

LORAIN COUNTY
(IN PARTNERSHIP WITH THE CITIES OF OBERLIN AND SHEFFIELD LAKE)

**COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAMS
(PY 2016 CHIP)**

PROGRAM SUMMARY

Thank you for your interest in the Lorain County Community Housing Impact and Preservation Program (CHIP). Lorain County has partnered with the Cities of Oberlin and Sheffield Lake for this program. The service area includes the unincorporated areas of Lorain County, Avon, Avon Lake and Amherst, North Ridgeville, and includes Oberlin and Sheffield Lake as partners. The attached information will briefly describe the programs offered and the requirements for participation:

Households must be at or below 80% of mediana income in order to be eligible. Household income guidelines are included and apply to all programs. An application is attached for those interested in submitting an application. Please indicate the assistance you are applying for.

**1. PRIVATE OWNER-OCCUPIED REHABILITATION
PROGRAM**

The housing rehabilitation program has been designed to serve low to moderate income households. The County’s Rehab Inspector will contact you to evaluate your home as part of the application process. Upon final ranking of applications, homeowners in Lorain County (excluding the Cities of Elyria, Lorain, and Vermillion) will be selected for assistance.

The purpose of the housing rehabilitation program is to correct basic building code violations, health and safety issues including lead based paint hazards for qualified homeowners in Lorain County. Only single-family, owner-occupied housing units in Lorain County (excluding the Cities of Elyria, Lorain, and Vermillion) are eligible for this program.

The County hopes to provide rehabilitation funds to approximately twenty (16) households; four (4) homes in the City of Oberlin, (5) homes in the City of Sheffield Lake and seven (7) homes in the County service area. Pursuant to the partnership agreement, applications will be ranked and selected highest to lowest in their respective area (i.e. County service area, Oberlin or Sheffield Lake).

Assistance to homeowners will be in the form of a five (5)-year deferred loan forgiven 20% per year until fully forgiven. The loan will be secured by a mortgage and promissory note with a declining repayment agreement. Homes sold prior to the end of the five year affordability period will owe the percentage remaining on the loan at the time of sale, rent or transfer of the property.

The amount of the financial assistance for each house will vary depending on needed improvements. The average amount of assistance per unit is expected to be \$36,499. In no instance will the amount of assistance exceed the following limits.

Minimum Assistance: \$1,000.00
Maximum level of assistance: \$39,500.00

A walk-away policy has been established by the County. Should your home be considered a walk-away, you will be notified. (See Q & A for definition of walk away.) Work on all homes must be competitively bid.

All Owner-Occupied applications must be completed in full with all requested documentation and returned to the Lorain County Community Development Office, Attention Ms. Linda Blanchette, 226 Middle Avenue, Fifth Floor, Elyria, Ohio 44035. Round one applications are due no later than Tuesday, November 15, 2016 in order to be eligible for this activity. Round two applications are due no later than January 15, 2017 and are contingent upon funding availability. Round three will be determined based upon funding availability.

2. HOME REPAIR PROGRAM

The intent of this program is to assist those homeowners that lack the resources to address a housing issue that poses an immediate threat to the health and safety of the occupant. The program operates on a first-come, first-serve basis. The County will use OCD Residential Rehabilitation Standards (RRS) to prioritize work. The Home Repair Program will assist eligible homeowners with repair or replacement of electrical, plumbing, heating or mechanical systems, or elimination of other threats to health and safety including septic repairs or replacement. Handicapped accessibility and tap-ins are also eligible. This program is available County-wide excluding the Cities of Elyria, Lorain, and Vermillion for those households that have incomes of less than 80% of the area median income. Lorain County hopes to be able to assist at least seven (7) homeowners plus additional three (3) homeowners with septic repairs/replacements in the outlying County, under this program. Additionally, the County intends to assist eight (8) homeowners in the City of Oberlin and nine (9) homeowners in the City of Sheffield Lake. The average home repair is expected to be \$9,291. This assistance will be provided as grant to eligible homeowners. Only single-family owner-occupied units are eligible.

Properties assisted with home repairs remain eligible for rehabilitation assistance from the County's Owner-Occupied Housing Rehabilitation Program; however, their maximum level of assistance will be reduced by the amount allocated under the home repair program. The assisted property will maintain its initial score in priority ranking.

Work on all homes must be competitively bid.

Household Income Limits by Family Size FOR ALL APPLICANTS

OWNER-OCCUPIED REHABILITATION & HOME REPAIR

Family Size (Persons)	Low Income (80% of MI)
1	\$37,350
2	\$42,650
3	\$48,000
4	\$53,300
5	\$57,600
6	\$61,850
7	\$66,100
8	\$70,400

Source: HUD FY 2016



All Applications must be completed in full with all requested documentation and will be considered by eligible activity.

Questions regarding any of these activities within the program should be directed to the attention of Ms. Linda Blanchette at 226 Middle Avenue, Fifth Floor, Elyria Ohio 440-328-2332 or Ms. Phyllis A. Dunlap at 440-530-2230.



FREQUENTLY ASKED QUESTIONS

Q. How do I apply?

A. You must complete an official application form and return it to:

Ms. Linda Blanchette
Lorain County Community Development
226 Middle Ave., 5th Floor
Elyria, Ohio 44035

If you are unable to come to this office, arrangements can be made for home visitation by calling (440) 328-2332. These arrangements are for handicapped or elderly persons only.

Q. How much money can I get to fix up my home?

A. The amount of the deferred loan depends on the extent of work required to bring your property in conformance with the Community Housing Code or OCD Residential Rehabilitation Standards. However, the deferred loan will not exceed an as-bid price of \$39,500 per unit. Any expenditure in excess of these amounts must be justified and approved by the Community, or paid by the owner.

Q. Does it cost me anything to submit an application or have my home inspected?

A. NO! There are absolutely no charges for this program and your participation is voluntary.

B. The County reserves the right to “Walk Away” from a housing unit that poses undue threat to health or safety of the inspector or contractor at any time. **Housing units that violate the following will not be assisted.** Conditions which may constitute undue threat include, but are not limited to the following:

- Structurally unsound dwellings that are, or should be condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects and other vermin.
- Environmental hazards such as serious moisture problems, friable asbestos or other hazardous materials, which cannot be resolved before rehab work is to start.
- The presence of animal feces in any area of the dwelling unit.
- Excessive garbage build-up in and around the dwelling.
- Negligent housekeeping practices that limit access or create an unwholesome working environment.
- A threat of violence.
- The presence and/or use of any controlled substances before or during rehab.
- Suspected manufacturing of a controlled substance before or during rehab.
- Occupants allowing only limited access to the dwelling.

Q. What happens after I submit my application?

A. Community Development personnel will review your application and determine if you are eligible for a loan or grant. You will then be notified in writing of your eligibility and if you decide to participate, arrangements will be made to have your home inspected for code violations and rehabilitation standards.

Q. Are there restrictions on how the money is used or the improvements that are to be made?

A. YES! According to the program guidelines, the money can be spent to correct Code Violations Only, and to meet rehabilitation standards.



The following indicates the type of rehabilitation work that will be permitted:

GENERALLY ELIGIBLE

GENERALLY INELIGIBLE

Roofs	Air Conditioning
Gutters	Detached Garages
Windows	Room Additions
Doors	General Property Improvements
Furnaces	Cosmetic Items (carpeting, wallpaper)
Hot Water Tanks	Maintenance items such as cleaning gutters
Structure Deficiencies (Porches, Floors)	
Walk Stairs	
Plumbing	
Electrical including new 100 AMP Service	

Only work approved by this department may be performed, and must be completed within a 75-day period.

All work must be completed by an experienced and qualified contractor or builder in each particular job classification, and all work must pass inspection in accordance with the building and housing codes.

LORAIN COUNTY

Community Development Department
226 Middle Ave., 5th Floor
Elyria, Ohio 44035
PY 2016 CHIP

COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM APPLICATION CHECKLIST PLEASE RETURN THESE ITEMS WITH YOUR APPLICATION

Complete

Not Applicable

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All persons living in the household must be included in the application. |
| <input type="checkbox"/> | <input type="checkbox"/> | All persons in the household receiving income must be indicated on the application. |
| <input type="checkbox"/> | <input type="checkbox"/> | The employer's name and address for persons receiving income are indicated on the application. To speed up your application, you can also submit a copy of your pay stubs for the past 6 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | Persons receiving Social Security, Disability or Pension must attach a copy of the current year monthly benefit statement. To obtain your Social Security Monthly Benefit Statement call the Social Security Administration at 1-800-772-1213 between 7:30 a.m. and 7:00 p.m. or request it on the internet at www.ssa.gov . |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed - provide complete copies of 3 most current Federal Tax Returns filed; |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving unemployment - provide copy of the current Unemployment Benefit Statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support - provide documentation of child support. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child over 18 is a full-time student, please provide proof of enrollment (copy of schedule or other document showing status as full-time student.) Please indicate if student is employed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not employed. Please provide signed statement regarding same. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicants must furnish a copy of the property deed prior to receiving assistance. You can obtain a copy of your property deed from the County Recorder's office. |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Bank Statement for both Checking and Savings accounts. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant (owner) and all persons in the household receiving income must sign the certification and authorization statement. |

Any questions regarding the completion of the application form should be directed to Linda Blanchette (440) 328-2332.

ALL APPLICATIONS MUST BE SUBMITTED TO:

Ms. Linda Blanchette
Lorain County Community Development
226 Middle Ave., 5th Floor
Elyria, Ohio 44035



LORAIN COUNTY
(In partnership with the Cities of Oberlin and Sheffield Lake)
2016 CHIP
PROGRAM APPLICATION

- OWNER-OCCUPIED HOUSING REHAB
 HOME REPAIR

RECEIVED _____

Date: _____

I. Personal Data:

Applicant's Name: _____ Age: _____

Social Security No. _____

Spouse's Name: _____ Age: _____

Is spouse deceased? Yes / No Divorced? Yes / No

Social Security No. _____

Other Adult: _____ Age: _____

Social Security No. _____

Address: _____, _____, OH Zip Code: _____
City

Home/Cell Phone: _____ Work Phone: _____ E-mail: _____

No. of Dependents: ___ Ages: _____ Children under 6? ___ Yes ___ No

No. of Persons living in the home: _____ Any person living in Home with EBL? ___ Yes ___ No

Are any of the persons living in this household handicapped or disabled? Yes ___ No ___ Ages _____

Optional: Race or Ethnic Origin: _____ Hispanic: ___ Yes ___ No

II. Employment

Applicant #1 Employer: _____

(address) (phone number)

Position: _____ No of years _____

Applicant #2 Employer: _____

(address) (phone number)

Position: _____ No of years _____

Other Employment (name of person employed): _____

Employer Name: _____ Address: _____ Phone: _____

Pension Provider or other income: _____

(address) (phone number)

(please put any additional income on the reverse):



III. Gross Income

		Applicant	Co-Applicant	Other	TOTAL ALL
Base Pay	Hourly				
	Monthly				
Pension Carrier	Name:				
	Address:				
	Amount				
Social Security	Monthly				
Rental Income	Monthly				
Alimony/Child Support	Monthly				
Unemployment	Monthly				
Disability	Monthly				
Other					
Total Monthly Income					

Assets:

1. Real Estate Owned other than your principal residence:
Address _____ Value: _____
2. Other: _____ \$ _____

IV. Indebtedness**

Rehab Address: _____

Mortgager Name: _____

Mortgager Address: _____

Original Mortgage Amount: \$ _____

*Pres. Mortgage Balance: \$ _____

Monthly P&I Payment: \$ _____

Property Tax: \$ _____

Utilities: (only what applicant provides)

Monthly costs:

Gas: \$ _____

Electric: \$ _____

Water/Sewer: \$ _____

***Please attach copy of current mortgage statement.**

V. Homeowners Insurance – All Applicants

Amount: \$ _____ Premium: \$ _____ Policy No. _____

Agent Name: _____

Agent Address: _____ Phone: _____



VI. Other – All Applicants:

Age of Unit: _____ years

No. of Bedrooms: _____

Are all real property taxes paid and current? Yes _____ No _____

Is your mortgage in good standing? Yes _____ No _____

Do you have any outstanding or delinquent accounts?
with Lorain County, Sheffield Lake or Oberlin? Yes _____ No _____

In the last seven years, have you declared bankruptcy? Yes _____ No _____

Have you had property foreclosed upon? Yes _____ No _____

Do you have any outstanding judgments? Yes _____ No _____

Are you obligated to pay ordinary child support? Yes _____ No _____

Are you purchasing your home under a land contract: Yes _____ No _____

Are you currently under citation for a building or zoning code violation? If yes, please explain.

** If more persons in the household are employed submit a separate sheet of paper with the appropriate information.

*** Applicant must complete all items regarding indebtedness and monthly costs to qualify for the program.

In general what are the housing rehabilitation needs of the home?

Please attach the following documents for all household members when submitting your application:

- 1. A copy of recorded deed or other legal documents showing ownership of the property;**
- 2. Three most Current payroll stubs;**
- 3. If Applicant is self-employed, three most recent tax returns including profit and loss statements;**
- 4. If Applicant is receiving Social Security or Disability benefits, a copy of the current benefits statement (To obtain your benefit statement please call the Social Security Administration between 7:00 a.m. and 7:00 p.m. at 1-800-772-1213);**
- 5. If you are unemployed, please submit your unemployment benefit statement or if not receiving benefits a signed statement giving the current situation; and,**
- 6. Pension Benefit Statement.**



Certification of Applicant(s)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK THE PROGRAM ADMINISTRATOR TO HELP YOU. BOTH APPLICANTS MUST SIGN IN BLUE BELOW.

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

I further certify that I am the owner(s) of the property identified in this application and that any and all funds provided me will be used only for the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize Lorain County, through its representatives, and designees of the Office of Community Development (OCD) and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for evaluation of my application for rehabilitation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my property.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT; U.S.C. Title 18, Sec. 1001, provides:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.”

Address: _____

Signature of Applicant

Signature of Applicant

Date

Date



COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM

APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for Lorain County's Owner-Occupied Rehabilitation Program and/or Home Repair Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied the County concerning my income, assets, and expenses as reported herein by me.

Signature

Date

Signature

Date



TERMS AND CONDITIONS FOR OWNERS ACCEPTING HOUSING REHABILITATION ASSISTANCE

These are the terms and conditions which you as Owner(s) must agree to in order to receive housing rehabilitation assistance. These terms and conditions will become a part of your Agreement for a loan/grant which finances the improvements to your house.

As Applicant, I (we) agree to:

1. Inspection. I will allow inspection of the property by the Lorain County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are bidding on the proposed rehabilitation work.

Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.
2. Competitive Bidding. I will permit the Lorain County staff to seek competitive bids from qualified contractors for all the rehabilitation work. Bids will be requested according to the procedures established by Lorain County's staff and in accordance with federal, state and local laws.
3. Agreement with Contractor. I agree to enter into a Contract with the lowest and best bidder, normally to the low bidder. I understand that I may reject, in writing the low bidder in favor of the next highest bidder if in my opinion the low bidder does not possess the experience, skill or resources to satisfactorily complete the job, or the ability to proceed in a timely manner, or who has not visited my house, before preparing the bid. I also understand that Lorain County's staff must agree with the reason for rejecting the low bidder.
4. Side Agreements. I will refrain from making side agreements with the contractor for work not included in my Agreement with the Contractor, or not included in any written Change Orders approved by the Lorain County staff until all work under the Contract is satisfactory and closing inspections are completed. The Lorain County staff assumes no responsibility for the cost or quality of work not covered by the Agreement or approved by Change Orders.
5. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or Lorain County employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.
6. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.
7. Maintenance of the Property. I will make every reasonable effort to keep my property in safe, sound and habitable condition following completion of the rehabilitation work.
8. Hazard Insurance. I will obtain hazard (fire, property and liability damage) insurance on the property rehabilitated in an amount based on its value after rehabilitation. Such insurance must be maintained throughout the term of the loan and shall carry an endorsement to the Grantee.



9. Loan Subordination. I agree that the property is not available as a source of collateral for future loans when such loans require subordination of the Grantee's loan. The Grantee may subordinate its loan if, in its judgment, it is in the best interests of both the Grantee and the Owner and approved in writing.

10. Loan Repayment. I agree to execute a Promissory Note, Declining Payment Agreement and Mortgage. The specific terms governing the loan are contained in the Promissory Note, Declining Payment Agreement and the Truth-in-Lending Statement.

11. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Development Services Agency (ODSA) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODSA and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

Owner

Date

Owner

Date

Program Administrator
Lorain County

Date



TERMS AND CONDITIONS FOR OWNERS ACCEPTING

HOME REPAIR ASSISTANCE

These are the terms and conditions which you as Owner(s) must agree to in order to receive home repair assistance.

As Applicant, I (we) agree to:

1. Inspection. I will allow inspection of the property by the Lorain County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are providing estimates on the proposed rehabilitation work.

Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.

2. Competitive Estimates. I will permit the Lorain County staff to seek competitive estimates from qualified contractors for all the home work to be performed. Estimates will be requested according to the procedures established by the Lorain County staff and in accordance with federal, state and local laws.

3. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or Lorain County employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.

4. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.

5. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Development Services Agency (ODSA) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODSA and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

Owner

Date

Owner

Date

Program Administrator
Lorain County

Date



CONFLICT OF INTEREST DECLARATION
IN COMPLIANCE WITH
CDBG PROGRAMS - 24 CFR § 570.489(h)
HOME PROGRAMS - 24 CFR § 92.356

Pursuant to 24 CFR § 570.489(h) and 24 CFR § 92.356 I, _____, hereby declare that I, and anyone in my household, is:

- _____ 1) related to an employee of Lorain County or CT Consultants, Inc.
 - a) Name of Relative _____
 - b) Position Held _____

- _____ 2) NOT related to any employee of Lorain County or CT Consultants, Inc.

I declare that the forgoing statement is true and correct to the best of my knowledge.

Dated: _____



FAIR HOUSING INFORMATION

This will acknowledge that I received fair housing information with my application.

Owner

Date

Owner

Date

PLEASE DIRECT ALL FAIR HOUSING QUESTIONS TO MS. LINDA BLANCHETTE at 440-328-2332.



NOTIFICATION OF FAIR HOUSING ACT



The Fair Housing Act prohibits discrimination in housing because of:

- Race or color
- National origin
- Religion
- Sex
- Familial status (including children under the age of 18 living with parents or legal custodians, pregnant women and people securing custody of children under 18)
- Disability

The Ohio Fair Housing Law (Ohio Revised Code Section 4112) includes ancestry and military status as additional protected groups.

In the sale and rental of housing, no one may take any of the following actions based on race, color, national origin, ancestry, religion, sex, familial status, military status or disability:

- Refuse to rent, sell, or insure housing accommodations or residential property
- Refuse to lend money for the purchase, construction, repair, rehabilitation, or maintenance of housing accommodations or residential property
- Make housing unavailable
- Set different terms, conditions of privileges for sale or rental of a dwelling
- Print, publish, or circulate any statement or advertisement which would indicate a preference or limitation
- Represent to any person that housing is not available for inspection, sale, rental or lease
- For profit, persuade owner to sell or rent (blockbusting)
- Deny any person membership in any multiple listing service or real estate broker's organization

What to do if you suspect housing discrimination:

- Make immediate detailed notes of your experience, date, time, place, names of agents, or landlords, what you saw, and what you were told
- Contact your local fair housing coordinator for assistance, or
- Call (1-888-278-7101) or visit the nearest Regional Office of the Ohio Civil Rights Commission. An investigator will speak with you and schedule an appointment to discuss your complaint and help you file a change, or
- Call or write directly to the United States Department of Housing and urban Development (HUD):

Chicago Regional Office-Region V
Fair Housing and Equal Opportunity
77 W. Jackson Boulevard, Suite 2101
Chicago, IL 60604 General
312-353-7776

- Or, call the Fair Housing Complaints "hotline" at 1-800-765-9372. Although you may not want to submit a complaint, you should report any information about violations of the Federal Fair Housing Law to HUD. If you want to file a complaint, you must do so within one (1) year of the violation
- To file a complaint online, visit http://portal.hud.gov/portal/page/portal/HUD/topics/housing_discrimination.

I acknowledge receipt of this notice, as well as the Fair Housing pamphlet, "A Community Guide to Fair Housing"

Name

Date

CLIENT COPY

