

STUDENT RENTAL ASSISTANCE PROGRAM APPLICATION CHECKLIST

Please use the following checklist to make sure you have submitted all required documentation.

Items below must be completed, signed, and turned into the Wili Department to be processed:
 Program Application Student Rental Assistance Policies Payback Agreement Statement of Potential Conflict of Interest Income verification form Release of information form Financial Class Agreement Landlord Agreement signed by landlord and tenant Lead Acknowledgement signed by landlord
Items to be supplied for application to be considered complete (not supplied in packet):
 Verification of applicants Cow Creek Tribal enrollment Class registration showing full time course load Continuing students must provide college transcript through end of previous term Rental/lease agreement Landlord W-9
 Photos of rental unit (at least one external and one internal)

If you have any questions, please contact the Wili Department. All information can be mailed, emailed, faxed, or dropped off at either the Roseburg or Tri City Office.

Contact information:

Maria BosellBrandi GardnerJennifer BryantAdministrative AssistantResidency Program ManagerWili Director

Email: info-housing@cowcreek.com

□ Copy of renters insurance

Phone: 541-492-5215 Fax: 541-677-5550

Roseburg Office

Cow Creek Band of Umpqua Tribe of Indians 2371 NE Stephens St Ste 100 Roseburg OR 97470 **Tri City Office**239 Taylor St
Myrtle Creek OR 97457



A DEPARTMENT OF COW CREEK AND OF HAMPOLD TRIBE OF HISPAINS

WILL DEPARTMENT

STUDENT RENTAL ASSISTANCE PROGRAM FACT SHEET

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary permanent home. The Student Rental Assistance Program is intended to aid eligible Cow Creek Tribal Members to secure safe and affordable housing while maintaining full-time student status at an accredited college, university, or vocational school.

Student Rental Assistance Program Facts:

- Maximum Student Rental Assistance funding amount for 2022: \$600 per month
- Provide students a stipend toward their on-campus housing costs or off-campus rent while the student is attending full time. The SRA stipend cannot be applied to meal plan costs.
- Must meet all the following criteria:
 - o Enrolled Cow Creek Member
 - Must be 18 years of age or older
 - Geographical location: United States
 - Must meet low to moderate HUD National median income limits
 - o Tribal member must be listed on rental/lease agreement
 - Must agree to participate in housing counseling program
 - Must procure renters insurance
 - o Must have no outstanding debt to any program or department of CCBUTI
 - Family rental payment does not exceed 30 percent of the family's monthly adjusted income.
 - o Must be enrolled in an accredited college, university, or vocational school
 - The student must be registered and attending classes (online and/or in a classroom) with a full-time class load (as defined by the institution they are attending).
 - o The student must receive passing grades (C or better) for all classes taken during the term(s) in which the student receives the rental stipend. Students who do not receive a passing grade for all classes are subject to probation and potential removal from the program.
- Students are responsible for their portion of the rent and all utilities.
- Ineligibility
 - Applicants living with their parents, aunts/uncles, grandparents, siblings, cousins, or other family members are not eligible to receive the rental assistance stipend.
 - o Applicants may not own or have any interest in the unit.
 - Applicants who have been previously terminated or evicted from any housing program administered by the Wili Department within the last 5 years, are not eligible to receive assistance.
 - o Applicants may not receive rental assistance while receiving the benefit of any other form of housing subsidy for the same dwelling unit.

This is intended as an overview of the Student Rental Assistance Program. It is not intended to replace the policy. See complete policy for details.





WILI DEPARTMENT PROGRAM APPLICATION

PERSONAL INFORMAT	ION						
Tribal member name:							
Date of Birth:		Tribal Roll #	±	SS	#		
Physical Address:							_
	Street address		City	•		Zip	
Mailing Address: (if different)	Street address		City	,		Zip	_
Email address:				Phone Num	ber:		
HOUSEHOLD COMPOS Please include all househo		ing children.		,			
Name		Relationsl	hip	Tribal Roll #	Soc	cial Security #	Date of Birth
(example) Jane Smith		Wife		n/a	123	-54-2145	5/1/1980
Have you or any other r	nember of your ho	l ousehold eve	er used o	 any name(s) or :	Socia	 Security numbe	er other
than the one you or other	•					☐ YES ☐ NO	
HOUSEHOLD INCOME			,				
List income earned or rece employment, child suppor benefits, welfare payment benefits.)	t, Social Security, Ti	ribal distribut	tion, Elde	er payments, wor	ker's i	compensation, re	tirement
Household member	Туре с	of Income	Source	!		Gross Income	Frequency
(example) Jane Smith	Elder	payment	Cow Cı	reek		\$700	Monthly

ASSETS

List all assets you or any household family member have. Assets include checking accounts, savings accounts, savings bonds, stocks, real estate, money market accounts, CDs, etc.

Owner	Asset type	Location	Current Value
(example) Jane Smith	Stocks	Chase Bank	\$1,986.25





WILI DEPARTMENT PROGRAM APPLICATION

Do you live in the Cow (Creek seven county service	area? 🗆 YES 🗆 NO	
What year was the hom	e built?		
Does anyone outside of bills? YES NO	your household provide yo	u with regular financial :	support or pay any of your
Have you sold or dispos	ed of any assets in the pas	st two years? 🗆 YES [] NO
	nousehold family member e -assisted housing program		knowingly misrepresented
Do you or any adult hou Tribe of Indians?	sehold family member hav	e unpaid debts to the Co	ow Creek Band of Umpqua
Are you a student?	□ YES □ NO		
I am disabled and can p	provide documentation of n	ny disability. 🗆 YES [] NO
Have you or any other r	nember of your household	ever lived in federally c	ssisted housing? 🗆 YES 🗆 NO
Do you or any adult hou authority?	sehold family member curr	ently owe money to a fe	ederally-assisted housing
PRESENT LANDLORD:			
Name:		_	
Address:			
	Street address	City	Zip
Phone:	Monthly Rent:	How long at c	urrent address:
required to cooperate in that knowingly supplying	•	needed to determine my	-
Applicant Printed:			

QUESTIONNAIRE (answer all questions that are applicable to what you are applying for)



A DEPAILMENT OF COME CREEK RAND OF PARAMETERS OF THE TOTAL OF T

WILI DEPARTMENT STUDENT RENTAL ASSISTANCE PROGRAM

SECTION 1: PURPOSE

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary permanent home. The Student Rental Assistance Program is intended to aid eligible Cow Creek Tribal Members to secure safe and affordable housing while maintaining full-time student status at an accredited college, university, or vocational school.

SECTION 2: STUDENT RENTAL ASSISTANCE PROGRAM

The Student Rental Assistance Program is available for Cow Creek Tribal members who meet Native American Housing Assistance and Self Determination Act (NAHASDA) low-income and moderate income guidelines.

The Student Rental Assistance (SRA) Program will provide students a stipend toward their on-campus housing costs or off-campus rent while the student is attending full time. The SRA stipend cannot be applied to meal plan costs.

SECTION 3: ASSISTANCE MAXIMUMS AND REAPPLICATION TIMELINES

The Student Rental Assistance Program has a maximum assistance amount that is evaluated annually through the Indian Housing Plan (IHP). Funding may be limited depending on availability of budgeted funding on hand for the particular year.

SECTION 4: PROPERTY STANDARDS

Each residence must meet at a minimum Tribal Program Housing Quality Standards (TPHQS) minimum requirements.

SECTION 5: IHBG INCOME AND HOUSING PAYMENT LIMITS

Tribal members applying for Student Rental Assistance must meet federal NAHASDA income limits which are established by the Office of Native American Programs (ONAP) HUD Office on an annual basis. Additionally, the family's monthly rental payment cannot exceed 30% of the household's gross income.

SECTION 6: DEFINITIONS

MEANING OF ANNUAL INCOME: The Wili Department uses the meaning of annual income in accordance with NAHASDA for the purpose of determining eligibility as defined by 24 CFR Part 5, subpart F, Census, or the Internal Revenue Service (IRS) definition, which-ever is most beneficial to the family.

EXCLUSIONS: Federally Mandated Exclusions to income as updated by HUD are considered when calculation a family's gross annual income.

INCOME LIMITS: The Wili Department utilizes the HUD National Median Income Limits or the HUD Regional Median Income Limits as amended annually (whichever is most beneficial to the Participant) unless otherwise required by other program policy or regulations.

SECTION 7: APPLICATION

Application procedures are developed and implemented by the Wili Director. The application also includes standard forms and agreements. The application also includes a checklist of required supplement documentation.





WILI DEPARTMENT STUDENT RENTAL ASSISTANCE PROGRAM

SECTION 8: ELIGIBILE RECIPIENTS

Tribal Members who meet all of the following minimum eligibility criteria described below:

CATEGORY	ELIGIBILITY CRITERIA
<u>Tribal affiliation</u>	Enrolled Cow Creek Tribal member.
Age	Not less than 18 year.
Property Location	United States
Income Restrictions	Must meet at a minimum: HUD National Low-income eligibility threshold and not exceed 80% of median income for family size.
Over-80% of HUD National Median Income Limits	Moderate income applicants may be eligible without HUD approval when a percentage of IHP funds (not to exceed 10% of the total fiscal year IHP allocation) are designated for moderate-income families. Consideration of moderate-income families beyond the above mentioned 10% limitation and all other above income families can only be considered under an IHP specified model activity approved by HUD.
	Moderate income applicants will be funded through program income until exhausted. The Wili Director will make a determination at that time based on need of Tribal Members whether to use IHBG funding for moderate income DPA not to exceed 10%. Families who are at or over 100% of HUD National Median Income Limits are not
	eligible for Wili Department IHBG programs.
Housing Counseling	Agree to participate in housing counseling program or class.
Insurance	Must procure renters insurance.
Residence	The Tribal member must be living in a rental with Tribal member name on the lease/rental agreement.
Debt	Must have no outstanding debt to any program or department of the CCBUTI.
Rental Payments	At the time a family initially receives tenant-based assistance for occupancy of a dwelling unit, the family share does not exceed 30 percent of the family's monthly adjusted income.
Accredited college	Student must be enrolled in an accredited college, university, or vocational school.
Class schedule	The student must be registered and attending classes (online and/or in a classroom) with a full-time class load (as defined by the institution they are attending).
Grades	The student must receive passing grades (C or better) for all classes taken during the term(s) in which the student receives the rental stipend. Students who do not receive a passing grade for all classes are subject to probation and potential removal from the program.



A DEFENDING THE OF CHEEK AND

WILI DEPARTMENT STUDENT RENTAL ASSISTANCE PROGRAM

SECTION 9: INELIGIBILITY

- 1. Applicants living with their parents, aunts/uncles, grandparents, siblings, cousins, or other family members are not eligible to receive the rental assistance stipend.
- 2. Applicants may not own or have any interest in the unit.
- 3. Applicants who have been previously terminated or evicted from any housing program administered by the Wili Department within the last 5 years, are not eligible to receive assistance.
- 4. Applicants may not receive rental assistance while receiving the benefit of any other form of housing subsidy for the same dwelling unit.
- 5. Applicants that commit any serious or repeated violation of the lease.
- 6. Applicants found to sublease or let the unit or assign the lease or transfer the unit.
- 7. Damage to the unit or premises (other than normal wear and tear) or permit any guest to damage the unit or premises.

SECTION 10: INITIAL SCHOOL YEAR APPLICATION

Applications should be completed and returned to the Wili Department at least six weeks prior to the first payment to ensure timely processing. For example, for a rent payment due on October 1st, a completed application must be submitted to the Wili Department by August 15th.

SECTION 11: FUNDING

The IHBG funds available to an applicant is contingent upon the applicant's income, the amount of funds available to each are specified in the years annual IHP, and the maximum limits set individually for each low/moderate program category of assistance. Completed applications are evaluated to determine the Tribal member's eligibility. Upon approval, the Wili Department will pay the funds to the landlord/owner of the rental unit on or before the 1st day of the following month.

Funds cannot be paid directly to a Tribal member, unless approved by the Wili Director under extenuating circumstances.

SECTION 12: STUDENT RESPONSABILITIES

- Any changes to eligibility criteria need to be communicated to the Wili Department as soon as possible and are the responsibility of the Tribal member.
- Failure to immediately report income changes, monthly rent changes, dropping below full time, or other
 changes in eligibility could require the student to repay all funding received from the time of the
 change occurred to when the Wili Department was informed of the change.
- Rent is ultimately the responsibility of the Tribal Member. The Wili Department does not pay late fees or penalties. Students are expected to pay their portion of the rent on time. If the Wili Department is informed that a student is not paying rent on time, he or she will be subject to program termination until all back rent is paid. The Wili Department does not pay late fees or penalties. Tribal members are expected to pay their portion of the rent on time as well as any fees or penalties incurred.
- Students are expected to adhere to all policies outlined in their housing agreement. All disagreements
 between the student and his or her landlord must be resolved between those two parties; the Wili
 Department cannot intervene on a student's behalf.
- Students who are evicted for cause will be dropped from the program. Program reinstatement is only
 considered after the student shows positive rental history with a new landlord. Tribal members will



WILI DEPARTMENT STUDENT RENTAL ASSISTANCE PROGRAM

- give the Wili Department a copy of any owner eviction notice or notice of lease termination immediately upon receipt.
- Any student found falsifying information will be required to pay back all assistance money paid on their behalf while participating in this program.

SECTION 13: STUDENT RELOCATION

Students who plan to move into a different rental or on-campus housing facility shall notify the Wili Department at least 30 days prior to moving to continue receiving assistance. The new rental agreement, landlord forms, and photos of the rental must be evaluated and approved before the following month's rental stipend is mailed to the landlord.

A student who moves without notifying the Wili Department will lose their rental assistance stipend until all documentation is received and the new unit is approved.

SECTION 14: TERMINATION OF ASSISTANCE BY THE WILI DEPARTMENT

- 1. The Wili Department may terminate Tribal members assistance for any of the following reasons:
 - a. Any violation of Tribal members obligations.
 - b. Failure of the Tribal member to sign and submit verification documents for re-certification.
 - c. If the Tribal members moves out of the unit.
 - d. If available program funding is insufficient to support continued assistance for the Tribal members.

SECTION 15: DEFAULTS AND REPAYMENTS

If the Participant ceases using the property as their Primary Residence during the Residency Term, the Participant may be subject to Repayment of the assistance funds.

Repayment determinations are made by the Wili Director.

The repayment amount is based on the assistance in the Residency Term. No interest, fees, or other charges are added to the Repayment amount. Repayment terms are set on a case-by-case basis. Grant recipients may repay grant funds in a lump sum, periodic payments, or by garnishment of annual Tribal distribution benefits.





WILI DEPARTMENT PROGRAM PAYBACK AGREEMENT

	, Tribal ID number declare that
	n enrolled member of the Cow Creek Band of Umpqua Tribe of Indians and as of te I am applying for the following Tribal Program(s):
	Tribal Housing Program;
	Student Rental Assistance Program
	Tribal Rental Assistance/Extended Rental Assistance Program;
	Emergency Housing Assistance Program;
	(Hereinafter referred to as the "Tribal Program").
policie outstar of any that I h baland any rig	ning this document, I agree that if I am found in violation of the of the program as and procedures that I agree to allow the Wili Department to garnish any anding balance from my next due Tribal distribution payable and the total amount of my subsequent Tribal distribution(s) until my debt is fully repaid. I understand have the option to prepay any amount due on my debt or the entire debt are at any time before expiration of 90 days without penalty to me. I further waive that I may have to a hearing on my debt or the garnishment of my Tribal ution(s), whether current or future.
Agree any po shall in	er agree that in the event I fail to follow the terms of this Payback Agreement, this ment will automatically terminate at 5:00 PM on the fifth (5th) working day that ayment hereunder was due and not paid. At that time, the delinquent balance nmediately become due and payable in full, plus interest, until my debt is fully to the Tribal Program.
I have	signed this agreement as my voluntary act and deed on the date below written.
Tribal N	Member Signature:
Tribal N	Member Printed Name:





WILI DEPARTMENT CONFLICT OF INTEREST

FACT SHEET

Cow Creek Band of Umpqua Tribe of Indians are required by Federal regulations to avoid any Conflict of Interest in its housing activities.

A public disclosure is required that states the nature of the assistance to be provided, state the name of the program you are applying for, and the specific basis for which the selection was made (that you were determined eligible). A copy of this disclosure will be submitted to the U.S. Department of Housing and Urban Development (HUD). The public disclosure is made at the time you are selected to receive housing services.

The public disclosure will include the following:

- Your name
- Program you were selected for
- Determination of eligibility

Your file with Wili Department will remain confidential and no other details will be made. Keep in mind that this disclosure will not state your income (or sources), but it will reveal that you are within the applicable income limits for the program for which you were approved.

Wili Department makes these disclosures public by sending them to the appropriate Tribal Communications Team for posting the disclosure on the Tribal Facebook page for ten days. Concurrently, Wili staff will post the disclosure in the common area of their offices or the disclosure will be posted in the CCBUTI office lobby area. The post will be taken down upon completion of the time frame.

For further information, you may request a copy of Wili Department's Conflict of Interest Policy or you can discuss this matter with the program coordinator assigned to the program for which you have been selected.





WILI DEPARTMENT CONFLICT OF INTEREST

APPLICANT DISCLOSURE

CONFLICT OF INTEREST STATEMENT

ADDITO	ANT NAME:	
NAME	OF WILI PROGRAM APPLYING FOR:	
APPLIC	ATION DATE:	
I am ap	plying for the Wili Assistance Program noted abo	ove, and I am disclosing that:
	I am a CCBUTI employee, CCBUTI Housing Reviewmember. I am an immediate family member of a CCBUTI Tribal Board of Directors member. I am a business partner of a CCBUTI employee, Directors member.	
•	are a family member or business partner of a CCE Board of Directors member, please complete the	UTI employee, CCBUTI Housing Review Board, or following:
	NAME	RELATIONSHIP
ACKNO	WLEDGEMENT	
	stand that prior to receiving Wili assistance, a pu copy of this disclosure will be submitted to the U pment.	•
I have b	peen offered a copy of the Conflict-of-Interest Po	licy.
Applica	nt Signature:	Date:
Applica	nt Name:	Date:
Applica	nt Signature:	Date:
Applica	nt Name:	Date:





EMPLOYMENT VERIFICATION

The below named applicant has applied for a Tribal program that operates under a state, federal, and/or Tribal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility.

APPLICANT:	
Printed Name:	SSN (last four digits)
By my signature, I hereby authorize disclosure of the inform eligibility to the program I am applying for and as required Signature of Applicant:	by the funding program associated with it.
EMPLOYER:	
Company name:	Address:
Email/Fax:	Phone:
Employer to please complete the following: (Mark N/A if no	ot applicable)
Employee Name:	Job Title:
Currently Employed YES	
Average # of Regular Hours/Week: Employ Average # of Overtime Hours/Week: Average # of Shift Differential Hours/Week: Average # of Total Hours per Week:	yee Works Overtime: Overtime Rate: Shift Differential Rate:
Commissions/Bonuses: \$/Hour/Week/Month/An Gross Year-to-Date (YTD) Earnings: \$	· —————
Work is Seasonal or Sporadic: □Yes □No If yes, indicate lay	<i>y</i> -off period(s):
Employee participates in a 401K/Retirement Account: □Yes	□No
I hereby certify, by my signature below, that the informati	on I have supplied is true and correct:
Printed Name of Verifier Title of Verifier	Signature of Verifier Date

When completed mail, fax or email directly to the Wili Department. Thank you!

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





RELEASE OF INFORMATION

PURPOSE

The Cow Creek Band of Umpqua Tribe of Indians Wili Department uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

Λ	U.	ТΗ		P	17	Λ	т	ın	N
н	U	ΙП	v	\mathbf{r}		н		ıv	· IV

I,do here	by authorize the release of any and all
information regarding my case file as it relates to the eli	gibility/ application for assistance from the Cow
Creek Band of Umpqua Tribe of Indians Wili Department	t. This authorization includes and is limited to
the following:	

- Post Office
- Employers
- Utility Companies
- Professional/Personal References
- US Department of Veterans Affairs
- Providers of: Alimony, child care, credit handicapped assistance, medical care, pensions, Tribal benefits such as Education, Member Benefits, Elder Retirement, Social Services.
- Bank and other Financial Institutions
- Federal scholarship providers
- Credit Bureaus
- US Social Security Administration
- Current/Previous Landlords
- Courts & Law Enforcement Agencies
- Educational Institutions State Agencies such as Welfare or Social Services

In addition, my signature allows the Housing Program Manager to release my case file information to the following agency/institution/person:

•	Cow Creek Band of Umpqua Tribe of Indians Social Services, Member Benefits, Workforce
	Development and Education Departments, Tribal Administrator, Tribal Operations Officer
•	Other: (please list any other individuals to receive this information you will need to list them
	here)

MY RIGHTS: I understand this authorization is voluntary and that I may revoke this authorization at any time, provided I do so in writing and submit it to address listed below.

I agree that photocopies of this authorization may be used for the purpose stated above.

i illited Name.		 	
Applicant Signa	ture:		
Applicant Signa	ture	 	



Drinted Name



WILI DEPARTMENT FINANCIAL CLASS ATTENDANCE AGREEMENT

I,, hereby understand the W	ili Department will be providing		
Rental Assistance to me for a period of 12 months from the date of acceptance into the program. As a			
stipulation of this program, I agree to attend a financial fitness or competency class through completion.			
Once this class is finished, I agree to provide a copy of the certificate to the Housing Office for my file.			
These classes are offered through UCAN at times. These classes are also offered by the Tribe free of			
charge to our Tribal Members.			
Tribal member name:			
Tribal member signature:			
Date:			
FOR OFFICE USE ONLY			
CLASS NAME:			
FINANCIAL ASSISTANCE GIVEN:			
DATE ATTENDED CLASSES:			
CERTIFICATE RECEIVED: ☐ YES ☐ NO			





LANDLORD AGREEMENT

Name of Owner or Agent of Owner:			
Address of Owner or Agent:			
TENANT UNIT ADDRESS:			
I certify that I am the legal or the legally designat tenant has no ownership in the dwelling unit wha			
I hereby agree to accept responsibility for the oblig payments on behalf of the tenant.	gations listed below as long as I am receiving assistant		
1. The owner is responsible for screening the partici Department does not screen the tenants.	pant for suitability as a renter. The Wìli		
 The owner is responsible for compliance issues concerning any and all conditions of the lease. The owner must provide the Wili Department with a copy of any changes to the lease during the tenancy of the participant of the program. The owner is responsible for providing the Wili Department with a copy of any evictionor lease 			
4. The owner is responsible for providing the Will Dottermination notice.5. The owner must notify the Will Department if an			
In accordance with the NATIVE AMERICAN HOUSING AS (Public Law 104-330, October, 1996), the following leas of housing assistance and the landlord/owner of the ass	e provisions are hereby acknowledged by the participant		
1. The owner agrees to maintain the rental unit in compstandards.	pliance with local, state, and federal housing quality		
2. The owner/manager agrees to provide written notice accordance with local and state law, and further agrees or hearing to examine any relevant documents, records termination, if this information is requested.	to provide the tenant the opportunity prior to any trial		
3. The owner/manager will not terminate the tenancy of repeated violations of the lease, violations of state or fe	ederal law, or for other good cause;		
4. The owner or manager may terminate tenancy for any activity engaged in by the resident, any member of the household, or any guest or any person under the control of the reside that:			
or employees of the owner or manager of the h	peaceful enjoyment of the premises by, other residents, nousing unit; peaceful enjoyment of their premises by, persons		
residing in the immediate vicinity of the premis (c)Is criminal activity (including drug related crim	es; or		
Owner or designated Agent	Date		
Tenant Signature	 Date		





DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD BASED PAINT HAZARDS

Lead Warning Statement:

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can post health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet in lead poisoning prevention.

Lesso	or's Disclosure (initial)		
	(a) Presence of lead-based paint or lead-based pair	nt hazards (check one)	
	housing. o Explain:		
	the housing		
	(b) Records and Reports available to the lessor (chec	ck one)	
	Lessor has provided the lessee with all available record lead-based paint and/or lead-based paint hazards in to List Documents:		
	Lessor has no reports or records pertaining to lead-base paint hazards in the housing	ed paint and/or lead- based	
	(c) Housing built after 1978, Lead based paint not ap	pplicable.	
Lesse	ee/Agent Acknowledgement		
	_ (d) Lessee has received copies of all information listed	above	
	(e) Lessee has received the pamphlet Protect Your Family from Lead in Your Home		
	(f) Agent has informed the lessor of the lessor's obligat s aware of his/her responsibility to ensure compliance.	ions under 42 U.S.C. 4852(d)	
Certif	fication of Accuracy		
	ollowing parties have reviewed the information above ar rledge, that the information provided by the signatory is t		
Lesse	e:	Date:	
Lesse	e:	Date:	
Lesso	r/Agent:	Date:	

