

NEWARK STATION SENIOR APARTMENTS OPEN HOUSE

SILLIMAN CENTER

6800 MOWRY AVE. NEWARK, CA 94560

Join us on August 8th from 9am-3pm to apply for an upcoming apartment home at Newark Station Senior Apartments, a new affordable housing community for those 55 and over in an emerging neighborhood in Newark, CA.

We'll offer 1-bedroom homes starting at \$1,033, and 2-bedroom homes starting at \$1,491. Income restrictions do apply.



1x1 | 593 sq. ft.



2x1 | 836 sq. ft.



2x1 | 781 sq. ft.



2x1 | 841 sq. ft.

To receive an application,
please contact us at
(510) 901-0187.

Please see attached for
more details on what
you'll need to bring on
application day.





Date: 7/19/2018

Dear Applicant ,

Thank you for your interest in Newark Station Apartments.

We will be accepting applications on August 8 at Silliman Community Center located at 6800 Mowry Ave, Newark, Ca. 94560 between the hours of 9am to 3pm.

Applications will be taken on a first come, first serve basis.

Enclosed you will find a rental application for you to complete in advance and a Welcome letter that states the rents and income limits.

Please bring the following items with you when you come to apply:

1. Completed application. (Do not sign any of the signature lines until you have reviewed with a management representative)
2. **One money order/cashier check for the application fee. This fee is \$42.00 per adult household member. *cannot be combined with the holding deposit. Needs to be in a separate money order/cashier check.**
3. **One money order/cashier check for the holding deposit. This amount is \$200.00. *cannot be combined with the application fee. Needs to be in a separate money order/cashier check.**
4. Three months of current/consecutive checking account statements. All pages must be provided.
5. One month of a current savings account statement. All pages must be provided.
6. If you are employed, three months of current/consecutive paystubs.
7. If you are self-employed, two years of Federal Tax Returns with Schedule C and all W-2's and/or 1099's.
8. If you have any IRA's/Annuities/Brokerage/Stock/Bond accounts, please bring 12 months of statements.
9. If you are receiving Social Security Income a current social security benefit letter.
9. Copy of Driver's License and Social Security Card.

After the review of your application, additional documentation may be requested.

We look forward to seeing you. Should you have any questions, please do not hesitate to contact us at 510-901-0187.

Sincerely,

USA Multifamily Management Leasing TEAM



HUD Table Date 4/1/2018

Welcome to Newark Station Seniors

Our community is operated under Section 42 of the Internal Revenue Code. This special financing program is designed to facilitate the housing needs of moderate and middle-income households. Residency at this community requires that applicants meet certain qualifying standards established by the government. This program is **not** connected with Section 8 or HUD; however, we do accept Section 8 participants.

Residency at this community is limited to those households having moderate incomes as shown below. In this county, the maximum allowable incomes (by household size) are as follows:

Maximum Allowable Income

<u>Household Size</u>	<u>50%</u>	<u>60%</u>
1 Person	\$40,700	\$48,840
2 Person	\$46,500	\$55,800
3 Person	\$52,300	\$62,760
4 Person	\$58,100	\$69,720
5 Person	\$62,750	\$75,300

In addition to standard wages, income includes monies received from all sources such as alimony, child support, pensions, social security and asset income.

All information on income provided by applicants must be verified before occupancy. The certification process must also be completed annually.

The rents are limited by statute. Currently, the maximum allowable rents are as follows:

Monthly Rents

<u>Apartment Size</u>	<u>50%</u>	<u>60%</u>
1 Bedroom	\$1,033	\$1,251
2 Bedroom	\$1,229	\$1,491





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4. Three months of current/consecutive checking account statements. All pages must be provided.
5. One month of a current savings account statement. All pages must be provided.
6. If you are employed, three months of current/consecutive paystubs.
7. If you are self-employed, two years of Federal Tax Returns with Schedule C and all W-2's and/or 1099's.
8. If you have any IRA's/Annuities/Brokerage/Stock/Bond accounts, please bring 12 months of statements.
9. If you are receiving Social Security Income a current social security benefit letter.
9. Copy of Driver's License and Social Security Card.

After the review of your application, additional documentation may be requested.

We look forward to seeing you. Should you have any questions, please do not hesitate to contact us at **510-901-0187**.

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Rental Application Instructions
(Please read before you complete this Application)

Thank you for your interest in a USA Multifamily Management, Inc. community. We strive to ensure that the application process is smooth and without any delays. In order to assist us with this process, we ask that you complete the following:

1. A separate application is needed from each household member who is 18 years or older, and/or the Head, Spouse, or Co-Head.
2. Applications for all household members must be submitted to office staff at the same time to accurately determine eligibility.
3. The application must be filled out completely, neatly, and legible.
4. If you make a mistake, draw a single line through the mistake, write-in the correct answer and initial your change.
5. If a question does not apply to you, please use *No* or *None* as your answer. Do not leave any answer blank.
6. Applications that contain correction fluid and/or whiteout cannot be accepted.
7. Only applications with original signatures will be accepted, copies and/or faxed applications cannot be processed.
8. Employed applicants must have been employed for a minimum of 3 months and able to provide 3 months of consecutive paystubs.
9. No cash paid employment will be accepted. Employment must be able to be verified with the supporting 3 months of paystubs.
10. If self-employed, applicant must be able to provide 2 years of Federal Tax Returns with Schedule C, 1099's, and all other relevant tax documents to determine income eligibility. Uber, Lyft, etc. is considered self-employment. Self-employment must be the same business that matches the Schedule C's that are provided.
11. We will be unable to process applicants that are newly self-employed that don't have the required 2 years of Federal Tax Returns with Schedule C's.
12. Self-employment income includes selling items on E-Bay, Craigslist, Amazon, etc. If 2 years of Federal Tax Returns with a Schedule C are not available, we will be unable to process the application.
13. All documentation requested must be provided within 72 hours or the application will be cancelled.
14. All changes of income or assets during the application must be reported or the application will be denied.

All information regarding household composition, income, assets, and student status must be disclosed by applicants and will be third-party verified before the application can be approved. This certification process must also be completed on an annual basis.

Our community is operated under Section 42 of the Internal Revenue Code. This special financing program is designed for the housing needs of moderate-income households. Residency at this community requires that applicants meet certain qualifying standards established by the government. This program is not connected with Section 8; however, we do accept Section 8 participants.





RENTAL APPLICATION

This box section is to be completed by Management Staff:

Date Received: _____ Time Received: _____

Unit #: _____ Unit Type: _____ Monthly Rent: _____

APPLICANT:

First Name / MI / Last Name _____

Daytime Phone: _____ Evening Phone: _____

Include Area Codes

E-mail Address: _____

HOUSEHOLD OCCUPANTS: List all household members who will live in the apartment. Be sure to include any temporarily absent family members such as military or students who will be returning to the household and any unborn child, foster children or foster adults.

	Full Legal Name (First, MI, Last)	Relationship to Head of Household	Date of Birth (M/D/YYYY)	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Will any adult household member not listed above be moving in during the next 12 months? ☐ Yes ☐ No

Will a Live-in Aid and/or an Attendant be living in the apartment? ☐ Yes ☐ No

STUDENT STATUS: Are you currently a student? Or, do you anticipate on becoming a student in the next twelve (12) months? ☐ Yes ☐ No

RESIDENCE HISTORY: A minimum of three (3) years of housing history is required. Please list where you have lived for the last 3 years regardless of whether or not you paid rent or a mortgage payment. Do not list a P.O. Box address.

Current Address (If additional space is needed, use the reverse side of this page)

Street Address _____ Apt # _____
 City _____ Rent or Own? _____
 State _____ Month/Year Moved In _____
 Zip _____ Rent/Mortgage \$ _____
 Landlord _____ Landlord Phone # _____

Previous Address (If within the last 3 years)

Street Address _____ Apt # _____
 City _____ Rent or Own? _____
 State _____ Month/Year Moved In _____
 Zip _____ Rent/Mortgage \$ _____
 Landlord _____ Landlord Phone # _____



RENTAL APPLICATION

APPLICANT:

First Name / MI / Last Name _____

EMPLOYMENT HISTORY:

Current Employer Name _____

Address, City, State, Zip _____

Phone _____

Fax # _____

Email _____

Start Date _____

(m/yyyy)

Position/Title _____

Supervisor _____

Do you have a second job/employer?

☐ Yes

☐ No

Second Employer Name _____

Address, City, State, Zip _____

Phone _____

Fax # _____

Email _____

Start Date _____

(m/yyyy)

Position/Title _____

Supervisor _____

Previous Employer Name _____

Address, City, State, Zip _____

Phone _____

Fax # _____

Email _____

Start Date _____

(m/yyyy)

End Date _____

(m/yyyy)

Position/Title _____

OTHER INFORMATION:

Drivers License or ID # _____

State Issued _____

Vehicle Make _____

Model _____

Year _____

License # _____

Color _____

Do you have any Pets? ☐ Yes ☐ No

Type of Pet _____

Color of Pet _____

Breed of Pet _____

Full Grown Weight _____

Pet License # _____

Emergency Contact Name _____

Complete Address _____

Phone _____

Relationship _____

Have you ever.....use the back of this page if more room is needed

1. Filed for bankruptcy? ☐ Yes, Date Discharged _____ (m/yyyy) ☐ No

2. Been evicted from a residence? ☐ Yes ☐ No
Explain _____

3. Been convicted of a felony? ☐ Yes ☐ No
Explain _____

4. Been asked to vacate for not complying with Recertification Procedures? ☐ Yes ☐ No
Explain _____

5. Are you currently receiving rent assistance or a rent subsidy? ☐ Yes ☐ No
Your rent portion \$ _____ Housing Rent Portion \$ _____

6. Will this apartment be your only place of residence? ☐ Yes ☐ No
If No, please explain _____

7. Will a business be run out of your home? ☐ Yes ☐ No
If Yes, please explain _____

This box section is to be completed by Management Staff:

TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____ Phone _____ # _____

- ☐ Initial Certification
☐ Re-certification
☐ Other

BIN _____
Unit # _____

INCOME INFORMATION: Please indicate each source of income that you receive or *anticipate receiving* within the next twelve (12) months as specified below:

#	ANSWER Yes/No	INCOME SOURCE DESCRIPTION	MONTHLY GROSS INCOME (Use net income)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am self-employed (List nature of business): _____	\$ _____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List name of Employer: 1. _____ 2. _____	\$ _____ \$ _____
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive cash contributions of gifts including rent or utility payments on an ongoing basis from persons not living with me. List name of person: 1. _____	\$ _____
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive unemployment benefits	\$ _____
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Military, Veteran's, GI Bill, or National Guard benefits/income. List source: 1. _____	\$ _____
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Social Security payments	\$ _____
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	My household receives unearned income from family members age 17 or under (i.e. Social Security, Trust Fund Disbursements, Adoption Assistance, etc.) List source: _____	\$ _____
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Supplemental Security Income (SSI)	\$ _____
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Disability, Worker's Comp, or Death Benefits other than Social Security. List source: 1. _____	\$ _____
10	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Public Assistance (AFDC, TANF, Cal-Works). List source: _____	\$ _____
11a	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive child support payments	\$ _____
11b	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am currently receiving child support payments from the following sources: 1. _____ 2. _____	\$ _____ \$ _____
11c	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am currently making efforts to collect child support owed to me. List efforts being made to collect payment: _____	\$ _____
12	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Alimony/Spousal Support payments from: _____	\$ _____
13	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive payments from Trusts, Annuities, Inheritance, Retirement/Pensions, Insurance Policy, or Lottery Winnings. List source: 1. _____ 2. _____	\$ _____ \$ _____
14	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive income from Real or Personal Property. List source: _____	\$ _____
15	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Student Financial Aid (Public or Private, not including Student Loans). List sources: 1. _____ 2. _____	\$ _____ \$ _____
16	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am not employed now, however, I anticipate starting employment within the next 12 month and I have a definite start date with an offer letter: (please only check yes if there is a definite job offer) Occupation: _____ Start Date: _____	\$ _____

APPLICANT:

First Name / M/I / Last Name _____

ASSET INFORMATION: Please indicate each asset source that you have or those you expect to receive/establish within the next twelve (12) months as specified below. *Per Section 42 code, assets must also be verified and included for all minor children. Please indicate any current assets or expected assets for each minor child living in your household.*

#	ANSWER Yes/No	ASSET SOURCE DESCRIPTION (List all Account Numbers)	Interest Rate or Annual Earnings (Circle Either % Or \$)		Cash Value Of Asset
17	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a checking account(s). List bank: 1. _____ 2. _____ 3. _____	_____ % Or \$ _____ % Or \$ _____ % Or \$	\$ _____ \$ _____ \$ _____	
18	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a savings account(s). List bank: 1. _____ 2. _____ 3. _____	_____ % Or \$ _____ % Or \$ _____ % Or \$	\$ _____ \$ _____ \$ _____	
19	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a revocable Trust(s). List source: 1. _____	_____ % Or \$	\$ _____	
20	<input type="checkbox"/> Yes <input type="checkbox"/> No	I own Real Property. List Description: 1. _____	Not / Applicable		\$ _____
21	<input type="checkbox"/> Yes <input type="checkbox"/> No	I own Stocks, Bonds, Mutual Funds, Treasury Bills. List sources: 1. _____ 2. _____ 3. _____	_____ % Or \$ _____ % Or \$ _____ % Or \$	\$ _____ \$ _____ \$ _____	
22	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have Certificates of Deposit (CD), Money Market account(s). List sources: 1. _____ 2. _____ 3. _____	_____ % Or \$ _____ % Or \$ _____ % Or \$	\$ _____ \$ _____ \$ _____	
23	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have an IRA, Lump Sum Pension, Keogh, and 401k account(s). List sources: 1. _____ 2. _____	_____ % Or \$ _____ % Or \$	\$ _____ \$ _____	
24	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a whole Life Insurance Policy. How many policies? _____ List sources: 1. _____ 2. _____	_____ % Or \$ _____ % Or \$	\$ _____ \$ _____	
25	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have cash on hand or in a Safety Deposit Box or a Direct Express Debit Card	Not / Applicable		\$ _____
26	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have disposed of assets (gave away, sold, other) for less than Fair Market Value (FMV) in the past 2 years. Describe Asset & list date disposed of: 1. _____ 2. _____	The Cash Value amount is the difference between the FMV & the amount received for the asset		\$ _____ \$ _____
27	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have assets other than those listed above (personal property held for investment, land contracts, purchase notes, recreational vehicles, etc.) List source: 1. _____ 2. _____	_____ % Or \$ _____ % Or \$	\$ _____ \$ _____	
28	<input type="checkbox"/> Yes <input type="checkbox"/> No	I anticipate receiving asset sources within the next 12 months (Insurance Settlement, Inheritance, Lottery Winnings, etc.) List sources: 1. _____ 2. _____	_____ % Or \$ _____ % Or \$	\$ _____ \$ _____	

APPLICANT:

First Name / M/I / Last Name

STUDENT STATUS:

29	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your household consist of persons who are ALL full-time students? (College/University, Trade Schools, etc.)
30	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your household consist of persons who have been ALL full-time students in 5 months in the current calendar year?
31	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your household anticipate on becoming <u>ALL</u> full-time students within the next 12 months?
DO NOT ANSWER THE FOLLOWING 5 QUESTIONS <u>unless</u> you answered YES to any of the questions listed above, IS YOUR HOUSEHOLD:		
32	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving assistance under Title IV of the Social Security Act? (AFDC/TANF)
33	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in a job-training program receiving assistance through the Job Training Partnership Act (JTPA) or other similar program?
34	<input type="checkbox"/> Yes <input type="checkbox"/> No	Married and filing (or are entitled to file) a joint Federal Tax Return?
35	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent with a Dependent Child & neither you nor your child is a dependent of another individual not living in your household?
36	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child that has exited the Foster Care system within the last six years and is 24 years of age or younger?

I acknowledge that this community is operated pursuant to the rules and regulations of the Federal Low Income Housing Tax Credit program (the "Program"). The Program requires that "Qualified Households" occupy each unit as defined by Section 42 of the Internal Revenue Code. Qualified Households must meet certain income, age, and student status restrictions.

I understand that I am responsible for notifying Management of any changes to household income, student status and/or household composition and that qualification to remain a resident is at all times dependent upon my household meeting all restriction requirements. I agree that once my qualification is determined that I will execute a Tenant Income Certification attesting to the information contained herein.

I certify under penalties of perjury, that the information presented on this rental application is true and correct to the best of my knowledge. I further understand that providing false representation constitutes an act of fraud. False, misleading or incomplete information will result in denial of this application or termination of the lease agreement.

I hereby authorize **USA Multifamily Management, Inc.** to make such investigations into my history, as they may deem appropriate. I understand that final approval to occupy an apartment is contingent upon meeting all qualifying criteria. Qualifying criteria can include, but is not limited to Section 42 of the Internal Revenue Code, Consumer Credit Reports and/or Investigate Consumer Reports which can include criminal background searches, unlawful detainer (eviction) reports, and compliance with Presidential Executive Order #13224 which provides information regarding the consumer's character, general reputation, personal characteristics and mode of living.

Signature of Applicant

Date

Printed Name of Applicant



Witnessed by (Signature of Owner/Representative)

Date



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every adult applicant/resident (whether applying for residency or for placement on the Regulatory Waitlist) at _____.

It is used to determine whether a household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to persons that actually need the features.

Applicant Name: _____

☐ I choose not to complete this form. _____
Applicant Signature Date

- 1) Do you or does any member of your household have a condition that requires any of the following:
☐ Yes (check all that apply) ☐ No

- | | |
|--|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A Barrier-free apartment | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> BR/Bath on 1 st floor |
| <input type="checkbox"/> Physical modifications to a typical apartment | |

- 2) If you checked any of the above listed categories of units, please explain exactly what you need to accommodate the situation: _____

- 3) What is the name of the person who needs the features identified above?

- 4) Can you and all household members go up and down stairs unassisted?
☐ Yes ☐ No

- 5) Will you or any members of your household require a live-in aide to assist you?
☐ Yes ☐ No

- 6) Who should be contacted to verify the need for the features you have identified above?

Name: _____
Address: _____
Phone: _____

Applicant Signature

Date



APPLICATION ADDENDUM

I, _____, understand under penalty and perjury that the information supplied in my application is true and correct as of _____ and all income and asset sources have been disclosed.

I, _____, understand that the Section 42 program annualizes income based on current or upcoming circumstances to project income calculations for the upcoming certification year.

It is my responsibility to notify management if any information supplied on my application dated, _____, changes prior to my move in or annual certification date.

Information that must be disclosed, as noted above includes:

- Household composition changes (deletion or additions to the current persons listed on the application)
- Any asset changes (including but not limited to, opening or closing of accounts, potential lump sum amounts from Social Security, Trusts, etc.)
- Any income changes (including but not limited to, a job offer that will start prior or directly after the certification period, receipt of Social Security benefits applied for prior to the certification period but not yet received, the onset of a required minimum distribution from an asset source that will occur at any point in the certification period)
- Any changes to Student Status (all household members become full time students at any time during the certification year)

I, _____, understand that providing false, inaccurate, or misleading information regarding my eligibility during the upcoming certification period constitutes an act of fraud and will result in denial of the application or termination of the lease agreement.

Furthermore, those persons who have provided false, inaccurate, or misleading information will be reported to the Internal Revenue Service and any other governmental agency(s) that have provided financing for this project.

Applicant/Resident Signature

Date

Management Signature

Date



INFORMATION ABOUT BED BUGS

In the past, bed bug infestations were primarily associated with crowded and dilapidated housing. However, bed bug infestations are now more common and can be found even in first class living accommodations. The increase may be the result of increased human travel, movement of infested luggage and items, and changes in available pesticides. Bed bugs are transferred to new locations on people, their clothing, furniture, bedding, and luggage. Civil Code §1954.603 requires that information about bed bugs be provided to California residential tenants.

Bed bug Appearance: Bed bugs have six legs. Adult bed bugs have flat bodies about $\frac{1}{4}$ of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about $\frac{1}{16}$ of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.

Life Cycle and Reproduction: An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days. Bed bugs can survive for months without feeding.

Bed bug Bites: Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.

Common signs and symptoms of a possible bed bug infestation:

- Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls.
- Molted bed bug skins, white, sticky eggs, or empty eggshells.
- Very heavily infested areas may have a characteristically sweet odor.
- Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.

For more information, see the Internet Web sites of the United States Environmental Protection Agency and the National Pest Management Association.

To prevent bed bug infestations, before move-in and/or bringing new items to the Premises, residents should inspect all luggage, bedding, clothing, and personal property and to carefully scrutinize and consider the history of any used furniture before bringing it to the Premises. (Residents should be mindful that furniture found discarded in or around dumpsters or elsewhere may have been discarded because of a bed bug infestation).

Bed bug treatment is challenging. It requires full cooperation by residents and it will may require professional treatments over several weeks. Because of the difficulty of bed bug extermination, and because of the risk that bed bugs could spread into other units, if bed bugs are found, Resident should immediately contact Landlord, and should not attempt to personally exterminate bed bugs without professional assistance. Residents should immediately notify Landlord of any condition indicating a bed bug infestation, such as itchy welts on Resident's skin; bed bugs (whether alive or dead); blood spots (either red or brown) or excrement spots (brown or black) on bedding or the bed; or a sweet odor.

Please report suspected bed bug infestations to us by contacting:

☐ The leasing office at _____
(Insert Address and Phone Number)

☐ The property manager at _____
(Insert Address and Phone Number)

Newark Station Senior Apartments

Notice of Occupancy Rights under the Violence Against Women Act¹

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 **Tax Credit/Bond** 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 **Tax Credit/Bond**, 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 **Tax Credit/Bond**, 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.

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.

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 **Tax Credit/Bond** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

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:

Dept. of Housing and Urban Development
One Sansome Street, Suite 1200
San Francisco, CA 94104

Phone: (415) 489-6400

For Additional Information

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

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

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

Dept. of Housing and Urban Development
One Sansome Street, Suite 1200
San Francisco, CA 94104

Phone: (415) 489-6400

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 **Safe Alternatives to Violent Environments (SAVE), 1900 Mowry Avenue, Suite 201, Fremont, CA. Phone: 510-574-2250.**

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 **Tri Valley Haven at 800-884-8119.**

Victims of stalking seeking help may contact **Alameda County District Attorney's Office, 1225 Fallon Street, Suite 900, Oakland, CA. 94612**

Attachment: Certification form HUD-5382