



## ***Newfound River Apartments***

105 Loudon Road, Unit 1, Concord, NH 03301

Phone: (603) 223-0810 Fax: (844) 366-2750

[www.alliancenh.com](http://www.alliancenh.com)

Dear Housing Applicant:

Thank you for your interest in Newfound River Apartments with Alliance Asset Management, Inc. We look forward to you applying with us! Please fill out the application **COMPLETELY** and return it to our main office. ***Applications not filled out completely will be rejected.*** Please do not use white out or multiple inks when completing the application.

We screen all applicants very carefully, and we thoroughly verify all information provided to us on the rental application as well as other sources available to us. **We will require a credit report, a criminal check and will verify income and assets of all members of the household.** We will also check previous and current rental history. The same screening and verification process is used for every applicant - fair, consistent and uniform.

**Please return the application along with the following (if applicable):**

- Copies of Photo ID/Driver's License for all household members ages 18+
- Copies of all household members Social Security cards
- Copies of any and all Divorce Decrees, Parenting Plans and Child Support Orders
- Current Social Security Benefits Awards Letter (*letter must be dated within the past 120 days*)
- Copies of any and all Direct Express Cards along with proof of current balance
- Copies of any and all Real Estate Purchase & Sales Agreements, HUD-1 Statements or contact information for your Real Estate Agent on any real estate owned either currently or within the past 2 years
- Most recent statement receive for any IRAs, Whole Life Insurance Policies, 401(k) or other retirement accounts
- Original copy of a Criminal Record Report completed by the state(s) you have resided in for the past 3 years
- Current vet vaccination records, current photo and proof of renters insurance for pets

**\*\*All applicant households must qualify under the desired property's income limit.  
Please contact the office for current limits.\*\***

Thank you for requesting an application with Alliance Asset Management, Inc. We sincerely hope that we can be of service to you.

Sincerely,

Alliance Asset Management, Inc.

# Alliance Asset Management, Inc.

Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For Office Use Only	
Date Received: _____	Time: _____
Property: <u>NER</u>	Unit: _____
# Bedrooms: _____	Rent: _____
Unit Type: HOME LIHTC PBA	
Income Limit: 50% 60% 80%	
Reference: _____	

## Applicant Questionnaire

### Household Information

List all household members (including yourself) that are applying to live in this apartment with you.

Name First, Middle Initial, Last	Relationship to Head of Household (Wife, Child, Husband, etc)	Marital Status 1.Married 2.Single 3.Divorced 4.Separated	Children Residence Status (Full/Part)	Full/Part Time Student Yes/No	Race 1.Caucasian 2.Afr.Amer 3.Hispanic 4. Asian 5.Other	Sex M/F	Social Security Number XXX-XX-XXXX	Birth Date MM/DD/YYYY
1.	HOH							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

**Current Address:** \_\_\_\_\_ **How did you hear about us:** \_\_\_\_\_  
 \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**YES**      **NO**

Please answer **ALL** questions either Yes or No.

1.      **Do you expect any additions to the household within the next twelve months?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
2.      **Is there anyone living with you now who won't be living with you at this property?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
3.      **Do you have full custody of your child(ren)?** (If no, obtain proof of amount of time child(ren) will be living in unit.)  
 Explanation: \_\_\_\_\_
4.      **Are there any absent household members who under normal conditions would live with you?**  
 (For example, a spouse away in the military.)  
 Explanation: \_\_\_\_\_
5.      **Does your household have or anticipate having any pets?**  
 Type: \_\_\_\_\_

## Rental History

YES

NO

Please answer **ALL** questions either Yes or No.

6. **Have you or any one else named on this application filed for bankruptcy?**  
Explanation: \_\_\_\_\_
7. **Have you or any one else named on this application been convicted of a felony?**  
Explanation: \_\_\_\_\_
8. **Have you or any one else named on this application been convicted for possession, dealing or manufacturing illegal drugs?**  
Explanation: \_\_\_\_\_
9. **Are you or anyone else named on this application subject to registration under a State sex offender registration program?**  
Explanation: \_\_\_\_\_
10. **Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?**  
Explanation: \_\_\_\_\_

## Housing References

List the past **THREE** years of housing references starting with current housing. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Name/Address</u>	<u>Information</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
			Monthly Rent/Mortgage:\$	_____
Phone:	(    ) _____	_____	# of BRs:___	Utilities Incl:_____
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
			Monthly Rent/Mortgage:\$	_____
Phone:	(    ) _____	_____	# of BRs:___	Utilities Incl:_____
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
			Monthly Rent/Mortgage:\$	_____
Phone:	(    ) _____	_____	# of BRs:___	Utilities Incl:_____

## Student Status

Are you or any other household members (INCLUDING MINORS) currently a full-time student, been a full-time student this or last year, or expect to be one in the next 12 months? Please list ALL full-time students  YES  NO

Names: \_\_\_\_\_  
 \_\_\_\_\_

Names of Schools: \_\_\_\_\_



## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Please answer **ALL** questions either Yes or No.

**Include all GROSS income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

<u>YES</u>	<u>NO</u>			
<input type="checkbox"/>	<input type="checkbox"/>	11.	Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	
			<u>Household Member</u>	<u>Name of Company/Phone #</u>
			<u>Gross Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	12.	Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	
			<u>Household Member</u>	<u>Type of Business</u>
			<u>Gross Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	13.	Social Security, SSI, SSDI, or any other payments from the Social Security Administration?	
			<u>Household Member</u>	<u>SSA Office Location</u>
			<u>Gross Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	14.	Unemployment benefits or workman's compensation?	
			<u>Household Member</u>	<u>Case Worker &amp; State</u>
			<u>Gross Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____



YES

NO

15. Welfare, Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member

Type of Benefits & State

Gross Amount Per Month

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

16. (a) Child support or Alimony?

*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)*

Household Member

Payer

Gross Amount Per Month

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

(b) How is the support received? *(Check all that apply)*

Child Support Enforcement Agency

*Name of Agency:* \_\_\_\_\_

Court of Law

*Name of Court:* \_\_\_\_\_

Directly from Individual

*Name of Person:* \_\_\_\_\_

Other

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

N/A

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

17. Regular pay as a member of the Armed Forces/Military or payment from Veteran's Benefit?

Household Member

Base Name & Branch

Gross Amount Per Month

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

18. Regular payments from a Pension, Retirement Benefit or Annuities?

Household Member

Source of Benefit

Gross Amount Per Month

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

19. Regular payments from a severance package?

Household Member

Source of Benefit

Gross Amount Per Month

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

20. Regular payments from any type of settlement? *(For example, insurance settlements.)*

Household Member

Source of Benefit

Gross Amount Per Month

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

21. Regular gifts or payments from anyone outside of the household?

*(This includes anyone supplementing your income or paying any of your bills directly.)*

Household Member

Source of Benefit

Gross Amount Per Month

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



<u>YES</u>	<u>NO</u>										
<input type="checkbox"/>	<input type="checkbox"/>	22. Regular payments from lottery winnings or inheritances?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><u>Household Member</u></td> <td style="width: 33%; text-align: center;"><u>Source of Benefit</u></td> <td style="width: 33%; text-align: center;"><u>Gross Amount Per Month</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Amount Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	23. Regular payments from rental property or other types of real estate transactions?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><u>Household Member</u></td> <td style="width: 33%; text-align: center;"><u>Source of Benefit</u></td> <td style="width: 33%; text-align: center;"><u>Gross Amount Per Month</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Amount Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	24. Any other income sources or types not listed?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><u>Household Member</u></td> <td style="width: 33%; text-align: center;"><u>Source of Benefit</u></td> <td style="width: 33%; text-align: center;"><u>Gross Amount Per Month</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Amount Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	25. Do you or any other household members expect any changes to your income in the next 12 months?									
		Explanation: _____									

## Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Please answer ALL questions either Yes or No.

**Do YOU or ANYONE in your household hold:**

<u>YES</u>	<u>NO</u>										
<input type="checkbox"/>	<input type="checkbox"/>	26. Checking account?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><u>Household Member</u></td> <td style="width: 33%; text-align: center;"><u>Financial Institute &amp; Acct #</u></td> <td style="width: 33%; text-align: center;"><u>Amount</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute &amp; Acct #</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	27. Savings or Direct Express account?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><u>Household Member</u></td> <td style="width: 33%; text-align: center;"><u>Financial Institute &amp; Acct #</u></td> <td style="width: 33%; text-align: center;"><u>Amount</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute &amp; Acct #</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	28. Stocks, bonds, mutual funds or securities?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><u>Household Member</u></td> <td style="width: 33%; text-align: center;"><u>Company or Broker</u></td> <td style="width: 33%; text-align: center;"><u>Amount</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	29. CDs, money market accounts, trust funds/accounts, or treasury bills?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><u>Household Member</u></td> <td style="width: 33%; text-align: center;"><u>Financial Institute &amp; Acct #</u></td> <td style="width: 33%; text-align: center;"><u>Amount</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute &amp; Acct #</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute &amp; Acct #</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									



YES

NO

30. Pensions, IRAs, Keogh, annuities or other retirement accounts?

Household Member

Financial Institute

Amount

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

31. Whole life insurance policy?

Household Member

Insurance Carrier

Amount

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

32. Real estate, rental property, land contracts/contract for deeds, other holdings or capital gains?

*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

Household Member

Address of Property

Value

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

33. Personal property held as an investment?

*(This includes paintings, coin or stamp collections, artwork, collector or show cars, items in safe deposit box and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

Household Member

Item

Amount

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

34. Cash on hand?

*(Money in the form of cash kept on your person or easily accessible, NOT in a bank account.)*

Household Member

Amount

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

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

### Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program. Please answer ALL questions either Yes or No.

YES

NO

36. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

37. Will your household be receiving Section 8 Rental Assistance (HCV) at the time of move-in?

Name of Agency/Contact Person: \_\_\_\_\_

Household Members Currently on Voucher: \_\_\_\_\_



## Authorization to Release Information

I understand that **Alliance Asset Management** is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have **Alliance Asset Management** verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

### All ADULT household members must sign below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #1 Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #3 Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #4 Social Security Number







## Acknowledgement of Receipt

I hereby acknowledge receipt of the following documents from Alliance Asset Management:

1. VAWA Appendix A: Notice of Occupancy Rights Under the Violence Against Women Act, form HUD-5380
2. VAWA Appendix C: Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, form HUD-5382

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

---

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

---

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

---

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





## 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 Section 8 Assistance Program or the HOME Investment Partnerships Program are 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 the Section 8 Assistance Program or the HOME Investment Partnerships 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.

### **PROTECTION FOR TENANTS**

If you are receiving assistance under the Section 8 Assistance Program or the HOME Investment Partnerships 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 the Section 8 Assistance Program or the HOME Investment Partnerships Program solely on the basis of criminal activity directly relating to that 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.





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 occupancy living in your household.

### **REMOVING THE ABUSER OR PERPETRATOR FROM THE HOUSEHOLD**

Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. chooses to remove the abuser or perpetrator, Alliance Asset Management, Inc. 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, Alliance Asset Management, Inc. 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, Alliance Asset Management, Inc. must follow Federal, State, and local eviction procedures. In order to divide a lease, Alliance Asset Management, Inc. 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, Alliance Asset Management, Inc may permit you to move to another unit, subject to availability of other units, and still keep your assistance. In order to approve a request, Alliance Asset Management, Inc. 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, Alliance Asset Management, Inc 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 Alliance Asset Management, Inc. does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, they may ask you for such documentation, as described in the documentation section below.
- 2. You expressly request the emergency transfer.** Alliance Asset Management, Inc. 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.

Alliance Asset Management, Inc. 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.

Alliance Asset Management, Inc.'s emergency transfer plan provides further information on emergency transfers, and Alliance Asset Management, Inc. 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**

Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. must be in writing, and they 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. Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. as documentation. It is your choice which of the following to submit if Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. has agreed to accept.

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





If Alliance Asset Management, Inc. 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), Alliance Asset Management, Inc. 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 when there is conflicting evidence, Alliance Asset Management, Inc. does not have to provide you with the protections contained in this notice.

### **CONFIDENTIALITY**

Alliance Asset Management, Inc. 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.

Alliance Asset Management, Inc. must not allow any individual administering assistance or other services on behalf of Alliance Asset Management, Inc. (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.

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

- You give written permission to Alliance Asset Management, Inc. to release the information on a time limited basis.
- Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. or your landlord to release the information.

VAWA does not limit Alliance Asset Management, Inc.'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, Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. can demonstrate the above, they 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, 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 HUD's Manchester Field Office located at 275 Chestnut Street, 4<sup>th</sup> Floor, Manchester, NH 03101, (603) 666-7510.

#### **FOR ADDITIONAL INFORMATION**

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

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).

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 domestic violence, dating violence, sexual assault, or stalking, you may contact;

- New Hampshire Coalition Against Domestic and Sexual Violence, P.O. Box 353, Concord, NH 03302, (603) 224-8893, State Hotline: (800) 852-3388
- Response to Sexual and Domestic Violence, 54 Willow Street, Berlin, NH 03570, (603) 752-2040
- Women's Supportive Services, 11 Scholl Street, Claremont, NH 03743, (603) 542-8338, Hotline/Crisis: (603) 543-0155, Toll Free: (800) 639-3130
- Rape & Domestic Violence Crisis Center, P.O. Box 1344, Concord, NH 03302, (603) 225-7376
- Carroll County Against Domestic Violence and Rape, P.O. Box 1972, Conway, NH 03818, (603) 356-7993, Hotline/Crisis: (800) 336-3793
- Sexual Harassment and Rape Prevention Program, University of New Hampshire, 105 Huddleston Hall, Durham, NH 03824, (603) 862-3494







- Women's Crisis Service of the Mondanock Region, 692 Island Street, Keene, NH 03431, (603) 352-3844, Hotline/Crisis: (603) 352-3782
- New Beginnings – A Women's Crisis Center, P.O. Box 622, Laconia, NH 03246, (603) 528-6511
- Women's Information Services (WISE), 79 Hanover Street, Suite 1, Lebanon, NH 03766, (603) 448-5922, Hotline/Crisis: (603) 448-5525
- Support Center Against Domestic Violence and Sexual Assault, Littleton, NH 03561, (603) 444-0624, Hotline/Crisis: (603) 444-0544
- Women's Crisis Service/YWCA, 72 Concord Street, Manchester, NH 03101, (603) 625-5785, Hotline/Crisis: (603) 668-2299
- Rape and Assault Support Services, P.O. Box 217, Nashua, NH 03061, (603) 889-0858, Hotline/Crisis: (603) 883-3044
- Task Force on Domestic & Sexual Violence, P.O. Box 53, Plymouth, NH 03264, (603) 536-3423, Hotline/Crisis: (603) 536-1659
- A Safe Place, P.O. Box 674, Portsmouth, NH 03802, (603) 436-7924, Hotline/Crisis: (603) 436-7924
- Sexual Assault Support Services, 1 Junkins Ave, Portsmouth, NH 03801, (603) 436-4107
- Rape & Assault Support Services, Inc., P.O. Box 90, W. Nottingham, NH 03291, (603) 889-0858
- Bridges – Domestic & Sexual Violence Support, 33 East Pearl Street, Nashua, NH 03060, (603) 889-0858
- Bridges – Domestic & Sexual Violence Support, 16 Elm Street, Suite 2, Milford, NH 03055, (603) 672-9833
- HAVEN NH, 20 International Drive, Suite 300, Portsmouth, NH 03801, (603) 436-7951, Hotline/Crisis: (603) 994-733, TTY: (800) 735-2964
- HAVEN NH, 15 Wakefield Street, Suite 16, Rochester, NH 03867, (603) 436-7951, Hotline/Crisis: (603) 994-733, TTY: (800) 735-2964
- HAVEN NH, 15 Ermer Road, Unit 211, Salem, NH 03079, (603) 436-7951, Hotline/Crisis: (603) 994-733, TTY: (800) 735-2964
- Voices Against Violence, Plymouth, NH, (603) 536-5999, Hotline/Crisis: (877) 221-6176

**ATTACHMENT:** Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, form HUD-5382





## Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

**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 Alliance Asset Management, Inc., we 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 Alliance Asset Management, Inc., 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 Alliance Asset Management, Inc., 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 date that you receive a written request from Alliance Asset Management, Inc. asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Alliance Asset Management, Inc. 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 documentation, or any extension of the date provided by Alliance Asset Management, Inc., we do not need to grant you any of the VAWA protections. Distributions or issuance of this form does not serve as a written request for certification.

**CONFIDENTIALITY:** All information provided to Alliance Asset Management, Inc. 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 Alliance Asset Management, Inc. 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 address of victim: \_\_\_\_\_  
\_\_\_\_\_
6. Address or phone number for contacting the victim: \_\_\_\_\_
7. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
8. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
9. Date(s), time(s) and location(s) of the incident(s): \_\_\_\_\_  
\_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_
11. 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: \_\_\_\_\_ 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 Alliance Asset Management, Inc. 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 current valid Office of Management and Budget Control Number

