

**APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY**

Property Name Legacy Senior Residences - Olathe, KS Unit # \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (work) \_\_\_\_\_

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

Email Address \_\_\_\_\_

**PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.**

**PART I - FAMILY COMPOSITION - To be completed by applicant**

**Directions to Applicant:** All adults must complete their own full application with their own income and asset information, even when married to the another adult in their household. Please list each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.

| Name <u>ALL</u> People to Occupy Unit<br>LAST NAME FIRST MI | DOB | Age | Sex | Relationship | Social Security # | Student?<br>"Yes" or<br>"No" | If "Yes"<br>PT or<br>FT |
|---|-----|-----|-----|--------------|-------------------|------------------------------|-------------------------|
|   |     |     |     | HEAD         |                   |                              |                         |
| 2.  |     |     |     |              |                   |                              |                         |
| 3.  |     |     |     |              |                   |                              |                         |
| 4.  |     |     |     |              |                   |                              |                         |
| 5.  |     |     |     |              |                   |                              |                         |
| 6.  |     |     |     |              |                   |                              |                         |

Please complete the following questions:

- (1) Spouse's Maiden Name: \_\_\_\_\_
- (2) Do you expect any changes in the household composition in the next 12 months? \_\_\_\_\_  
\_\_\_\_\_
- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N \_\_\_\_\_ (please describe).  
\_\_\_\_\_
- (4) Do all of the above household members reside in the household 100% of the time? Y/N \_\_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_
- (5) Are all occupants' full time students? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please answer the following:
  - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
  - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d) Are any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
  - e) Have any of the students ever been in Foster Care? Yes \_\_\_\_\_ No \_\_\_\_\_

- (6) a) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who \_\_\_\_\_  
 Name of School(s): \_\_\_\_\_ Address: \_\_\_\_\_
- b) Has any member of the household been a student within the CURRENT calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_ IF YES,  
 please identify the member and circle if student status was full or part time. \_\_\_\_\_ pt time full time  
 \_\_\_\_\_ pt time full time \_\_\_\_\_ pt time full time \_\_\_\_\_ pt time full time

**PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant**

- (7) Current Marital Status: Single \_\_\_\_ Married \_\_\_\_ (date \_\_\_\_\_) Divorced \_\_\_\_ (date \_\_\_\_\_)  
 Separated \_\_\_\_ (date \_\_\_\_\_) Widowed \_\_\_\_ (date \_\_\_\_\_)

**PART II - HOUSEHOLD INCOME - To be completed by applicant**

For questions (8) through (27), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

|  |          |
|--|----------|
| (8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)\$ _____             |          |
| (9) Child support (include child support you are entitled to but may not be receiving)                                 | \$ _____ |
| (10) Alimony (include alimony you are entitled to but may not be receiving)  | \$ _____ |
| (11) Social Security   | \$ _____ |
| (12) Supplemental Security Income (SSI)  | \$ _____ |
| (13) Cash Public Assistance - ADC, TANF, Aid to Families w/Dependent Children (AFDC)                                   | \$ _____ |
| (14) Veterans Administration Benefits  | \$ _____ |
| (15) Pensions and/or Annuities   | \$ _____ |
| (16) Unemployment Compensation   | \$ _____ |
| (17) Disability, Death Benefits and/or Life Insurance Dividends  | \$ _____ |
| (18) Workers' Compensation   | \$ _____ |
| (19) Severance Pay   | \$ _____ |
| (20) Net Income from a Business  | \$ _____ |
| * Self Employment – Rental Property, land contracts, Door Dash, Uber, Eats, Uber or other delivery service is counted* |          |
| (21) Required Minimum Distributions or Monthly Payments from Retirement Accounts                                       | \$ _____ |
| (22) Regular Contributions and/or Gifts from Person not residing at unit   | \$ _____ |
| (23) Lottery Winnings or Inheritances (paid as an annuity)   | \$ _____ |
| (24) All regular pay paid to members of the Armed Forces (Military Pay)  | \$ _____ |
| (25) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)\$ _____           |          |
| (26) Long Term Medical Care Insurance Payments in excess of \$180.00 per day   | \$ _____ |
| (27) Other Consistent Income Sources _____   | \$ _____ |

|   |          |
|---|----------|
| <b>TOTAL</b>  | \$ _____ |
| <b>(28) Total Gross Annual Income from Previous Year</b>      | \$ _____ |
| <b>PART III - ASSET INCOME - To be completed by applicant</b> |          |

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

| YES | NO | CASH VALUE/APY |
|-----|----|----------------|
|-----|----|----------------|

**Do You or Anyone in Your Household Have:**

|      |       |       |   |          |           |   |
|------|-------|-------|---|----------|-----------|---|
| (29) | _____ | _____ | Savings Account?                          | \$ _____ | APY _____ | Bank _____                              |
| (30) | _____ | _____ | Checking Account?                         | \$ _____ | APY _____ | Bank _____                              |
| (31) | _____ | _____ | Certificates of Deposit?                  | \$ _____ | APY _____ | Bank _____                              |
| (32) | _____ | _____ | Safety Deposit Box?                       | \$ _____ | APY _____ | Bank _____                              |
| (33) | _____ | _____ | Trust Account?                            | \$ _____ | APY _____ | Bank _____                              |
| (34) | _____ | _____ | Any Stocks or Securities, Treasury Bills? | \$ _____ | APY _____ | Bank _____                              |
| (35) | _____ | _____ | Mutual Funds?                             | \$ _____ | APY _____ | Bank _____                              |
| (36) | _____ | _____ | Savings Bonds?                            | \$ _____ | APY _____ | Bank _____                              |
| (37) | _____ | _____ | Money Market Account?                     | \$ _____ | APY _____ | Bank _____                              |
| (38) | _____ | _____ | Cash on Hand?                             | \$ _____ |           |   |
| (39) | _____ | _____ | Pre-paid Debit Cards?                     | \$ _____ |           | Held _____                              |
| (40) | _____ | _____ | Venmo or CashApp Account                  | \$ _____ |           | *Must Provide Current Month's Statement |
| (41) | _____ | _____ | PayPal Account                            | \$ _____ |           | *Must Provide Current Month's Statement |
| (42) | _____ | _____ | BitCoin or Acorns Account                 | \$ _____ |           | *Must Provide Current Month's Statement |

(43) \_\_\_\_\_ Do you or any other member of your household have any Whole or Universal Life Insurance Policies? Is so who is this listed with: \_\_\_\_\_

Cash Value \$ \_\_\_\_\_

(44) \_\_\_\_\_ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)? \_\_\_\_\_

Cash Value \$ \_\_\_\_\_

(45) \_\_\_\_\_ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?

If yes, Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_

Mortgage or Outstanding loans balance due: \_\_\_\_\_

Amount of Annual Insurance Premium: \_\_\_\_\_

Amount of most recent tax bill: \_\_\_\_\_

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**PART III - ASSET INCOME (CONTINUE) - To be completed by applicant**

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(46) \_\_\_\_\_ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: \_\_\_\_\_

Market Value when sold or disposed: \_\_\_\_\_

Amount sold or disposed for: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

(47) \_\_\_\_\_ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Where are Funds Held? \_\_\_\_\_

(48) \_\_\_\_\_ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Amount disposed: \_\_\_\_\_

(49) \_\_\_\_\_ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: \_\_\_\_\_

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**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**

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(50) Head's Current Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(51) Head's Previous Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(52) Spouse Co-Head or Other Applicant 1 Current Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(53) Spouse Co-Head or Other Applicant 1 Previous Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

**PART V - CREDIT REFERENCES (CELLPHONE, CREDIT CARD, OTHER SOURCES OF MONTHLY PAYMENTS MADE TO COMPANIES - To be completed by applicant**

| <u>Name</u> | <u>Address -/ Phone</u> | <u>Monthly Payment</u> |
|-------------|-------------------------|------------------------|
| (54)        | _____                   | \$ _____               |
| (55)        | _____                   | \$ _____               |

**PART VI – RENTAL HISTORY - To be completed by applicant**

(56) Residence History: Current & Previous Landlords: (Past 2 years residence including any owned by applicants.)

| Current Address  | City | State,           | Zip | Rent/Month      | Move in Date   | Reason for Leaving                     |
|------------------|------|------------------|-----|-----------------|----------------|--|
|                  |      |                  |     | Utilities/month | Move in Date   | Is Landlord a family member or friend? |
|                  |      |                  |     |                 | Move Out Date  |  |
| Landlord Name    |      | Landlord Address |     |                 | Landlord Phone |  |
|                  |      |                  |     |                 |                |  |
| Previous Address | City | State,           | Zip | Rent/Month      | Move in Date   | Reason for Leaving                     |
|                  |      |                  |     | Utilities/month | Move in Date   | Is Landlord a family member or friend? |
|                  |      |                  |     |                 | Move Out date  |  |
| Landlord Name    |      | Landlord Address |     |                 | Landlord Phone |  |
|                  |      |                  |     |                 |                |  |

Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_  
 Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_  
 Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_  
 Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_

**PART VII - OTHER - To be completed by applicant**

- (57) Do you have full custody of your child (ren)? Explain the custody arrangements: \_\_\_\_\_
- (58) Would you or any members of your household benefit from a handicapped-accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
- (59) Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
- (60) Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
- (61) a) Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 b) Have you ever been convicted and a registered sex offender either nationally or in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

**PART VII - OTHER (CONTINUE) - To be completed by applicant**

- (62) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes \_\_\_\_\_ No \_\_\_\_\_
- (63) Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain: \_\_\_\_\_
- (64) Have you ever received rental assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- (65) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain: \_\_\_\_\_

**PART VIII - RESIDENT'S STATEMENT - To be completed by applicant**

- (66) Do you have a legal right to be in the United States: (check one that applies)
- \_\_\_\_\_ Yes, because I am a United States Citizen  
\_\_\_\_\_ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly  
The Immigration and Naturalization Service)  
\_\_\_\_\_ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

**PART IX - SPECIAL NEEDS - To be completed by applicant**

- (67) Does anyone your household have special needs? (Y/N) \_\_\_\_\_
- (68) Special living accommodations required? (Y/N) \_\_\_\_\_

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (69) Does anyone in the household have any pets? If so, what kind? \_\_\_\_\_
- (70) Does anyone in the household have a service animal? If so, what kind? \_\_\_\_\_  
(proper documentation required on Property's form and verified annually)

**PART X - IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

| Name / Relationship | Address | Phone |
|---------------------|---------|-------|
|                     |         |       |
|                     |         |       |
|                     |         |       |



**FOR OFFICE USE ONLY**

|                      |                       |
|----------------------|-----------------------|
| Community            | Date Apartment Needed |
| Address              | Apartment Number      |
| Concessions (if any) | Apartment Type        |
| Monthly Rent         | Application Fee       |
| Security Deposit     | Length of Lease Term  |
| Application Taken By |                       |

**VERIFICATION SUMMARY  
(FOR OFFICE USE ONLY)**

|   |                     |  |
|---|---------------------|--|
| Landlord History <input type="checkbox"/> yes <input type="checkbox"/> no                       |                     | Credit Acceptable <input type="checkbox"/> yes <input type="checkbox"/> no                         |
| Does Income meet qualifying standards? <input type="checkbox"/> yes <input type="checkbox"/> no |                     | Does Applicant Meet Qualifying Standards? <input type="checkbox"/> yes <input type="checkbox"/> no |
| By:   | Manager's Approval: |  |
| Date Applicant Notified:  | By Whom:            |  |
| (Must contact applicant within 24 Hours)  |                     |  |



TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
|  | Medical and Child Care Providers |  |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

|                       |              |       |
|-----------------------|--------------|-------|
| _____                 | _____        | _____ |
| Applicant/Resident    | (Print Name) | Date  |
| _____                 | _____        | _____ |
| Co-Applicant/Resident | (Print Name) | Date  |
| _____                 | _____        | _____ |
| Adult Member          | (Print Name) | Date  |
| _____                 | _____        | _____ |
| Adult Member          | (Print Name) | Date  |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. I A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Legacy Senior Residences – Olathe, KS**  
**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 the **Low Income Housing Tax Credit Program** 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 **Low Income Housing Tax Credit Program**, 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 **Low Income Housing Tax Credit Program**, 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 **Low Income Housing Tax Credit Program** 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**

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

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<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.

## Moving to Another Unit

Upon your request, HP 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, HP 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.

HP 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.

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

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

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

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

### **Confidentiality**

HP 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.

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

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

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

VAWA does not limit HP'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, HP 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 HP 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 HP can demonstrate the above, HP 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

**Department of Housing and Urban Development (Kansas City Regional Field Office)**  
**400 State Avenue, Room 200 Kansas City, KS 66101**  
**Phone (913) 551-5462 Fax (913) 551-5469 TTY (800) 877-8339**

**For Additional Information**

You may view a copy of HUD's final VAWA rule at [<https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>].

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact

**Department of Housing and Urban Development (Kansas City Regional Field Office)**  
**400 State Avenue, Room 200 Kansas City, KS 66101**  
**Phone (913) 551-5462 Fax (913) 551-5469 TTY (800) 877-8339**

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

**Olathe Police Department 501 Old 56 Highway Olathe, KS 66061 Phone 913-782-0720**

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

**Olathe Police Department 501 Old 56 Highway Olathe, KS 66061 Phone 913-782-0720**

Victims of stalking seeking help may contact

**Olathe Police Department 501 Old 56 Highway Olathe, KS 66061 Phone 913-782-0720**

**Attachment:** Certification form HUD-5382

Acknowledgement of Receipt of “Notice of Occupancy Rights Under the Violence Against Women Act”

I \_\_\_\_\_ acknowledge that **The Legacy Senior Residences** \_\_\_\_\_ located at **18725 West 119<sup>th</sup> Street Olathe, KS 66061** \_\_\_\_\_ management has provided me with a copy of the Notice of Occupancy Rights Under the Violence Against Women Act on \_\_\_\_\_.

Signed

Dated

\_\_\_\_\_

\_\_\_\_\_