The Reserve at Jefferson Crossing

www.reserveatjefferson.com

List Of Documents Needed To Apply!

- ***Application Fee of $65 per applicant 18 or older (Non-Refundable)***
- ***Security Deposit (Refundable)***
- ***Pet Fee of $400 ($200 is non-refundable).***
- ***Current proof of income (most recent 4 paycheck stubs & 1st paystub of the year), child support/ alimony, contributions, SS, SSI, Section-8, etc.)***
- ***6 months of Checking & Savings Statements (if applicable)***
- ***Valid picture ID or Driver's License***
- ***Social Security Cards for all household members***
- ***Birth certificates for anyone in the household under the age of 18***

Please Note

- Cash is NOT Accepted
- All fees must be paid in the form of Money Order or Cashier's Check
- The Application Process takes approximately (5) business days to process upon receiving ALL The Required Documents!

17232 Jefferson Highway, Baton Rouge, LA 70817 (225)751-8373 phone
(225)751-8035 fax

TENANT SELECTION PLAN (TSP)

The Reserve at Jefferson Crossing Apartments is an affordable family rental community. We support the Fair Housing Act as amended, and prohibit discrimination based on race, color, religion, sex, national origin, handicap, familial status, sexual orientation, gender identity, or marital status. Maximum rent and maximum income are adhered to as required by the Louisiana Housing Corporation (LHC) LIHTC Program. The Reserve at Jefferson Crossing Apartments requires all applicants to meet the following criteria in order to qualify for leasing at our community.

In accordance with the Violence Against Women Reauthorization Act (VAWA) of 2013, this property will not deny admission on the basis that the applicant has been a victim of domestic violence, dating violence, sexual assault, or stalking. All Applicants will received forms 5380 and 5382 in accordance with The VAWA act.

Maximum Occupancy

Apartment Size	Maximum # of Occupants
One Bedroom	2 Occupants
Two Bedroom	4 Occupants
Three Bedroom	6 Occupants
Four Bedroom	8 Occupants

ELIGIBILITY REQUIREMENTS

In order to be accepted as a resident, each applicant must provide the required verification for information in each of the categories listed below. Failure to meet eligibility requirements in any one or more of these categories will result in the rejection of the applicant. By law, only U.S. citizens and eligible non-citizens may be offered rental assistance. Rental assistance is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status. All members of each applicant household, regardless of age, must declare their citizenship or immigration status.

All members of the household must have a valid social security card and must provide the numbers as part of the application. Occupants under 18 must have a birth certificate. Occupants 18 and over must have a valid state issued ID or driver's license.

1. **Household Composition**

   Definition of head of household: As listed on the application, the first or primary applicant. If only one person is applying, that person will be the head of household. Definition of the co-head: The second applicant, as listed on the application. If applicant has a non-biological child in the household, the applicant must provide proof of two listed below:

   a) Custody papers that have been filed with the local government custody office.
   b) Proof of Social Security benefits designation you as the custodian/guardian for the child.
   c) The school records showing you are the designated custodian/guardian for the child.
   d) Current rental lease showing the child is included as an occupant in your household.
   e) Proof of AFDC/TANF benefits designation you as the custodian/guardian for the child.

- Failure to provide any two listed above will result in the non-biological child being excluded from the household size used in determining the household income limit.

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2. **Income**

Each household must provide proof of income which is at least **2.0** times of their resident paid portion. Section 8 applicants are welcome to apply. For affordable housing units, the household income must be within the maximum allowed income range as specified by LHC program, as applicable. The following is the maximum allowable incomes per household, by number of occupants:

TC Income Restrictions Effective 4-1-2021			HOME Income Restrictions 6-1-21	
Household Size	**50%**	**60%**	**50%**	**60%**
1 person	$27,800	$33,360	$27,800	$33,360
2 people	$31,750	$38,100	$31,750	$38,100
3 people	$35,700	$42,840	$35,700	$42,840
4 people	$39,650	$47,580	$39,650	$47,580
5 people	$42,850	$51,420	$42,850	$51,420
6 people	$46,000	$55,200	$46,000	$55,200
7 people	$49,200	$59,040	$49,200	$59,040
8 people	$52,350	$62,820	$52,350	$62,820
9 people	$55,500	$66,600	$55,500	$66,600

Income/ Asset Verifications

The Community requires each applicant to provide us with proof of income and assets, prior to application approval. Acceptable forms of verification include but are not limited to last four (4) consecutive paystubs, social security and pension award letters, 6 months of consecutive bank statements and interest/dividend from all investments.

- Applicants must have verifiable employment history unless he/she has recently graduated from high school, trade school, or college.
- If self-employed you must provide the most current tax return (1040) with Schedule C.
- All sources of income included but not limited to will be verified: child support, pensions, GI benefits, disability, social security, trust funds, checking accounts, saving accounts, 401k's, IRA's and real estate.

However, if any source of income or assets cannot be substantially documented, or verified through third party we have the right to reject the application.

3. **Student Status**

Pursuant the LIHTC Program monitored by LHC full-time student households that are income eligible must satisfy and provide documentation for one or more of the following conditions to be considered an eligible resident: 1) the adult members of the household are married or is entitled to file a joint tax return; 2) the household consists of a single parent(s) and their child(ren), and both the parents and the children are not dependent of another individual; 3) at least one member of the household received assistance until Title IV of the Social Security Act (i.e., AFDC/TANF assistance); and /or 4) at least one member of the house10hold is enrolled in a job training program and receiving assistance under the Workforce Investment Act, or similar

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federal, state, or local programs. Qualified exemptions according to Student Status Affidavit form must have verifiable proof.

APPLICANT SCREENING

Applicant screening is targeted toward determining that an applicant will be able to meet the essential requirements of tenancy as expressed in the lease and the Community Policies. Note: Live-in aides are subject to the same criminal screening criteria as the Applicant. Furthermore, the applicant or live in aid cannot be dependent upon the other's income.

1. **Credit and Criminal History**

   Applicant(s) must have a satisfactory criminal and credit history. Credit and criminal background checks will be conducted on each applicant age 18 and older in accordance with federal and state laws. Anyone with a bankruptcy or repossession may be required to post an additional deposit. No applicant who has an outstanding balance with another apartment home community or utility company will be approved. All outstanding balances with other apartment home communities and utility companies must be satisfied prior to application approval.

   Conditional Approval

   Applicant(s) who's credit comes back as Conditional approval will be subject to and additional security deposit not to exceed 1 full month's rent.

   Criminal Background This will be conducted through a recent criminal record report and a search of the national and state sex offender registry. Applicants with certain felony convictions or guilty pleas to certain felonies will not be accepted, nor any violent crimes such as murder, rape, armed robbery, and any sexual crimes committed at any time or any association to terrorism will be an automatic denial.

   Applicant will be denied if:

   Felony conviction, serving deferred adjudication or case pending for the following:

   - Theft of property (exclude checks), damage to property, drug violation, weapons if within 10 years from completion of sentence.
   - Violence, Injury to persons or sexual offense no time limit.

   Misdemeanor conviction, serving deferred adjudication or case pending for the following:

   - Theft of property (exclude checks), damage to property, drug violation, weapons if within 7 years from completion of sentence.
   - Violence, Injury to persons or sexual offense no time limit

2. **Rental History**

   All applicants age 18 and older are required to sign the Lease Agreement and must have satisfactory, verifiable, rental history (i.e., no prior evictions, late payments, disturbing the rights and comforts of other residents, poor housekeeping, NSF check history, unauthorized occupants or property damage or failure to adhere to community policies and regulations). At least six (6) months of rental history is required. If an applicant does not have prior rental history, additional deposit may be required, if all other criteria is met.

APPLICATION PROCEDURES

Applications with application fee may completed at the Community during normal business hours. The Community will accept initial applications from anyone wishing to apply for residency. The applicant

Resident Initial: _____

initial application will be screened for the program and income eligibility. Applicants who do not qualify will be notified within 7 days of the specific reason(s) they did not qualify. Applicant's who feel that this decision was made in error may appeal this decision with management. Procedures for the appeal will be contained in the letter of non-eligibility.

WAITING LIST

Leasing is based on a first come, first serve basis. However, when an Unit Affordable Designation is unavailable, a waitlist will be set in place. Applicants wishing to be placed on the waitlist for an unavailable unit affordable designation will be required to submit the application, with application fee(s), and pass the criminal and credit screening, before they will be placed on the waitlist. The waitlist application will be good for 90 days and applicant would be offered a maximum of 3 units, contingent on availability, during that 90 day time frame. If the applicant refuses 3 apartment homes that meet their criteria, or the application expires after 90 days, the applicant will be removed from the waiting list. You may request a copy of the Reserve at Jefferson crossing Wait List Agreement for more details.

TERMS OF RESIDENCY

Each eligible, qualified applicant who accepts an apartment home will be required to sign a Lease Agreement for a period of no less than 12 months (one year).

PETS

Small pets (cat or dog) will be allowed with the maximum weight of 25 lbs, maximum of 1 pet per household. No exotic animals or restricted breeds allowed. All pets must be over the age of one year and housebroken. All pets must have proof of current rabies shot and licenses required by law. Copies of this information must be given to management. A current picture of the animal and a pet interview must be scheduled with management prior to application approval. All information is subject to approval by management. Small caged birds and fish aquariums less than 20 gallons may be approved by management with proof of renter's insurance. A $400 pet deposit is required per cat or dog and $10 monthly pet rent.

In accordance with State and Federal laws, we authorize support animals for a disabled person. We will require a written statement from a qualified professional verifying the need for the support animal.

UTILITIES

All residents will be responsible for their electricity. Water, sewer, and trash will be paid by the owner. Proof utilities will be transferred into the resident's name prior to move-in must be provided to management before lease can be signed.

APARTMENT TRANSFERS

In order for a resident to transfer to another apartment home within the community during the lease term, the resident must meet one of the following criteria:

- Have experienced a change in household composition
- Have experienced a change in income which is permanent in nature
- Requires a Reasonable Accommodation for a disability
- Documented for medical reasons

If a resident meets one of these criteria, which must be verified and is qualified for the new apartment, they will be placed on the transfer list in the order in which the request for transfer is approved. Persons

Resident Initial: _____

on the transfer list will have priority over persons on the waiting list when an appropriate unit becomes available. Once an available apartment home is on notice, the resident will be notified and must place any applicable deposits and transfer fees down within the given deadline to hold the apartment home. If a household on the transfer list refuses an appropriate unit when it becomes available, they will be moved to the bottom of the transfer list.

REJECTION PROCEDURE

1. A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection.
2. The applicant is advised in this letter that he/she has fourteen (14) days to request review of the rejection. The applicant may request a meeting with a Community Management staff member to appeal the rejection.
3. A Community Management staff member, not the staff member who made the initial decision on the application, will review the application and the decision to reject the applicant.
4. To the extent practicable, this review will be completed within five (5) business days of the applicant's request for review. However, it may not be possible to complete an in-person meeting review within five (5) business days. Such a meeting will be scheduled as soon as possible.
5. The applicant will be sent a written, final determination within five (5) business days of completion of this review.

All application fees, all required deposits and first month(s) rent must be paid in money order, cashier's check. All rent money is due by the 1st of the month and is considered late on 2nd day of the month. There is a 5 day grace period and Late Fees are charged on the 6th. Late rent and late fees must be paid by money order or cashier's check. After one (1) returned check all rent money must be paid by money order or cashier's check.

NO CASH IS EVER ACCEPTED FOR ANY TRANSACTIONS.

NOTICE: By signing this document you acknowledge that you have had the opportunity to review the Tenant Selection Plan criteria. If you do not meet the Applicant Criteria the application fee will not be refunded. Any inaccurate information or false statements may lead to rejection of your application or immediate termination of your lease. This community will operate under an affirmative marketing plan. Additional marketing efforts will be made to attract and retain residents that are currently participating in a local voucher program. All Fair Housing Laws will be followed.

You must sign a consent form allowing Reserve at Jefferson Crossing to verify income information for your household. These documents contain information subject to the privacy Act of 1974, as amended. We are required to protect the income information we obtain in accordance with the Privacy Act of 1974.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Owner's Representative: _____ **Date:** _____

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Floor plan (circle one): **1BR** **2BR** **3BR** **4BR** Preferences: _____

Move In Date Requested: _____

Applicant E-mail :_____

Applicant Phone #:_____

Co-Applicant E-mail :_____

Co-Applicant Phone #:_____

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The Reserve at Jefferson Crossing

RENTAL APPLICATION

Apartment Size Desired: Number of Bedrooms _____ Date: _____

1. FAMILY DATA:

Name of Head of Household (Head)				Spouse Name (if living with the household)	
Current Address: Street	City	State	Zip	Day Phone	Night Phone
Have you ever used another name? (Y/N) _____ If so, please indicate name _____					

PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate. White-out is not acceptable.

Directions to Applicant: PLEASE PRINT. Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. **(A full time student is anyone who is enrolled for at least five calendar months during this taxable year for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).** If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.

2. HOUSEHOLD COMPOSITION:

Member Number	Name(s)	Relation to Head	Date of Birth	Gender (M/F)	Social Security #	Student (Y/N)	If Yes, PT or FT
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Do all of the above household members reside in the household 100% of the time? (Y/N) _____ If no, please list the household members that do not live in the household 100% of the time: _____

Anticipated changes in the household size within (Example a future spouse, a minor entering the home through adoption, children returning from foster care, etc.) within the next 12 months? (Y/N) _____ If Yes, explain _____

_____

Anticipated change in number of students within the next 12 months? (Y/N) _____ If Yes, explain _____

Current Marital Status: Single ____ Married ____ Divorced ____ Separated _____ Widowed ____

Are all occupants' full time students? Yes ____ No ____ If Yes, please answer the following:

a.) Are any of the students married and entitled to file a joint Federal Income Tax Return with their spouse? Yes _____ No _____ (If Yes, attach a copy of the Signed Federal Income Tax Return).

b.) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited TANF/AFDC? Yes ____ No ____

c.) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act (WIA)/Job Training Partnership Act (JTPA) of under similar Federal, State or local laws? Yes ____ No ____

d.) Does the household consist of single-parent(s) and their child(ren) and such parent(s) are not dependents on another individual tax return and such children are not dependents of another individual other than a parent of such child? Yes ____ No ____ (If Yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).

e.) Does the household consist of at least one student who was previously under foster care? Yes ____ No ____

3. **ANTICIPATED HOUSEHOLD INCOME: PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:** For the following indicate the amount of anticipated income for all household members (for minors, unearned income amounts only), during the 12 months period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

YES	NO	Do you or anyone in your household have:	Annual Amount
_____	_____	Wages or salaries, (include overtime, tips, bonuses, commissions and payment received in cash)	$_____
_____	_____	Wages earned through a government program? Y/N If yes name of the program: _____	$_____
_____	_____	Child Support, (includes child support you are entitled to but may not be receiving)	$_____
_____	_____	Alimony (includes alimony you are entitled to but may not be receiving)	$_____
_____	_____	Social Security	$_____
_____	_____	Supplemental Security Income (SSI)	$_____
_____	_____	Public Assistance (General Relief, and/or TANF/AFDC)	$_____
_____	_____	Veterans Administration Benefits	$_____
_____	_____	Pension Income	$_____
_____	_____	Unemployment Compensation	$_____
_____	_____	Income from Insurance Policies	$_____
_____	_____	Disability, Death Benefits and/or Life Insurance Dividends Source: Veteran's __ Social Security___ Other _____	$_____
_____	_____	Worker's Compensation	$_____
_____	_____	Severance Pay	$_____
_____	_____	Net Income from a Business (including rental property, land contracts or other forms of real estate)	$_____
_____	_____	Interest, Dividend & Other Income from Net Family Assets	$_____
_____	_____	Regular Contributions and/or Gifts from Person not residing at unit	$_____
_____	_____	Lottery Winnings or Inheritances (Paid as an annuity)	$_____
_____	_____	All regular pay paid to members of the Armed Forces	$_____
_____	_____	Annuities	$_____
_____	_____	Retirement Savings Plans (IRA/401K/Keogh)	$_____
_____	_____	Education Grants, Scholarships or Other Students Benefits	$_____
_____	_____	Regular and/or special armed forces pay Including allowances for member of family (whether or not living in the unit)	$_____
_____	_____	Self Employment	$_____
_____	_____	Other _____ Does anyone outside of your household pay your expenses and/or give you money regularly ?	$_____
		TOTAL	$_____

4. **ASSET INCOME:** List all assets currently held by all household members and the cash value of each. The cash value is the market value of the asset minus reasonable costs there was, or would be, incurred in selling or converting the asset to cash.

YES	NO	Do you or anyone in your household have:	Cash Value
_____	_____	A Savings Account?	$_____
_____	_____	A Checking Account?	$_____
_____	_____	Pre-paid Debit Cards/Pre-paid Cash Cards?	$_____
_____	_____	Cash on hand?	$_____
_____	_____	Certificates of Deposit?	$_____
_____	_____	Life Insurance Policy? Y/N If yes, whole, term or universal? _____	$_____
_____	_____	Money Market Account?	$_____
_____	_____	A Safety Deposit Box?	$_____
_____	_____	Money Held in Trust? Is this a Revocable or Non-Revocable Trust Account:? Y/N	$_____
_____	_____	Any Stocks, Bonds, Mutual Funds or capital Investments Type: _____ Name: _____	$_____
_____	_____	Any Treasury Bills? Type: _____ Name: _____	$_____
_____	_____	A Retirement Fund? (Includes IRA's, Keogh accounts)	$_____
_____	_____	Annuities?	$_____
_____	_____	A Pension Fund?	$_____
_____	_____	Have any Personal Property held as an Investment (includes: paintings, artwork, collectors or show cars, jewelry, coin or stamp collections, antiques etc.)?	$_____
_____	_____	Other equity in real estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)? Market Value Less: (a) any unpaid balance on loans secured by property, and (b) reasonable costs that would be incurred in selling the asset – penalties, broker fees, etc.	$_____
_____	_____	Received any Lump Sum Receipts? When_____ (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)	$_____
_____	_____	Other Assets not listed? Y/N Type: _____	$_____
_____	_____	Have you disposed of any assets (e.g. real estate, cash, stock, etc.) in the past two years? In the past 2 years have you given away any asset(s) for less than they are worth? (Examples include property, transferring an asset into someone else's name etc.) If yes, please describe and give estimated value_____	$_____

5. **EMPLOYMENT HISTORY:**

Applicant Employed By:			
Start Date:	**Supervisor:**		
Current Wage: $	**Hours per week:**	**Overtime wage: $**	**Overtime hours per week:**
Employer Address:		**Employer email or fax**	
Spouse Employed By:			
Start Date:	**Supervisor:**		
Current Wage: $	**Hours per week:**	**Overtime wage: $**	**Overtime hours per week:**
Employer Address:		**Employer email or fax**	
Other Applicant Employed By:			
Start Date:	**Supervisor:**		
Current Wage: $	**Hours per week:**	**Overtime wage: $**	**Overtime hours per week:**
Employer Address:		**Employer email or fax**	

6. **CREDIT HISTORY**

Have you ever filed for bankruptcy? (Y/N) _____ If yes, please explain _____

Do you currently or have you previously had a judgment filed against you? (Y/N) _____ If yes, please explain _____

_____

7. **RESIDENCE HISTORY: CURRENT & PREVIOUS LANDLORDS:**
(Past 2 years residence including any owned by applicants.)

Current Address		Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address				Landlord Phone
Previous Address		Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address				Landlord Phone

8. **VEHICLES (including company cars, motorcycles, etc.):**

Member Number	Driver's License Number / State	Model	Year	Color	License Plate Number / State

9. OTHER

Do you have full custody of your child(ren) or any HH members under 18? Explain the custody arrangements: _____

Have you ever been evicted? Yes ____ No ____ If Yes, explain _____

Have you ever been convicted of a felony? Yes ____ No ____ If Yes, explain _____

Will your household be receiving Section 8 rental assistance at the time of move-in? Yes ____ No ____

Agency _____ Contact Person_____ Phone Number _____

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Yes ____ No ____ Explain _____

Have you ever received rental assistance? Yes ____ No ____ If Yes, explain _____

Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?

Yes ____ No ____ If Yes, explain _____

10. SPECIAL NEEDS:

Does anyone in your household have special needs? (Y/N) _____ Will you require a live-in care attendant (Y/N) _____

Special living accommodations required? (Y/N) _____ Please Explain (Attach additional pages as needed): _____

_____

Do you have a pet? YES __ NO_____ If Yes what kind? _____

How did you hear about our community? _____

11. IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/manager to verify information provided on this application and my signature is our consent to obtain such verification. I/We certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/We further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

By signing this, all parties acknowledge that they have been provided HUD forms 5380 & 5382 in accordance with the Violence Against Women's Act as reauthorized in 2013.

I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this Property.

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

_____ _____
Applicant Signature (HEAD) Date Applicant Printed Name (HEAD)

_____ _____
Applicant Signature Date Applicant Printed Name

_____ _____
Applicant Signature Date Applicant Printed Name

_____ _____
Applicant Signature Date Applicant Printed Name

(Updated 03-27-21)

The Reserve at Jefferson Crossing

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT
I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I further authorize HUD, credit bureaus, collection agencies, or future landlords to release and verify information. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED
I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

- Identity and Marital Status
- Medical or Child Care Allowances
- Residences and Rental Activity
- Employment, Income, and Assets
- Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED
The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Medical and Child Care Providers
- Retirement Systems
- Utility Companies
- Credit Providers and Credit Bureaus
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Support and Alimony Providers
- Veterans Administration
- Banks and other Financial Institutions

CONDITIONS
I agree that a photocopy or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

Head of Household	(Print Name)	(Date)
Spouse	(Print Name)	(Date)
Adult Member	(Print Name)	(Date)
Adult Member	(Print Name)	(Date)

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

WARNING STATEMENT
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 United States Government.

STUDENT STATUS AFFIDAVIT

Head of Household: _____ Unit Number: _____
Property: _____ Date: _____

All Adults must read: *A full-time student is any individual who is currently enrolled in any educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for 5 months (need not be consecutive) out of the current calendar year.*

Section One: Household Members and Status

Please list all household members regardless of age. Indicate student status.			Student Status			Graduated during current calendar year?	If yes, when:
	Name	Age	Full-Time	Part-Time	Financial Aid		
1			Yes No	Yes No	Yes No	Yes No	
2			Yes No	Yes No	Yes No	Yes No	
3			Yes No	Yes No	Yes No	Yes No	
4			Yes No	Yes No	Yes No	Yes No	
5			Yes No	Yes No	Yes No	Yes No	
6			Yes No	Yes No	Yes No	Yes No	
7			Yes No	Yes No	Yes No	Yes No	
8			Yes No	Yes No	Yes No	Yes No	
Are all residents of the household full-time students?			Yes No				

Section Two: Exceptions

	When ALL household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:
Yes No	At least one member of the household receives cash assistance under title IV of the Social Security Act (i.e. payments under AFDC or TANF). ***Please provide a third-party verification of AFDC/TANF award.***
Yes No	At least one member of the household is currently enrolled in the Workforce Investment Act (WIA), a job training program that received assistance under the WIA or is funded by a State or Local public Library. ***Please provide a verification of enrollment & mission statement of the program.***
Yes No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependent by someone other than a parent. ***Please provide a signed copy of most recent tax return.***
Yes No	The members of the household are married and are entitled to file a joint federal tax return. ***Please provide a signed copy of most recent tax return or marriage license.***
Yes No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). ***Please provide court documents, state agency documentation or Social Security verification.***

Section Three: Financial Aid Exceptions

Yes No	Are you a single parent over the age of 23, with a dependent child?
Yes No	Are you married, over the age of 23, with a dependent child?
Yes No	Do you reside with your parents that are receiving Section 8 Assistance?

Section Four: Signatures

Signature of Applicant/Resident _____ Date _____ Signature of Applicant/Resident _____ Date _____

Signature of Applicant/Resident _____ Date _____ Signature of Applicant/Resident _____ Date _____

Signature of Applicant/Resident _____ Date _____ Signature of Applicant/Resident _____ Date _____

PENALTIES FOR MISUSE: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. Government

This form does not apply to me because I do not have rental history.

_____
(initial) (date)

Rental Verification

Community requesting information for a rental application: Reserve at Jefferson Crossing

Telephone (225) 751-8373 ; Fax: (225) 751-8035

Landlord Name _____

Address _____

Telephone _____ Fax _____

Lessee _____ SSN _____

Leased Address _____

The individual named above has applied for an apartment governed by the Federal Government's Affordable Housing Program. Federal regulations require that we verify all income and asset sources of this person and their household to determine their eligibility. The individual has authorized below your release of the requested information. Please complete the remainder of this form and return as soon as possible.

I hereby authorize the release of the following information in order to determine my eligibility for the Affordable Housing Program. Please complete this form in full and return it at your earliest convenience.

Signature _____ Date _____

Printed Name _____

Dates of the Applicant's tenancy: From _____ To _____

Is/Was applicant current on his or her rent? _____ Monthly rent payment _____

Has/Was Resident ever been late on rental payments? _____ How many times? _____

Does/Did the resident keep the unit clean? _____

Has/Did the resident damage the unit? _____ If yes, please describe in detail. ___

_____

Have the damages been paid? _____ Amount owed? _____

Has/Did the resident fulfill his/her lease obligation to you? _____ If no, please describe in detail. ___

_____

Has the applicant ever damaged or vandalized community property, grounds, or common areas?

_____

Does/Did the resident interfere with the rights and quiet environment of other residents, such as loud music, etc.?

_____

Would you re-rent to this person(s)? _____

Was this person(s) evicted by your company? _____

Additional Comments: _____

_____ _____

Signature Date Printed Name/Title

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) Date: _____

_____

_____

_____

RE: _____ _____ _____

Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

_____ _____

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of the federal Housing Tax Credit Program, Federal regulations (IRS Code Section 42) require that we must verify a housing program that requires verification of income in order that the anticipated gross income for the next twelve month may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely,

_____

Project Owner/Management Agent

Return Form To:

Reserve at Jefferson Crossing
17232 Jefferson Hwy
Baton Rouge, LA 70817
225-751-8373
225-751-8035(fax)

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ____ Date First Employed _____ No ____ Last Day of Employment _____

Current Wages/Salary: $_____ (circle one) per hourly weekly bi weekly semi-monthly monthly yearly other_____ (circle one)

Average # of regular hours per week: _____ Year-to-date earnings: $_____ from ____/____/_____ through __/____/____

Overtime Rate: $_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: $_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: $_____ (circle one) per hourly weekly bi-weekly semi-monthly monthly yearly other_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
Is employee eligible for unemployment compensation? ___Yes ____No If yes, how long? _____ How much?_____
Additional remarks: _____

_____ _____ _____

Employer's Signature Employer's Printed Name Date

_____

Employer [Company] Name and Address

_____ _____ _____

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Forms will only be accepted back through fax, email or mail
Hand delivered forms will not be accepted

UNDER $5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed $5,000.
Complete only one form per household; include assets of children.

Household Name:_____ Unit No. _____

Development Name: Reserve at Jefferson Crossing City: Baton Rouge

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
$		$	Savings Account	$		$	Checking Account
$		$	Cash on Hand	$		$	Safety Deposit Box
$		$	Certificates of Deposit	$		$	Money market funds
$		$	Stocks	$		$	Bonds
$		$	IRA Accounts	$		$	401K Accounts
$		$	Keogh Accounts	$		$	Trust Funds
$		$	Equity in real estate	$		$	Land Contracts
$		$	Lump Sum Receipts	$		$	Capital investments
$			Pre-Paid Debit Cards				
$		$	Life Insurance Policies (excluding Term)				
$		$	Other Retirement/Pension Funds not named above: _____				
$		$	Personal property held as an investment** : _____				
$		$	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: $_____ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed $5,000 and the annual income from the net family assets is $_____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date

CHILD SUPPORT AFFIDAVIT

This form is to be completed by the adult household member having custody of any minor child when any of the minor's parents are not present in the household. There must be a birth certificate furnished for each minor child of the household.

Applicant/Resident Name:_____ Date:_____

Please check only the options below that apply to you and complete all information required for that option.

☐ 1. There IS a divorce decree/court-ordered support agreement. (I have provided a copy to this property), AND I AM receiving support AS STATED in the document. Support is for the following children:

Name: _____ Age:_____ Name: _____Age: _____

Name: _____ Age:_____ Name: _____Age: _____

☐ 2. There IS a divorce decree/court-ordered support agreement (I have provided a copy to this property), AND I AM NOT receiving support AS STATED in the document. Support is for the following children:

Name: _____ Age: _____ Name: _____Age: _____

Name: _____ Age:_____ Name: _____Age: _____

_____ a. I HAVE MADE REASONABLE EFFORTS to collect the amounts due, including filing with courts or agencies responsible for enforcing payments. I anticipate receiving support in the amount of $_____ (if none, indicate -0-) during the next 12 months. A copy of my efforts to collect amounts due me for child support is to be attached to this form.

OR

_____ b. I AM NOT making reasonable efforts to collect the amounts due me for child support. I understand that because of this lack of pursuit, the full amount stated in my divorce decree/settlement agreement/court-ordered paternity agreement will be considered as income when determining eligibility.

☐ 3. There IS NO COURT ORDER requiring support to be paid for the following children, AND I AM / I AM NOT (circle one) receiving support (for the next 12 months) for my children as listed below.

Name: _____ Age:_____ $_____ Name _____ Age: _____ $_____

Name: _____ Age:_____ $_____ Name _____ Age: _____ $_____

☐ 4. I certify that there IS NO COURT ORDER, however, I AM TRYING TO GET SUPPORT and expect to receive a court order within the following 12 months. The following agency is responsible for pursuing this issue:

Agency Name:_____
Address:_____
City, State, Zip:_____
Contact Name:_____
Children for whom support is being sought: _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

_____ _____
Signature of Applicant/Resident Date

_____ _____
Witnessed by Property Representative/Signature Date

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(Completed by Clerk of Court or Appropriate Verifying State Agency)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____ Name & Address of Agency

_____ Unit # (if assigned)

_____ Docket

_____ Page #

RE: _____ Applicant/Tenant Name

_____ Social Security Number

I hereby authorize release of my child support/alimony information.

_____ Signature of Applicant/Tenant

_____ Date

_____ Child's Name

_____ Child's Name

_____ Child's Name

_____ Child's Name

The individual named directly above has indicated that he or she is receiving court-ordered support and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

_____ Signature of Owner's Representative

Return Form To:

RESERVE AT JEFFERSON CROSSING
(225) 751-8373 OFFICE
(225) 751-8035 FAX

THIS SECTION TO BE COMPLETED BY CLERK OF COURT OR APPROPRIATE VERIFYING STATE AGENCY

This will certify that the above named person is court ordered to receive $_____ per _____ in child support and/or $_____ per _____ in alimony. (A copy of the account ledger may be substituted.)

_____ Clerk of Court or Agency Official's Signature

_____ Printed Name & Title

_____ Date

_____ Agency's Name and Address

_____ Phone #

_____ Fax #

_____ E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

(Updated 12/10)

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Reserve at Jefferson Crossing

Notice of Occupancy Rights under the Violence Against Women Act[1]

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.[2] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 42** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under **Section 42,** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Section 42,** you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Section 42** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program,

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

[2] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1) Would occur within an immediate time frame, and
2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **the Louisiana Housing Authority at 225.763.8700**

For Additional Information

You may view a copy of HUD's final VAWA rule at: https://www.gpo.gov/fdsys/pkg/BILLS-113s47enr/pdf/BILLS-113s47enr.pdf
or visit this link: https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf.
Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.
For questions regarding VAWA, please contact Louisiana Coalition Against Domestic Violence at 225-752-1296.
For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Louisiana Coalition Against Domestic Violence at 225-752-1296.
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 Louisiana Coalition Against Domestic Violence at 225-752-1296.
Victims of stalking seeking help may contact Louisiana Coalition Against Domestic Violence at 225-752-1296.
Attachment: Certification form HUD-5382