



Improving lives, strengthening communities.

## **EAGLES MANOR III APPLICATION**

### ***One Bedroom with Full Kitchen***

Rent: \$570-635  
Deposit: \$300.00 (refundable)  
Pet Deposit: \$300.00 (refundable)  
Parking w/plug-in: \$5.00/month (*limited space*)

- Living room, bedroom & bathroom (*walk-in showers & tubs available w/built in bath benches*)
- Full kitchen (*with breakfast bar & desk area*)
- Laundry area (*With option of leasing washer/dryer for \$20.00/month*) (*If you bring your own washer & dryer, it must be under 10 years old, EnergyStar efficient and be approved by maintenance before using.*) Community washers & dryers are available in the basement which works with a laundry card system.
- All utilities paid except for telephone, internet and cable.

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*If you need Section 8 subsidy to help with the rent, please go to the Helena Housing Authority (HHA); 812 Abbey Street, Helena, MT 59601 and apply. The walk-in times at HHA are Tuesdays @ 2 PM & Thursdays @ 10 AM. HHA phone number is 406-442-7970. Or visit [www.hhamt.org](http://www.hhamt.org) online*

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**The meal program is not mandatory in Eagle Manor III, but is available if you are interested.**

For more information, please feel free to stop in at the office at 715 N. Fee Street, Helena, MT 59601 or call 406-442-0610 to schedule an appointment for a tour.

**The following are items that you will need to provide with your completed application:**

- ✓ Current Social Security Benefit Letter
- ✓ Driver's License or Picture I.D.
- ✓ Social Security Card
- ✓ (6) Months of statements from your checking account.
- ✓ (1) Month of statements from your savings account.
- ✓ (6) Months of statements if you have CD's, stocks, bonds Life Insurance, ANY financial assets.

*Eagle Manor Residences 715 N. Fee Helena, MT 59601*  
*Phone (406) 442-0610 TTY 711 Fax (406) 442-1146 Email: cbreen@rmdc.net*

We have three properties here at Eagle Manor Residences. Henceforth, they will be referred to as EM I, EM II & EM III.

In EM I, we have studios and one bedroom apartments. The price for a studio ranges in price from \$405 - \$475, depending upon one's income. The one bedroom apartments are between \$445 - \$523, also depending upon one's income. Your rent will be based on your gross income and how much you have in out-of-pocket medical deductions. We can use medical to help offset the rent. Tenant based vouchers are accepted. These are affordable housing properties. **If you do not qualify at the income limits, we do have some over income apartments here at Eagle Manor I & II.**

In EM II, there is Section 8 subsidy on all apartments. Tenant based vouchers ***are not*** allowed. We have studio and one bedroom units. Rent is calculated as 30% of your Monthly Adjusted Gross Income.

There is a **mandatory** meal program in EM I & EM II. We **do not** offer exemptions from this program. **If you do not want meals or are unable to participate in the meal program due to food allergies or a special diet you may have, EM III is the only building that has that option.** Meals are currently \$297/month/person. There are only two meals per day, breakfast and lunch. If you are sick or do not feel good, we ask that you stay in your apartment and we will deliver meals to you.

The rent in EM III is \$635 These are all one bedroom apartments. You **DO NOT** have to be on the meal program. You can choose to be, but it is not mandatory. EM III is equipped with full kitchens, full sized appliances and a dishwasher. There is also washer/dryer hook ups in the apartment. We rent out washers and dryers for \$20 a month or you can bring your own if they are under five years old and energy star efficient. If you need help with the rent in EM III, you will need to go thru the Helena Housing Authority or the State to get a tenant based section 8 voucher. There are **NO** over income apartments in EM III.

We pay for all utilities, which includes a/c units in all apartments. You pay for cable and phone and internet if you want it in your apartment. We have garbage chutes and commercial washers and dryers on each floor. In EM III the commercial washers and dryers are down in the basement. Common household pets are allowed. There is a \$300 deposit for a dog or cat; \$50 for birds. The pet deposit can be broken down into monthly \$25 payments until paid off. Deposits are refundable when you move out. Dogs cannot be over 25 lbs.

**The overall process for getting an apartment can last from a week to a month. Please keep that in mind when you are applying. We verify all income and all assets and do criminal/credit/landlord checks before getting the approval for a move in.**

**If you need a Section 8 housing choice voucher, please apply at the Helena Housing Authority, 812 Abbey St. Helena, MT 59601 (406) 442-7970 or visit [www.hhamt.org](http://www.hhamt.org)**



## **RENTAL SCREENING CRITERIA**

All rental applications **MUST BE COMPLETED** in full, including copies of current social security benefits statement, picture ID, Social Security Card and birth certificate and 6 months of statements for any and all assets.

**Incomplete applications or applications with incorrect information will be denied.**

Applicant **must have** a form of income before they can apply.

Occupancy must be limited to no more than 2 persons per bedroom.

The prospective resident must initially provide unmistakable identification. A driver's license or other Picture ID is acceptable. Valid proof of a social security number is also required.

We are an apartment complex for senior citizens 62 and older and for persons with disabilities. You **have** to be one or the other to qualify for this property. Our Tenant Selection Plan allows us to give preference to the elderly.

**No less than (5) years** of current and previous verifiable landlord references are to be listed on the application, provided with telephone numbers & addresses. If you do not have any rental history you must provide 3 professional references. **If you own** your own house or trailer when you apply, landlord references are not necessary.

**Inability to meet any of the above criteria for residency will result in the denial of the application for residency.**

Revised: 09/10/18



## APPLICATION ACKNOWLEDGEMENT

Revised Date: 10/05/18

**Applicant:** Please read and checkmark the next six boxes and sign below as an acknowledged.

- ☐ The information in my original Rental Application is correct.
- ☐ I understand that I could be evicted for giving false information on the application or compliance paperwork.
- ☐ I understand a final decision on eligibility cannot be made until all verifications are complete.
- ☐ I understand Federal Laws prohibit the Site Manager from discriminating against individuals with handicaps.
- ☐ **Elderly/handicap properties:** I understand that I may own a pet and will receive a copy of the Pet Rules for Federally Assisted Housing when I move in.
- ☐ **I understand that this is a non-smoking facility and property and that I must go outside to designated areas to smoke. The penalties for smoking inside could lead to eviction.**

**Site Manager:** By checking boxes and signing below, you acknowledge each section has been completed in the Policies and Procedures Manual.

- ☒ Confirm and update all information provided on the Rental Application.
- ☒ Obtain family income, composition information and other data needed to certify eligibility. 6 months of statements for any and all assets.
- ☒ Applicants understand that they will be placed on a waiting list until a unit becomes available.
- ☒ Social security numbers have been documented.
- ☒ Applicants have been informed that a final decision on eligibility cannot be made until all verifications are complete.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EAGLE MANOR REP.

\_\_\_\_\_  
DATE







Date/Time Received \_\_\_\_\_ / \_\_\_\_\_

Property Name: EM III

715 N. Fee

Helena, MT 59601

Phone:

406-442-0610

TTY 711

Fax:

406-442-1146

In order to qualify to live here, you must be 62 and older or disabled. We are an elderly first property.

How do you qualify? Please check one. \_\_\_\_\_ Elderly \_\_\_\_\_ Disabled

**NOTICE:** *You are required to notify the Property of ANY change of address and phone. If we cannot contact you at the phone number you provide us, your name will be removed from the waiting list and you will have to re-apply. You are responsible for keeping in touch every six months to see if there is any progress. Failure to do so will result in you being removed from the WL for lack of contact.*

Your Name: (Last, First, MI)	Sex	Social Security #	Date of Birth	Citizen	Non-Citizen	Student enrolled in higher education?
						No Yes

Other Adults who will be living in the apt. w/you	Sex	Relation to Head	Social Security #	Date of Birth	Citizen	Non-Citizen	Student enrolled in higher education

**PRESENT ADDRESS:**

Street Address	City	State/Zip Code	Your Phone number

How long at current address?

From:	To:

**CURRENT LANDLORD:**

Name	Street Address	City, State, Zip Code	Landlord Phone Number

PREVIOUS ADDRESS:

❖ We need five years' worth of landlord references listed unless you own a house or trailer.

Previous address: \_\_\_\_\_ How long at that address? \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Name & Contact information of previous landlord. \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Previous address: \_\_\_\_\_ How long at that address? \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Name & Contact information of previous landlord. \_\_\_\_\_

\_\_\_\_\_

INCOME SOURCES (*All sources*)

List All Income Sources (SS / Employer / Pensions, etc.)	Gross Monthly	Net Monthly
	\$	\$
	\$	\$
	\$	\$

Bank/Assets: Checking, Savings, CD's, IRA, Annuities, etc.

Name of Bank or Financial Institution	Type of Acct.	Approximate Balance
		\$
		\$
		\$
		\$

Do you own a house or a mobile home? \_\_\_\_\_ yes \_\_\_\_\_ no      What is the approximate value of your home? \$ \_\_\_\_\_  
 Do you still have a mortgage? Not a reverse mortgage, but a regular mortgage? \_\_\_\_\_ yes \_\_\_\_\_ no



➤ **YOU MUST ANSWER ALL THE QUESTIONS TRUTHFULLY WITH FULL DISCLOSURE. FAILURE TO DO SO WILL RESULT IN DENIAL OF YOUR APPLICATION. IF YOU ARE ACCEPTED AND WE FIND THERE HAS NOT BEEN FULL DISCLOSURE, IT COULD LEAD TO EVICTION.**

Have you or anyone who will be sharing the apartment here with you ever been charged with criminal offenses or DUIs? ☐ Yes ☐ No

If yes, what for? \_\_\_\_\_

Are you required to register as a lifetime sex offender in this or any other state? ☐ Yes ☐ No

Is any member of your FAMILY subject to a lifetime sex offender registration requirement in any state? ☐ Yes ☐ No

Please complete a list of ALL STATES in which you have resided. \_\_\_\_\_

Have you had credit under any other name? ☐ Yes ☐ No If yes, what name? \_\_\_\_\_

In the last (2) years have you or any household member who will be living here with you disposed of assets for less than fair market value?  
☐ Yes ☐ No

Have you or anyone in your household who will be sharing the apartment here with you ever been convicted for the use, sale, manufacture or distribution of controlled substances? ☐ Yes ☐ No

Do you or anyone in your household who will be sharing the apartment here with you currently use illegal drugs? ☐ Yes ☐ No

Have you or anyone who will be sharing the apartment here with you ever been evicted? ☐ Yes ☐ No

Have you or anyone who will be living here with you been evicted in the last five years from federally assisted housing? ☐ Yes ☐ No

Are you currently receiving tenant-based or project based assistance from HUD? ☐ Yes ☐ No

Will this apartment be the your only residence? ☐ Yes ☐ No

Do you own any pets? ☐ Yes ☐ No If yes, what do you have? \_\_\_\_\_

How did you hear about our housing program? \_\_\_\_\_

This property does not recognize any preferences except very low income requirements to house 40% @ 30% medium income or lower.

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation and mode of living will be verified. You have the right to dispute the information reported. The facts set forth in this application are true and complete. I/We understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance. You agree to all the above and sign this of your own free will and acknowledge that the advanced screening fees (if applicable) are non-refundable.

I/We understand that I/we must contact the rental office within six (6) months in order to remain on the waiting list. Failure to update will result in removal of my/our name(s) from the waiting list.

I/We further understand that, upon acceptance of this application for tenancy, I/we must provide verification of all income, and 6 months worth of statements for any and all assets and household composition, sign a Lease Agreement, sign an Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures, HUD Form 50059 if pertinent to this particular property.

**You, as the prospective tenant(s), agree that a complete investigation of all information on this application will not constitute invasion of privacy. I/We are aware of and extend the privilege to its representatives to obtain credit reports, current & previous landlord references and/or character reports as necessary.**

**WARNING:** 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 or Agency of the U.S. or the Department of Housing and Urban Development.

X \_\_\_\_\_  
Applicant Signature

X \_\_\_\_\_  
Date:

X \_\_\_\_\_  
2<sup>nd</sup> Applicant Signature

X \_\_\_\_\_  
Date:

RMDC does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission or access to its program. **Eagle Manor Residences APPLICATION REVISION DATE: 09/10/18**





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



# MONTANA FAIR HOUSING

Montana Fair Housing is a private, full service, non-profit organization dedicated to the elimination of housing discrimination, and the advancement of civil rights.

The mission of Montana Fair Housing, Inc., is to promote fair housing throughout Montana, and elsewhere. Among MFH's specific purposes and goals is the promotion of equal opportunity in all housing related transactions, and to ensure all housing is available on a non-discriminatory basis. In addition, Montana Fair Housing supports the pursuit and expansion of all civil rights available in Montana and throughout the United States.

Montana Fair Housing foresees a time that this country provides to all of its peoples opportunities to work, live, and prosper without the historic barriers perpetuated by discrimination. MFH recognizes that these opportunities will only be available in our communities when changes occur in both the private and public sectors, and civil rights are valued and honored by all individuals and entities.

Federal, state and local non-discrimination laws prohibit discrimination in any housing related business or transaction. These laws address discriminatory practices in the rental, sales, insurance, advertising, appraisal, and lending industries, as well as issues arising from discriminatory zoning ordinances, the actions of Home Owners' Associations, and access issues affecting persons with disabilities.

Discrimination occurs when a housing provider makes a decision about a household's eligibility for services, or implements different terms and/or conditions on a household, **BECAUSE OF** the household's membership in a protected class, or the protected class status of someone associated with the household.

## Services: Education, Outreach, and Dispute Resolution

Montana Fair Housing provides educational opportunities for industry representatives and consumers. Our workshops are approved for continuing education credits.

Technical assistance is available for

housing providers and consumers to ensure they understand their rights and obligations as provided by local, state and federal non-discrimination laws.

MFH offers dispute resolution services to address issues related to federal, state, and/or local non-discrimination laws.

Upon request, Montana Fair Housing will provide a list of housing believed to be available on a non-discriminatory basis.

## Enforcement Activities

MFH investigates allegations of discrimination, counsels individuals who experience discrimination, and assists in the filing of administrative complaints with the Department of Housing and Urban Development, and the Montana Human Rights Bureau. When appropriate, Montana Fair Housing will assist individuals in filing complaints of discrimination in Federal or District Court, and may, on its own behalf, for the public interest and for its constituents, file complaints as an organization.

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## FAIR HOUSING - IT'S YOUR RIGHT AND IT'S THE LAW!



## **Federal Protected Classes:**

### **Race/Color/National Origin**

#### **Disability**

Provides protections for persons with mental and physical impairments that substantially limit major life activities. Includes provisions addressing the design and construction of multifamily units, and requests for reasonable accommodations and/or modifications.

### **Familial Status**

Presence of children under the age of 18 and/or pregnancy.

#### **Sex**

Includes protections for victims of domestic violence, and prohibits sexual harassment.

### **Religion**

## **Additional State Protected Classes:**

### **Creed, Marital Status, and Age**

**Local laws may provide additional protections.**

Fair housing laws protect you against intimidation, coercion, and harassment. Should you file a complaint of housing discrimination, fair housing laws offer protections prohibiting retaliation.

To report housing discrimination or if you have questions about the federal, state, or local laws requiring housing be available on an equal opportunity basis, contact Montana Fair Housing.



## **Access and Choice – Promoting Equal Housing Opportunity**

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**501 East Front Street, Suite 504  
Butte, MT 59701**

**Voice: (406) 782-2573**

**Fax: (406) 782-2781**

**Toll Free: (800) 929-2611**

**Montana Relay Service: 711**

### **E-Mail:**

[inquiry@montanafairhousing.org](mailto:inquiry@montanafairhousing.org)

### **Web Site:**

[www.montanafairhousing.org](http://www.montanafairhousing.org)



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**Alternative Format  
Available Upon Request**

January 2016

**EAGLE MANOR RESIDENCES**

**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 **LIHTC 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 the **LIHTC 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 the **LIHTC program**, you may not be denied assistance,

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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.



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 **LIHTC 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**

Eagle Manor Residences (referred to herein as EMR) 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 EMR chooses to remove the abuser or perpetrator, EMR 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, EMR 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, EMR must follow Federal, State, and local eviction procedures. In order to divide a lease, EMR 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, EMR 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, EMR 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.

EMR 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.

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

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

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



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

### **Confidentiality**

EMR 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.

EMR 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.

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

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

VAWA does not limit EMR'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, EMR 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 EMR 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 EMR can demonstrate the above, EMR 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 **Mary Bair, Montana Board of Housing, P.O. Box 00528, Helena, MT 59620-0528.**

### **For Additional Information**

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

*<https://portal.hud.gov/hudportal/documents/huddoc?id=5380.docx>*

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

For questions regarding VAWA, please contact **Mary Bair 1-406-841-2845.**

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 sexual assault, you may contact **Friendship Center at 442-6800 or Montana Coalition Against Domestic & Sexual Violence at 443-7794**

Victims of stalking seeking help may contact **Friendship Center at 442-6800, Montana Coalition Against Domestic & Sexual Violence at 443-7794 or YWCA at 442-8774.**

**Attachment:** Certification form HUD-5382

## **EAGLE MANOR RESIDENCES**

### **Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

#### **Emergency Transfers**

**Eagle Manor Residences, herein referred to as EMR,** is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> EMR allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The ability of EMR to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether EMR has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model

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<sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, 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.



emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the **LIHTC program** is in compliance with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify EMR's management office and submit a written request for a transfer to **the EMR Office**. EMR will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under EMR's program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

### **Confidentiality**

EMR will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives EMR written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about EMR's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### **Emergency Transfer Timing and Availability**

EMR cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. EMR will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. EMR may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.



If EMR has no safe and available units for which a tenant who needs an emergency is eligible, EMR will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, EMR will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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>.

**Attachment:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



**EMERGENCY TRANSFER  
REQUEST FOR CERTAIN  
VICTIMS OF DOMESTIC  
VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

**The requirements you must meet 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. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
- (2) **You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
- (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 submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. 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 PERSON REQUESTING A TRANSFER**

1. Name of victim requesting an emergency transfer: \_\_\_\_\_

2. Your name (if different from victim's) \_\_\_\_\_

3. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

4. Name(s) of other family member(s) who would transfer with the victim: \_\_\_\_\_

5. Address of location from which the victim seeks to transfer: \_\_\_\_\_

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 incident(s): \_\_\_\_\_

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. \_\_\_\_\_

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: \_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_