Head of Household              | Co Head and/or Other Member    |
|--|--------------------------------|--------------------------------|
|  | Check YES or NO                | 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<br>State: _____ | [ ] YES [ ] NO<br>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                                 | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 2. Social Security spousal                         | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 3. SSI   | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 4. Wages from full-time employment                 | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 5. Wages from part-time employment                 | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 6. Wages from seasonal or sporadic employment      | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 7. Pension income                                  | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 8. 2 <sup>nd</sup> Pension income                  | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 9. Retirement acct payments 401K, 403B, 501C, etc. | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 10. Annuity acct                                   | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 11. 2 <sup>nd</sup> Annuity acct                   | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 12. Investment acct                                | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 13. Trust acct payments                            | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 14. Veterans/VA income                             | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 15. Disability/death benefits                      | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 16. TANF, AFDC, TAC, etc.                          | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 17. Unemployment benefits                          | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 18. Worker's compensation                          | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 19. Severance pay                                  | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 20. Real estate rent income                        | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 21. Military pay                                   | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 22. Alimony  | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 23. Rental income                                  | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 24. Regular gift income                            | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 25. Lottery payments                               | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 26. Other income:                                  | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] NO              | \$     |           |
| 27. Other income:                                  | [ ] YES [ ] NO    | \$     |           | [ ] YES [ ] 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   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 2. 2 <sup>nd</sup> checking account                               | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 3. Savings account  | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 4. 2 <sup>nd</sup> savings account                                | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 5. Direct deposit paycard   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 6. Certificate of Deposit (CD)                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 7. Other bank account   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 8. Mutual Fund  | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 9. Stocks   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 10. Portfolio/brokerage   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 11. IRA/401K/etc.   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 12. 2 <sup>nd</sup> IRA/401K/etc.                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 13. Treasury bills/bonds  | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 14. Company retirement acct                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 15. Annuity   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 16. 2 <sup>nd</sup> Annuity                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 17. Trust account   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 18. Cash on hand  | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 19. Life insurance (not term)                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 20. Life insurance (not term)                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 21. Life insurance (not term)                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 22. Real estate equity  | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 23. Has anyone received any lump sum amounts in the past 2 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |
| 24. Other asset   | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                |

**I CERTIFY THAT TOTAL HOUSEHOLD 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 Signature Printed Name

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

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

\_\_\_\_\_  
Date

# PENSION VERIFICATION

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

|                   |                      |          |  |       |  |
|-------------------|----------------------|----------|--|-------|--|
| Project Name:     | TERRACE GARDEN CO-OP | Unit ID: |  | Date: |  |
| Applicant/Tenant: |                      | SSN:     |  |       |  |

**Pension Provider:**

|               |        |      |  |
|---------------|--------|------|--|
| Company Name: |        |      | Contact Name:                                  |
| Address:      |        |      | Phone: <span style="float: right;">Fax:</span> |
| 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: 410-344-1840 or 410-344-1841**

\_\_\_\_\_  
Rashida Grant, COS  
Project Owner/Management Agent

Rashida Grant  
CSI Support & Development for TERRACE GARDEN CO-OP  
405 Williams Court, Suite 100  
Middle River, MD 21220  
Phone: 410-344-1822

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

| Does the individual receive periodic payments from any account listed above: |                      |                                     |                             | [ ] YES               | [ ] 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>TERRACE GARDEN CO-OP</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,

Rashdia Grant, COS  
Project Owner/Management Agent

**Please return form by fax to: 410-344-1840 or 410-344-1841**

**Rashida Grant, COS  
CSI Support & Development for TERRACE GARDEN CO-OP  
405 Williams Court, Suite 100  
Middle River, MD 21220  
Phone: 410-344-1822**

**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:     | TERRACE GARDEN CO-OP | 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,

Rashida Grant, COS  
Project Owner/Management Agent

**Please return form by fax to: 410-344-1840 or 410-344-1841**

**Rashida Grant, COS  
CSI Support & Development for TERRACE GARDEN CO-OP  
405 Williams Court, Suite 100  
Middle River, MD 21220  
Phone: 410-344-1822**

**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

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

## SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

Customer One Social Security Number

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

## INVESTMENT/ANNUITY ACCOUNT VERIFICATION

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

|                   |                             |          |  |       |  |
|-------------------|-----------------------------|----------|--|-------|--|
| Project Name:     | <b>TERRACE GARDEN CO-OP</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,

Rashida Grant, COS  
Project Owner/Management Agent

**Please return form by fax to: 410-344-1840 or 410-342-1841**

**Rashida Grant, COS**  
**CSI Support & Development for TERRACE GARDEN CO-OP**  
**405 Williams Court, Suite 100**  
**Middle River, MD 21220**  
**Phone: 410-34-1822**

**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:     | TERRACE GARDEN CO-OP | 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,

**Please return form by fax to: 410-344-1840 or 410-344-1841**

Rashida Grant, COS  
Project Owner/Management Agent

Rashida Grant, COS  
CSI Support & Development for TERRACE GARDEN CO-OP  
405 Williams Court, Suite 100  
Middle River, MD 21220  
Phone: 410-344-1822

**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: \_\_\_\_\_

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## VETERANS INCOME VERIFICATION

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

|                   |                      |          |  |       |  |
|-------------------|----------------------|----------|--|-------|--|
| Project Name:     | TERRACE GARDEN CO-OP | 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,

Rashida Grant, COS  
Project Owner/Management Agent

**Please return form by fax to: 410-344-1840 or 410-344-1841**

**Rashida Grant, COS**  
**CSI Support & Development for TERRACE GARDEN CO-OP**  
**405 Williams Court, Suite 100**  
**Middle River, MD 21220**

**Phone: 410-344-1822**

**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 | \$           | [ ] Monthly [ ] Other: | [ ] Fixed [ ] Subject to Change |
|  | \$           | [ ] Monthly [ ] Other: | [ ] Fixed [ ] Subject to Change |
|  | \$           | [ ] Monthly [ ] Other: | [ ] Fixed [ ] Subject to Change |
|  | \$           | [ ] Monthly [ ] Other: | [ ] Fixed [ ] 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)

هذه إشيرة مهمة بترجمة 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).