

PROSPECTIVE TENANT LETTER

Rutherford Manor I Apts, LLC
775 S. Church St - Leasing Office
Forest City, NC 28043
Office: 828-245-5974

TDD - 711

\$25 Money Order Per Adult
Picture ID Per Adult
SS Card For Each Person

Date: _____

Security Deposit Non-Refundable

Dear Prospective Tenant:

Thank you for your interest in our apartment complex. We are financed by RD/HUD and are subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, Title VIII of the Fair Housing Act of 1968, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, The Americans with Disabilities Act, and the Fair Housing Amendments Act of 1988. All complaints are to be directed to the Administrator, RD, and USDA, WASHINGTON, DC 20250. All Fair Housing violations should be sent directly to the Secretary of Housing and Urban Development, Washington, DC 20410. In order to consider your request for an apartment, the following items must be provided:

1. A "NON-REFUNDABLE" application-processing fee must be paid prior to receiving an application. (Not applicable for applicants applying with a HUD Voucher)
2. A Confidential Rental Application completed and signed. Writing in an area designated "For Official Use Only" voids the application.
3. The Participant's Consent To Release Information must be signed by everyone in your household 18 and older.
NOTICE: This consent form is valid for 15 months from the above date.
4. A copy of all Social Security Cards for all adults. If a social security card is not available, the manager will provide you with a list of alternatives documents that can be substituted.
5. A photo ID for all adults applying.
6. A conference with the Site Manager.
7. Verification of all sources of income, assets and eligible deductions. NOTE: an applicant must have verifiable income to be eligible for occupancy.
8. Credit Check history, past landlord reference check, personal reference check, criminal background check and the national Sex Offense Registry.
9. If you or the co-applicant claims "Disabled Status", we will need to verify your status for the purposes of determining your eligibility for that designation. You will also need to inform management, in writing, of any special accommodations in housing your family may need.
10. A Tenant Certification, the execution of a Lease and Move-In Report.

After applying, you are responsible to inform us of any changes in your address, income and/or household make-up. Should you fail to inform us of an address change and we attempt to contact you but our correspondence is "returned to sender", your application will be withdrawn from our waiting list. If you have any questions concerning any of the above requirements, please ask for additional details.

Site Manager

OFFICIAL NOTICE:

Section 1001 of Title 18, United States Code Provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."



CONFIDENTIAL RENTAL APPLICATION

"FOR OFFICIAL USE ONLY"		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Withdrawn
Partnership Name: _____		Date of Action: _____		
Date of Application: _____	Time of Application: _____	Type of Unit Requested: _____	Application # _____	

NOTICE TO APPLICANTS: (Please Read These Required Notices Then Print Using Ink)

PENALTIES FOR MISUSING THIS FORM

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

This Application Will Not Be Processed Will Not Be Established UNTIL, It Is Completed in Full , A Conference Is Held With The Site Manager And It Is Signed By Everyone 18 and Older. If False Information Is Given, This Application Will Be Rejected. If Discovered After Tenancy, Your Lease Will Be Terminated.

SECTION I: GENERAL INFORMATION

Applicant Name: _____	Co-Applicant Name: _____
Former Name, If applicable: _____	Former Name, If applicable: _____
Address: _____ Street Apt #	Address: _____ Street Apt #
City State Zip Code County	City State Zip Code County
Current Phone Number: () _____	Current Phone Number: () _____
Email Address: _____	Email Address: _____
Drivers License Number: _____ State: _____	Drivers License Number: _____ State: _____
Familial Status of Applicant(s): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Family <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	

Please select the size of apartment you wish to rent: 1 BR 2 BR 3 BR 4 BR

➤ The definitions for "A Person With Disabilities" are attached to the application. If you or the Co-Applicant qualify for "Disability Status" you will be eligible for a \$400 deduction from your annual income. However, if you request "Disabled Status", it must be verified through a third party to determine eligibility for such status.

Do you request "Disabled Status"?..... Yes No

➤ Do you or anyone in your household need a Mobility Impaired Unit? Yes No

➤ Do you or anyone in your household need any special accommodations in housing?..... Yes No
If yes, please put your requests in writing, attaching it to the application.

➤ Do you expect any occupancy changes in your family within the next 12 months?..... Yes No

If yes, please explain: _____

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Complete The Following For Everyone Who Will Occupy The Unit and Provide a Valid Photo ID For All Adults & Social Security Card For Everyone Listed Below to be Copied and Attached

Last Name	First	Mi	Age	D/O/B	Relationship To Applicant	Social Security Number	Any Full-Time Student? <i>Any type of School</i>	Are you a Student as defined below?*
1.					Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. Every non-dependant who checks YES must complete LA-76 Student Eligibility Verification form.

- If you have no Social Security Number, you claim you are exempt because:
- You are an ineligible non-citizen
- You were 62 and receiving HUD housing assistance as of 1/31/2010.

SECTION II: INCOME, ASSET AND EXPENSE INFORMATION

PART ONE: Income Verification

Instructions:

- List everyone 18 and older or non-dependants 17 and under in the space below.
- In the first three columns, beside the name list the **estimated gross monthly income** from that particular source. If the person listed does not have any income from the particular source, put "0".
- In the last three columns, indicate if you have wages, pensions or other income by checking yes or no and then detail below.

HOUSEHOLD MEMBER NAME	USE GROSS MONTHLY TOTALS			CHECK Yes or No for each person listed; then detail on next page		
	MONTHLY SOCIAL SECURITY	TANF	CHILD SUPPORT	WAGES	PENSION	OTHER INCOME
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



SECTION II: INCOME, ASSET AND EXPENSE INFORMATION

PART TWO: Detail of Wages, Pension, and Other Income

1. Employer Information- If you **Checked Yes** for wages, list the name of the household's member who have employment income and complete the following. If the individual has more than one job, please list each employer.


NAME	EMPLOYER NAME & ADDRESS	Gross Monthly Amount
		\$
		\$
		\$
		\$
		\$

2. Pension Information - If you **Checked Yes** for pension, list the name of the household members who have a pension and complete the following. If the individual has more than one pension, please list each.

NAME	PENSION NAME & ADDRESS	Gross Monthly Amount
		\$
		\$
		\$
		\$
		\$

3. Other Income Information - If you **Checked Yes** for other income, list the household members who have "other income", the source of that income, the individual or agency to contact to verify the actual amount and the estimated monthly amount. List each type of other income that a household member has. Other income includes, but is not limited to alimony, regular reoccurring gifts, unemployment compensation, etc. If more space is needed, please let the Site Manager know.

NAME	TYPE	SOURCE or AGENCY	Gross Monthly Amount
			\$
			\$
			\$
			\$
			\$

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PART THREE: Additional Information

Instructions: Please answer all the questions below.

- 1. Is anyone in your household, who is currently unemployed, expecting to go to work within 90 days? Yes No
- 2. Does anyone in your household 18 or older work for cash? Yes No
- 3. If anyone in your household is not working, have they applied for unemployment? Yes No
- 4. Is anyone in your household going to lose their job within 90 days? Yes No
- 5. Does anyone in your household currently receive child support from any source? Yes No
- 6. Does anyone in your household expect to receive child support or alimony within 90 days? Yes No
- 7. Does anyone in your household receive income from rental property? Yes No
- 8. Does anyone in your household receive any other income not reported above? Yes No

PART FOUR: ASSET VERIFICATION

- 1. Does anyone in your household have a checking account? Yes No : If yes, how many accounts in household? _____
- 2. Does anyone in your household have a savings account? Yes No : If yes, how many accounts in household? _____
- 3. Does anyone in your household receive benefits on a debit card? Yes No : If yes, how many cards in household? _____
- 4. Does anyone in your household have a 401K or any other investment accounts? Yes No : If yes, please list the current value of the account? _____
- 5. Does anyone in your household own an IRA or other retirement account? Yes No : If yes, please list the current value of the account? _____
- 6. Does anyone in your household have stocks, bonds, mutual funds, etc.? Yes No : If yes, please list the name and amount: _____
- 7. Has anyone in your household disposed of any assets for less than Fair Market Value in the last two years? Yes No
- 8. Does anyone in your household own any real property, including but not limited to land or rental property? Yes No
- 9. Does anyone in your household have a Whole Life Insurance Policy? Yes No : If yes, please list the insurance company and the cash value: _____
- 10. Does anyone in your household have any other assets, including cash, not listed above? Yes No : If yes, please list the source and amount: _____

PART FIVE: ADJUSTMENTS TO INCOME

- 1. Do you pay child care expenses for anyone under 13 years of age? Yes No
- 2. If elderly or disabled, will you have any medical expenses in the next twelve months? Yes No
- 3. If elderly, are you enrolled in Medicare Part D? Yes No

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SECTION III: REFERENCE INFORMATION

PART ONE: Landlord Information

1. Current Landlord: _____					
Name	Address	City	State	Zip	Phone
a. How long have you lived at this address? _____					
b. Reason for leaving? _____					
c. Did you owe any money when you left or do you currently have any outstanding balances with this landlord? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? Yes <input type="checkbox"/> No <input type="checkbox"/> (Includes roaches, bed bugs, rodents, etc.)					
e. Have you ever been asked to sign a repayment agreement to return money to USDA or HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>					

2. Previous Landlord: _____					
Name	Address	City	State	Zip	Phone
a. How long have you lived at this address? _____					
b. Reason for leaving? _____					
c. Did you owe any money when you left or do you currently have any outstanding balances with this landlord? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? Yes <input type="checkbox"/> No <input type="checkbox"/> (Includes roaches, bed bugs, rodents, etc.)					
e. Have you ever been asked to sign a repayment agreement to return money to USDA or HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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SECTION IV: OTHER INFORMATION

1. What best describes your current housing situation: (Check One) Rent Own Parents Military Other

2. What is your current monthly expense for rent? \$ _____ Utilities \$ _____

3. Do you have any pets or assistance animals? Yes No

4. Do you currently live in Government Subsidized Housing? Yes No

5. Have you ever lived in Government Subsidized Housing? Yes No : If yes, when did you move out? _____

6. Have you ever been asked to move, had a lease terminated or been evicted from housing? Yes No : If yes, please explain:

7. Please list ALL of the States in which anyone who will be occupying the apartment has ever lived. _____

8. Will this be your only (permanent) residence for at least the next 12 months? Yes No : If No, please explain:

9. Has anyone who will be occupying the apartment ever been convicted of a misdemeanor? Yes No : If Yes, Explain:

10. Has anyone who will be occupying the apartment ever been convicted of a felony? Yes No : If Yes, please explain:

11. Is ANYONE who will be occupying the apartment subject to a lifetime sex offender registration requirement in any state? Yes No :
If Yes, Explain: _____

12. Does anyone in your household use illegal drugs? Yes No

13. Has anyone been convicted of a drug related offense? Yes No : If Yes, Explain _____

14. The Violence Against Women Act (VAWA) provides protections to victims of domestic violence, dating violence or stalking (and their families) from being denied housing or Section 8 Assistance. Does anyone in the applicant household seek such protections? (If yes, a completed HUD certification form HUD-91066 or other documentation may be requested.) Yes No

15. Do you own or currently use any vehicles? Yes No . If Yes, Please list the vehicles that you are using
Make of Vehicle: _____ Color: _____ License Plate: _____ State: _____
Make of Vehicle: _____ Color: _____ License Plate: _____ State: _____

16. How did you hear about the complex? _____

SECTION V: CERTIFICATION

- I/We certify that all the information in this application is true to the best of My/Our knowledge and that I/We understand that false statements or information are punishable by law and will lead to the rejection of this application or termination of tenancy after occupancy.
- I/We certify that this apartment will be My/Our permanent residence and that I/We will not maintain a separate subsidized rental unit in a different location.
- I/We understand that management will verify, in writing through a third party, the information provided on the application and consent to the release of wage matching data to HUD/USDA and/or the borrower.
- I/We understand that check/money order or cashiers check is the preferable method of payment. Management assumes no liability for cash payments.

HUD SITES ONLY: All adult household members must give consent to the release of this information by signing HUD Forms 9887 and 9887A by the time of move-in and at every annual certification. If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to assure that you are receiving all assistance for which you are eligible.

SECTION VI: SIGNATURES

Date	Applicant	Co-Applicant
	Other	Other
Date	Site Manager	Other



SECTION VII: STATISTICAL INFORMATION (Not applicable: For HUD or RD 515/8 properties; please use form HUD-27061-H)

NOTE: "The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal government, acting through the Rural Housing Service that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. *However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of the individual applicants on the basis of visual observation or surname.*"

Please complete this for all who are listed on page one of this application: (List in the same numerical order as page one.)

1. Applicant:

RACE:	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic Latino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

1. Applicant:

RACE:	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic Latino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

2. Co-Applicant:

RACE:	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic Latino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

2. Other:

RACE:	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic Latino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

4. Other:

RACE:	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic Latino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

5. Other:

RACE:	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic Latino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

6. Other:

RACE:	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic Latino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

DEFINITION OF AN INDIVIDUAL WITH DISABILITIES

The term disability is considered equivalent to the term handicap. Eligibility requirements for fully accessible units are contained in 7 CFR 3560.154(g)(1)(i) and 3560.155(b). A person is considered to have a disability if either of the following two situations occurs:

A. As defined in section 501(b) of the Housing Act of 1949. The person is the head of household (or his or her spouse) and is determined to have impairment which:

1. Is expected to be of long-continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions, or if such person has a developmental disability as defined in section 102(7) of the Developmental Disability and Bill of Rights Act (42 U.S.C. 6001(7)).

B. As defined in the Fair Housing Act; the Americans with Disabilities Act; and section 504 of the Rehabilitation Act of 1973. The person has a physical or mental impairment which substantially limits one or more of such person's major life activities; a record of such impairment; or being regarded as having such an impairment. The term does not include current, illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine;
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism;
3. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working;
4. Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities;
5. Is regarded as having an impairment means:
 - a. Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by the borrower or management agent as constituting such a limitation;
 - b. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or
 - c. Has none of the impairments described in this definition but is treated by another person as having such an impairment.

§ 3560.160 TENANT GRIEVANCE

(a) **General.**

- (1) The requirements established in this section are designed to ensure that there is a fair and equitable process for addressing tenant or prospective tenant concerns and to ensure fair treatment of tenants in the event that an action or inaction by a borrower, including anyone designated to act for a borrower, adversely affects the tenants of a housing project.
- (2) Any tenant/member or prospective tenant/member seeking occupancy in or use of Agency facilities who believes he or she is being discriminated against because of age, race, color, religion, sex, familial status, disability, or national origin may file a complaint in person with, or by mail to the U.S. Department of Agriculture's Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW., Washington DC 20250-9410 or to the Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development (HUD), Washington, DC 20410. Complaints received by Agency employees must be directed to the National Office Civil Rights Staff through the State Civil Rights Manager/Coordinator.

(b) **Applicability.**

- (1) The requirements of this section apply to a borrower action regarding housing project operations, or the failure to act, that adversely affects tenants or prospective tenants.
- (2) This section does not apply to the following situations:
 - (i) Rent changes authorized by the Agency in accordance with the requirements of §3560.203(a);
 - (ii) Complaints involving discrimination which must be handled in accordance with §3560.2(b) and paragraph (a)(2) of this section;
 - (iii) Housing projects where an association of all tenants has been duly formed and the association and the borrower have agreed to an alternative method of settling grievances;
 - (iv) Changes required by the Agency in occupancy rules or other operational or management practices in which proper notice and opportunity have been given according to law and the provisions of the lease;
 - (v) Lease violations by the tenant that would result in the termination of tenancy and eviction;
 - (vi) Disputes between tenants not involving the borrower; and
 - (vii) Displacement or other adverse actions against tenant as a result of loan prepayment handled according to subpart N of this part.

(c) Borrower responsibilities. Borrowers must permanently post tenant grievance procedures that meet the requirements of this section in a conspicuous place at the housing project. Borrowers also must maintain copies of the tenant grievance procedure at the housing project's management office for inspection by the tenants and the Agency upon request. Each tenant must receive an Agency summary of tenant's rights when a lease agreement is signed. If a housing project is located in an area with a concentration of non-English speaking individuals, the borrower must provide grievance procedures in both English and the non-English language. The notice must include the telephone number and address of USDA's Office of Civil Rights and the appropriate Regional Fair Housing and Enforcement Agency.

(d) Reasons for grievance. Tenants or prospective tenants may file a grievance in writing with the borrower in response to a borrower action, or failure to act, in accordance with the lease or Agency regulations that results in a denial, significant reduction, or termination of benefits or when a tenant or prospective tenant contests a borrower's notice of proposed adverse action as provided in paragraph (e) of this section. Acceptable reasons for filing a grievance may include:

- (1) Failure to maintain the premises in such a manner that provides decent, safe, sanitary, and affordable housing in accordance with §3560.103 and applicable state and local laws;
- (2) Borrower violation of lease provisions or occupancy rules;
- (3) Modification of the lease;
- (4) Occupancy rule changes;
- (5) Rent changes not authorized by the Agency according to §3560.205; or
- (6) Denial of approval for occupancy.

(e) Notice of adverse action. In the case of a proposed action that may have adverse consequences for tenants or prospective tenants such as denial of admission to occupancy and changes in the occupancy rules or lease, the borrower must notify the tenant or prospective tenant in writing. In the case of a Borrower's proposed adverse action including denial of admission to occupancy, the Borrower shall notify the applicant/tenant in writing. The notice must be delivered by certified mail return receipt requested, or a hand-delivered letter with a signed and dated acknowledgement of receipt from the applicant/tenant. The notice must give specific reasons for the proposed action. The notice must also advise the tenant or prospective tenant of "the right to respond to the notice within ten calendar days after date of the notice" and of "the right to a hearing in accordance with §3560.160 (f), which is available upon request." The notice must contain the information specified in paragraph (a)(2) of this section. For housing projects in areas with a concentration of non-English speaking individuals, the notice must be in English and the non-English language.

(f) Grievances and responses to notice of adverse action. The following procedures must be followed by tenants, prospective tenants, or borrowers involved in a grievance or a response to an adverse action.

- (1) The tenant or prospective tenant must communicate to the borrower in writing any grievance or response to a notice within 10 calendar days after occurrence of the adverse action or receipt of a notice of intent to take an adverse action.
- (2) Borrowers must offer to meet with tenants to discuss the grievance within 10 calendar days of receiving the grievance. The Agency encourages borrowers and tenants or prospective tenants to make an effort to reach a mutually satisfactory resolution to the grievance at the meeting.
- (3) If the grievance is not resolved during an informal meeting to the tenant or prospective tenant's satisfaction, the borrower must prepare a summary of the problem and submit the summary to the tenant or prospective tenant and the Agency within 10 calendar days. The summary should include: The borrower's position; the applicant/tenant's position; and the result of the meeting. The tenant also may submit a summary of the problem to the Agency.

(g) Hearing process. The following procedures apply to a hearing process.

- (1) *Request for hearing.* If the tenant or prospective tenant desires a hearing, a written request for a hearing must be submitted to the borrower within 10 calendar days after the receipt of the summary of any informal meeting.
- (2) *Selection of hearing officer or hearing panel.* In order to properly evaluate grievances and appeals, the borrower and tenant must select a hearing officer or hearing panel. If the borrower and the tenant cannot agree on a hearing officer, then they must each appoint a member to a hearing panel and the members selected must appoint a third member. If within 30 days from the date of the request for a hearing, the tenant and borrower have not agreed upon the selection of a hearing officer or hearing panel, the borrower must notify the Agency by mail of the situation. The Agency will appoint a person to serve as the sole hearing officer. The Agency may not appoint a hearing officer who was earlier considered by either the borrower or the tenant, in the interest of ensuring the integrity of the process.
- (3) *Standing hearing panel.* In lieu of the procedure contained in paragraph (g)(2) of this section for each grievance or appeal presented, a borrower may ask the Agency to approve a standing hearing panel for the housing project.
- (4) *Examination of records.* The borrower must allow the tenant the opportunity, at a reasonable time before a hearing and at the expense of the tenant, to examine or copy all documents, records, and policies of the borrower that the borrower intends to use at a hearing unless otherwise prohibited by law or confidentiality agreements.
- (5) *Scheduling of hearing.* If a standing hearing panel has been approved, a hearing will be scheduled within 15 calendar days after receipt of the tenant's or prospective tenant's request for a hearing. If a hearing officer or hearing panel must be selected, a hearing will be scheduled within 15 calendar days after the selection or appointment of a hearing panel or a hearing officer. All hearings will be held at a time and place mutually convenient to both parties. If the parties cannot agree on a meeting place or time, the hearing officer or hearing panel will designate the place and time.
- (6) *Escrow deposits.* If a grievance involves a rent increase not authorized by the Agency, or a situation where a borrower fails to maintain the property in a decent, safe, and sanitary manner, rental payments may be deposited by the tenant into an escrow account, provided the tenant's rental payments are otherwise current.

Participant's Consent to the Release of Information

Rutherford Manor I Apts, LLC
775 S. Church St - Leasing Office
Forest City, NC 28043
Office: 828-245-5974

TDD - 711

Instructions:

Each adult member (18 and older) of the household should sign this form at the time you apply for an apartment. Additional signatures must be obtained from any new adult members whenever they join the household or whenever members of the household become 18 years of age. Additional forms will be used if there are more than four (4) adult members of the household. This form will be required every time a certification is required. **NOTE: You do not have to sign this form if it is not clear who will provide the information.**

Purpose:

This form gives the above named apartment complex my/our consent to verify information relating to all sources of income, all asset information and all expenses for child care and out-of-pocket medical expenses to be used to generate the required "Tenant Certification". In addition this form gives the above mentioned complex my/our consent to do a credit check, criminal background check, Sex Offender Registry, landlord reference check, personal reference check and other reference checks needed to complete my/our application. Finally, this form gives my/our consent to the above-mentioned complex to check on my/our average utility usage as required by Rural Development of USDA and HUD.

Sensitive Information:

The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act. Such information will not be disclosed or released outside of Rural Development of USDA and HUD except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. (Misuse of form covered under Title 18, Section 1001 of US. Code.)

Conditions:

1. I/we agree that photocopies of this authorization may be used for the purposes stated above.
2. If I or any adult member of my household fails to sign this authorization, I/we understand that this action may constitute grounds for denial of eligibility or termination after tenancy.
3. I/we authorize only Rural Development of USDA or HUD to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

NOTE:

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.



OFFICIAL NOTICE:

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

Signatures of Household:

Applicant/Tenant

Co-Applicant / Co-Tenant

Print Full Name

Signature Date

Print Full Name

Signature Date

Other

Other

Print Full Name

Signature Date

Print Full Name

Signature Date

Name and Title of Agency/Organization Supplying the Information:

Name / Title

Date

Signature

