
COOPER HOUSE
419 Walnut Avenue
Roxbury, MA 02119
Phone. (617) 427-5500 | Fax. (617) 427-5558

Dear Applicant,

Thank you for your interest in possible housing here at the Cooper House, located at 419 Walnut Avenue in Roxbury MA 02119.

The Cooper House is a high-rise building comprised of 37 apartments. The building is handicap accessible and has coin operated washers and dryers. There is a community room, parking, and security cameras. Your rent includes heat, hot water; electric, central A/C-residents are responsible for their own cable, phone, etc.

To qualify for housing at the Cooper House you must be 62 years of age and older, and your income cannot exceed \$37,750 for 1-person and \$43,150 for two-person. The extremely low-income limit is \$22,650 for a one-person household and \$25,900 for a two-person household. (Based on 2018 HUD income limits).

We require first month's rent and security deposit upon move in. *Applicants must pass a Credit and Criminal background, previous landlord reference, as well as personal reference. We will also be verifying income at the time of your interview.*

Documents to submit along with your application which apply to your household only:

- **Application** (needs to be filled out by applicant completely and signed)
- **New SS Form and Smoking Policy Agreement** (needs to be signed by all applicants)
- **Income Verification** (Name & Address of employer.) **6-8 pay stubs** and Other Income received.
- **Asset Verification** (Current statement or Bank letter), Other assets such as stocks, life insurance, 401K.
- **Original copies of ID, SS card, Birth Certificate or Passport (copies will be made at office)**
- **Homeless Addendum or CBH application (if applicable)**

Please note that Cooper House Management will NOT accept applications that are partially filled out or without proper backup documents to ensure eligibility. I look forward to speaking with you in the near future, and again thank you for choosing the Cooper House. If you have any questions, please do not hesitate to contact me by phone (617) 427-5500.

Regards,
Charlene De Leon, Property Manager
P. (617) 427-5500 F. (617) 427-5558
E. deleon@rogerson.org



Equal Housing Opportunity

COOPER HOUSE

419 Walnut Avenue, Roxbury MA 02119

Managed by Rogerson Communities

VOICE: (617) 427-5500 # TDD: (617) 469-5800

COOPER HOUSE
RENTAL APPLICATION

Cooper House has been developed specifically for elderly individuals (62 years of age and older). For this reason, questions related to age are permissible and do not violate fair housing provisions.

The agent will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats.

PLEASE PRINT CLEARLY - FILL IN ALL ITEMS THAT APPLY

DATE: _____

Your Full Name _____ Sex(M/F) _____ Date of Birth _____
2nd Occupant Name _____ Sex(M/F) _____ Relationship _____ Date of Birth _____
Present Address _____
Street and Address City State Zip Phone

SIZE OF APARTMENT NEEDED:

0BR Only [] **1 BR Only** [] **No Preference, I wish to apply to all waiting list and will accept first available** []

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary that outlines the application process, including eligibility and screening requirements, for occupancy in the Development.

PART A FILL IN ONLY IF YOU RENT YOUR PRESENT RESIDENCE

Landlord's Name _____ Phone _____
Address _____
Years There _____ Monthly Rent _____
Does Rent Include Heat? yes no Does Rent Include Electricity? yes no
Estimated Cost of Heat Per Year _____ Estimated Cost of Electric Per Year _____

Below List Names, Addresses, Dates of Previous Tenancies and Phone Numbers of Previous Landlords

- 1. _____
- 2. _____

PART B FILL IN ONLY IF YOU OWN YOUR OWN HOME

- 1. Monthly Mortgage _____ Present Balance on Mortgage _____
- 2. Real Estate Tax Per Year _____
- 3. Insurance Premium Per Year _____
- 4. Utilities (Gas, Oil, Electricity) Per Month _____
- 5. Other Expenses: _____

PART C NEED FOR SPECIALLY ADAPTED UNIT

Cooper House has available (2) units specially adapted for wheelchair use. The entry is by means of an accessible path; the doors have levered handles; and, the kitchen is designed for wheelchair use with open countertops, a wall oven, and lower level storage. The bath includes special grab bars, a hand held shower, and mirrors set at a lower level. The halls and doorways are extra wide.

Do you have a handicap or disability which requires that you occupy the above described wheelchair adapted unit? yes _____ no _____

PART D EMPLOYMENT

1. Employer Name _____ Phone _____
 Address _____
 Position _____ How Long There _____
 Gross Salary (Before Taxes) _____ Per week month year (circle one)

2. If Second Household Member is Employed Give Same Information Below:

PART E INCOME (OTHER THAN EMPLOYMENT)

Please provide the following information for each person, including yourself, who will be residing in the apartment. ALL sources of income must be stated. These include salary, social security, pension, SSI, interest, dividends, trust income, rent from other properties, allowances from family, and any other income. Please give gross income amounts (before deductions have been taken out, for example, for health insurance or taxes.)

PLEASE NOTE: In order to be eligible for Cooper House your annual income cannot exceed \$37,750 for a one person household and \$43,150 for a two person household. The extremely low-income limit is \$22,650 for a one person household and \$25,900 for a two person household.

Family Member Name	Social Security Number	Source of Income	Gross Income	Annual Gross Amount
			TOTAL FOR PART E:	
			Plus Employment Income from Part D	
			Total Gross Income	

PART F - ASSETS

List all checking and savings accounts, IRA's, Keoughs, and Certificates of Deposit below.

Family Member	Account Type	Bank Name	Account Number	Current Balance	Interest Rate

List other assets:

Trust Fund \$ _____ Mutual Funds \$ _____ Bonds or Stocks \$ _____ Other Assets \$ _____

Whole Life Insurance Policy (agency) _____ Cash Surrender Value \$ _____

1. Do you own a home or other real estate? yes _____ no _____
 If yes, what is its market value? \$ _____

2. Have you given away or sold any property or other assets in the past two years? yes _____ no _____
 If yes, what is the current market value of the asset(s)? \$ _____

PART G – MEDICAL EXPENSES (OPTIONAL, for determining medical allowances in determination of monthly rent)

1. Name of Insurance _____ Premium Amount \$ _____
Name of Insurance _____ Premium Amount \$ _____
2. List any special expenses for care of household members who are disabled or handicapped:

3. Do you have any medical expenses not covered by insurance? _____
If yes, describe briefly: _____

PART H - CURRENT HOUSING CONDITION

1. Are you Homeless due to Displacement by Natural Forces (i.e.: a fire not due to negligence or intentional act of applicant or a household member; earthquake; flood or other natural cause; a disaster declared under disaster relief laws) ? yes _____ no _____ If yes, please explain the circumstances: _____

2. Are you Homeless due to Displacement by Public Action (i.e.: Urban Renewal or other public improvement) ?
yes _____ no _____ If yes, please explain the circumstances. _____

3. Are you Homeless due to Displacement by Public Action (i.e.: Sanitary Code Violations not caused by you or your household members)? yes _____ no _____. If yes, please note which items you believe are unsafe or unhealthy: _____
4. Are you Homeless due to Displacement by Domestic Violence? (Applies only to households with one or more children under the age of 18) ? yes _____ no _____ If yes, please explain the circumstances. _____

5. Are you now living in government subsidized housing? (For example, section 8, section 236, Public Housing) yes _____ no _____
6. Do you plan to have anyone living with you who is not listed on this application? yes _____ no _____
If yes, please explain: _____

PART I - OTHER INFORMATION

1. When could you accept occupancy if you were selected as a resident? _____
2. Do you have a car? _____ Year, make, model: _____
3. Do you have a pet or pets? Please describe: _____
4. Are you a United States Citizen? yes _____ no _____ Or, do you have legal alien status which you can verify? yes _____ no _____

PART J – ADDITIONAL REQUIRED INFORMATION

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required) _____.

Have you or any member of your household resided outside of Massachusetts? _____. If yes, please list all the states of residence for each household member. _____

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

FAIR HOUSING AND 504 INFORMATION

FAIR HOUSING POLICY

Rogerson Communities offers all units on an open occupancy basis. Rogerson Communities does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference, veteran history, or public assistance reciprocity.

TDD RELAY

TDD relay service is available to all applicants and residents through the use of a NYNEX TDD relay operator. For TDD assistance, please call 1-(800) 439-2370.

504 COORDINATOR

Rogerson Communities' 504 Coordinator may be reached by calling (617) 363-2300 and asking for the 504 Coordinator. You may also write to the 504 Coordinator by addressing a letter to: Ms. Jo-Anne Dwyer, 504 Coordinator, Rogerson Communities, One Florence St., Roslindale, MA 02131.

REASONABLE ACCOMMODATIONS

Rogerson Communities is committed to offering reasonable accommodations to applicants, residents and employees who have physical, developmental, or mental limitations or challenges. Requests for units adapted for the physically challenged, or other accommodations in policy or procedures, require confirmation of the limitation which will be accommodated by the change. A description of the "qualifying handicap" may need to be provided by the applicant's physician or service provider to confirm the reasonable accommodation. Reasonable accommodations are also limited by the financial ability of the development to make any needed changes. Changes in policy, procedures, and design may be governed by the following considerations: 1) The requested accommodation will not result in an undue administrative burden 2) The requested accommodation will not result in an undue financial burden and/or 3) The requested accommodation will not result in a fundamental alteration in the nature of the housing program offered to all residents.

PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN

1. I hereby certify that I have reviewed the material in this application and the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing.
Additional information may be necessary to complete the application process.
3. I hereby give Rogerson Communities Management authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application.

APPLICANTS SIGNATURE: _____ DATE: _____

SECOND APPLICANT'S SIGNATURE: _____ DATE: _____

RACE/NATIONAL ORIGIN (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws).

The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished

_____ White/Non-Minority

_____ African American

_____ Am. Indian/Native American

_____ Asian

_____ Other _____

_____ I do not wish to furnish the above information

This Housing is available on an equal opportunity basis. If you feel that you have been discriminated against in the application process contact:

Boston Fair Housing Commission, City Hall-9th Floor, 1 City Hall Plaza, Boston, MA 0220

COOPER HOUSE
ACKNOWLEDGEMENT OF
SMOKE-FREE HOUSING POLICY

Cooper House has adopted a “Smoke-Free” community. This means that smoking is prohibited **in all areas of the building including common areas, individual units, and services areas.** This Non-Smoking policy was developed to mitigate (i) the irritation and known health risks from secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; and (iii) the increased risk of fire from smoking.

Definition of Smoking: The term “smoking” means inhaling, exhaling, breathing, or carrying any lighted cigar; cigarette; e-cigarette; pipe; tobacco product or similar lighted product in any manner; marijuana including medical marijuana; herbal smoking products “Legal Weed” or products known as “bath Salts” or other legal or illegal substances in any other form.

- Resident agrees and acknowledges that the premises to be occupied by Resident and Resident’s household have been designated as a smoke-free environment. Resident and members of Resident’s household shall not smoke anywhere in the apartment rented by the Resident, within any of the common areas of the building, building entryways, or areas near any exterior window or door. Resident shall not permit any guests, visitors or invitees under the control of the Resident to do so, and shall be responsible to inform their guests of the non-smoking policy.
- Resident shall promptly notify the Owner/Property Manager in writing of any incident where tobacco smoke is migrating into the Resident’s apartment from sources outside of the Resident’s apartment.
- Resident acknowledges that Owner/Property Manager adoption of a smoke-free living environment, and the efforts to designate the rental complex as smoke-free, does not in any way change the standard of care that the Owner/Property Manager would have to a Resident household to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any other rental premises. Owner/Property Manager specifically disclaims any implied or express warranties that the building, common areas, or Resident premises will have any higher or improved air quality standards than any other rental property.
- Resident acknowledges that Owner’s adoption of a smoke –free building does not make the Owner or any of its managing agents the guarantor of Resident’s health or of the smoke-free condition of the Resident’s apartment and the common areas. However, Owner shall take reasonable steps to enforce the smoke-free terms of the Lease. Owner is not required to take steps in response to smoking unless Owner is put on notice of the presence of cigarette smoke, via agent, personal knowledge, and/or written notice by Resident.

- Resident acknowledges that Owners ability to police, monitor or enforce this policy is dependent in significant part on voluntary compliance by Resident and Resident’s guests or invitees.
- Resident acknowledges that non-compliance with the non-smoking requirements may result in termination of tenancy.

Failure to comply with the Smoke-Free Housing Policy will be considered a material lease violation.

Nothing in the rules above shall be construed to restrict the power of any county, parish, city, municipality, town or village to adopt and enforce additional local laws, ordinances, or regulations that comply with at least the minimum applicable standards to establish smoke-free public places.

The resident agrees that the owner/agent and/or property staff will **have immediate access** to the unit if the owner/agent and/or property staff suspects a violation of the smoke-free policy.

If you are currently a smoker and would like information on programs to assist you with quitting, we encourage you to contact South Cove Community Health Center - <http://www.scchc.org> or Massachusetts General Hospital Tobacco Treatment Services, 617-726-7443 or www.massgeneral.org/tts/ to enquire about their smoking cessation programs.

*By signing this form, I acknowledge that I have read and understand the new Smoke-Free policy that is now in effect at **Cooper House** and will be strictly enforced. Failure to adhere to the rules and regulations set forth in your lease agreement is good cause for termination of tenancy.*

Signature

Date

Signature

Date

Date: _____

Dear _____:

This letter is being distributed to every head of household upon recertification as required by HUD. This letter is not meant to imply that you, or other members in your household, have not complied with the requirement to provide proof of your social security number, we are simply notifying everyone of this new rule.

New HUD Social Security Number Requirement

Effective January 31, 2010, all household members receiving assistance or applying to receive assistance will be required to provide a Social Security Number and adequate documentation necessary to verify that number. This rule applies to all household members including live-in aides, foster children and foster adults. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN such as:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a Federal, State or local agency, a medical provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statements
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

For eligibility purposes, applicants do not need to disclose or provide verification of a Social Security Number for household members to be placed on a waiting list. However, applicants must disclose a Social Security Number and provide adequate documentation to verify each Social Security Number for all non-exempt household members before they 1) can be screened, 2) can participate in the eligibility interview or 3) can be housed.

Exceptions to Disclosure of Social Security Number

The Social Security Number requirements do not apply to:

- 1) Individuals who do not content eligible immigration status.
 - When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have each resident's Citizenship Declaration on file- whereby the individual did not content eligible immigration status – to support exception to the requirements to disclose and provide verification of a Social Security Number.

2) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

- The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.
- Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. This documentation must be retained in the resident file. An owner/agent cannot accept a certification from the applicant (a self-certification) stating they qualify for the exemption
- The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

If all non-exempt household members have not disclosed and/or provided verification of their Social Security Numbers at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the day they are first offered an available unit to disclose/verify the Social Security Numbers.

During this 90-day period, the applicant may retain their place on the waiting list. After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers for all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

Secondary Verification of the Social Security Number

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated, and any assistance paid in error must be returned to HUD. (Optional) If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

Signature

Date

Signature

Date

COOPER HOUSE

Notice of Occupancy Rights under the Violence Against Women Act¹

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.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Section 202 PRAC 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 PRAC, 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 PRAC 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.

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

² 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.

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 PRAC 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

Cooper House 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 Cooper House chooses to remove the abuser or perpetrator, Cooper House 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, Cooper House 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, Cooper House must follow Federal, State, and local eviction procedures. In order to divide a lease, Cooper House 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, Cooper House 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, Cooper House 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.

Cooper House 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.

Cooper House's emergency transfer plan provides further information on emergency transfers, and Cooper House 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

Cooper House 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 Cooper House must be in writing, and Cooper House 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. Cooper House 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 Cooper House as documentation. It is your choice which of the following to submit if Cooper House 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 Cooper House 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 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 Cooper House has agreed to accept.

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

If Cooper House 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), Cooper House 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, Cooper House does not have to provide you with the protections contained in this notice.

Confidentiality

Cooper House 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.

Cooper House must not allow any individual administering assistance or other services on behalf of Cooper House (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.

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

- You give written permission to Cooper House to release the information on a time limited basis.
- Cooper House 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 Cooper House or your landlord to release the information.

VAWA does not limit Cooper House'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, Cooper House 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 Cooper House 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 Cooper House can demonstrate the above, Cooper House 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 Massachusetts Housing Finance Agency, One Beacon Street, Boston, MA 02108 or U.S. Department of Housing and Urban Development, 10 Causeway Street, 3rd Floor, Boston, MA 02222.

For Additional Information

You may view a copy of HUD's final VAWA rule at

http://portal.hud.gov/hudportal/HUD?rct=/program_offices/administration/hudclips/fr

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

For questions regarding VAWA, please contact Massachusetts Housing Finance Agency, One Beacon Street, Boston, MA 02108.

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 or the National Center for Victims of Crime 202-467-8700

www.victimsofcrime.org.

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 National Sexual Assault Hotline 800-656-4673 (HOPE) www.rainn.org.

Attachment: Certification form HUD-5382 [form approved for this program to be included]

**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.