



AWI
Management Corporation
Always With Integrity

Return your completed application to:
Envíe la solicitud completa a:

**Viscaya Gardens
1000 Rosemary Ave
Dinuba CA 93618**

Welcome To / Bienvenido a

**Guardian Village
E 11th St
Reedley CA 93654
Phone: (559) 571-1519
TDD: 711**

**WE ARE A SMOKE-FREE & MARIJUANA-FREE COMMUNITY.
SOMOS UNA COMUNIDAD LIBRE DE HUMO Y MARIHUANA.**



**SMOKING, INCLUDING E-CIGARETTES, IS NOT PERMITTED AT
THIS PROPERTY.
FUMAR, INCLUYENDO CIGARRILLOS ELECTRONICOS, NO ESTÁ
PERMITIDO EN ESTA PROPIEDAD.**

**THE USE AND/OR POSSESSION OF MARIJUANA IS STRICTLY
BANNED FROM THIS FEDERAL ASSISTED PROPERTY.
EL USO Y / O LA POSESIÓN DE MARIHUANA SE PROHÍBE
ESTRICTAMENTE DE ESTA PROPIEDAD FEDERAL ASISTIDA.**

**AFFORDABLE HOUSING FOR ACTIVE
FARM LABOR/AGRICULTURE WORKER HOUSEHOLDS**

VIVIENDA ASEQUIBLE PARA HOGARES DE TRABAJADORES AGRÍCOLAS ACTIVOS



AWI Management Corporation CA DRE #01821199



Dear Applicant of **Guardian Village**:

We are excited to begin the application process for this beautiful new affordable and pet-friendly community in **Reedley**. Enclosed you will find our *Application for Admission* package. The application package must be completed in its entirety – do not leave blanks. Include the requested information for ALL household members. **All adult applicants must also sign and date the application.**

Guardian Village is designated as a SMOKE-FREE community and smoking is not permitted at this property. No smoking pertains to all tobacco products and e-cigarettes. In addition, the use and/or possession of marijuana is strictly banned from this federally assisted property.

Self-Help Enterprises, the developers of **Guardian Village**, are making the most of building technology to heat and cool each apartment. Construction of this property will achieve multiple green building certifications for the highest energy efficiency possible.

The first step of the process is to complete the enclosed application package, in its entirety, and mail it to the address below:

Mail Completed Applications to:

Guardian Village
c/o Viscaya Gardens
1000 Rosemary Ave
Dinuba CA 93618

Upon receipt we will begin the initial screening which includes:

- Credit check
- Eviction check and sex offender search
- Previous landlord verifications

Please gather the following documents, as they will be required at the time of your interview.

- Proof of all income (employed persons must provide the most recent 3 months consecutive pay stubs)
- Proof of all assets (with documentation of current value, if possible)
- Most recent 6 months consecutive bank statements for all accounts (include all pages)
- Prior year and most current Tax Return with all attachments, including W-2 forms

***Note:** Applications will be processed in the order received and the sooner the complete application is received, the higher your placement on our waiting list.*

PLEASE DO NOT send the above documents with the application package as they will be collected at the time of your interview appointment.

If you have any questions, please call: (559) 571-1519.



APPLICANT INFORMATION

These apartments provide housing for low income households under the Tax Credit Program. This property may also be subject to Home Program regulations such as: the *Home Investment Partnership Program* or the *Housing Trust Funds Program*. This is an Equal Housing Opportunity complex and all are welcome to apply. We accept Section 8 certificates and vouchers.

For complexes with a senior designation, occupancy is limited to individuals who are 55 years of age or older (exceptions may apply at some properties). Please inquire with the manager as to the requirements specific to this property. Pets are permitted at those complexes designated as either a pet-friendly community or a senior community. Inquire with the manager as to the requirements specific to this property.

Our occupancy guidelines are as follows:

<u>Unit Size</u>	<u>Minimum</u>	<u>Maximum</u>
1 Bedroom	1 person	3 persons
2 Bedroom	2 persons	5 persons
3 Bedroom	3 persons	7 persons

To apply for an apartment you must complete an application. To complete an application, at minimum, the following information will be needed.

1. Income and assets of the household (total gross income and assets)
 - a. household income must be sufficient to cover rent, utilities and reasonable living expenses, while also meeting the tax credit eligibility requirements for income. Please inquire with the manager as to eligibility requirements and tax credit income limits for this property.
2. Household Composition
 - a. name(s) of all household members
 - b. number in household
 - c. household's current address and contact telephone number (identify contact person)
 - d. birth date of household members
 - e. full-time student information
 - f. unborn verification (for the purpose of determining household size)
3. Copies of Social Security Cards or other proof of SSN
4. Copies of Driver's License or other picture identification
5. Prior and present landlord information (for all adult household members)
6. Credit History (for all adult household members)
7. Criminal Background Check (for all adult household members)
8. Unlawful Detainer (eviction) Check
9. Personal References (preferably business/professional acquaintances)
10. Legible copy of the most recent Federal Income Tax Return (1040) with all attachments for each tenant who is not exempt from filing a return.
11. The application must be signed by all adults applying for occupancy.

You will be notified in writing that you have been placed on a waiting list. The Resident Manager can give you an estimate of when a unit may be available. The full application verification process will be postponed until your name is near the top of our waiting list.

For those households that move in at a qualifying income and rent level, if at recertification it is verified that their income has increased above one of the higher income levels, their rent will be increased to the correlated rent level, as it becomes available by unit size.

NON-DISCRIMINATION STATEMENT – "In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (not all prohibited bases apply to all programs.)" To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275.

NOTICE TO ALL TENANTS / APPLICANTS OPTIONS FOR PERSONS WITH DISABILITIES

Attachment to Application for Admission

This apartment community is managed by AWI Management Corporation. AWI provides housing to qualified families and/or individuals and does not discriminate against applicants or residents on the basis of race, creed, color, sex, religion, age, national origin, familial status, sexual orientation, political beliefs, or disability. In addition, AWI Management Corporation has a legal obligation to provide “reasonable accommodations” to applicants and tenants if they or any family members have a disability.

A reasonable accommodation is some modification or change that the Company can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program, as long as the change does not create discrimination elsewhere. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or premises, to the extent that these reasonable accommodations can be implemented without creating undue financial or administrative burdens to the property.

An applicant or current resident household that has a member with a disability must still be able to meet the essential obligations of the Tenant Screening Process. They must be able to pay rent in a timely manner, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, and to maintain sanitary and safe conditions in their living space. However, there is no requirement that they be able to perform these functions without assistance.

If you or a member of your family has a disability and feel you might need or want a unit specially equipped with design features that are beneficial to wheelchair users, individuals with hearing/vision impairments or a reasonable accommodation that relates to a disability, please complete the **REASONABLE ACCOMMODATION / MODIFICATION VERIFICATION** form. You may request it at any time in the application process or after admission. This is your choice to make. If you would prefer not to discuss your situation with management, that is your right.

USDA-RD Properties: Non-Discrimination Policy – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Tax Credit or HUD Properties: To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275.

Office Use Only	
Date: _____	
Time: _____	
Apt. Size: 1 2 3	

APPLICATION FOR ADMISSION

Guardian Village

Office Use Only	
Gross Income: _____	
<input type="checkbox"/> Addition to Existing Household	
Unit #: _____	
Application #: _____	

GENERAL INFORMATION

Name of Head of Household	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Attending School?
1.	____-____-_____		__/__/_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all others who will occupy the unit.

Name	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Relationship to Head of Household	Attending School?
2.	____-____-_____		__/__/_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	____-____-_____		__/__/_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	____-____-_____		__/__/_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	____-____-_____		__/__/_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	____-____-_____		__/__/_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	____-____-_____		__/__/_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or has any member of your household ever used another name and/or Social Security number? Yes No

If yes, describe: _____

Do you own a pet? Yes No If yes, please inquire with the manager as to the Pet Policy at this community.

Do you wish to have priority for an apartment with special design features for persons with disabilities? Yes No

Do you or anyone in your household request "Reasonable Accommodations" to be made? Yes No See attached 'Notice to All Tenant/Applicants'

Is any member of the household employed as a farm labor worker? Yes No If yes, which household member(s)?: _____

_____. Farm Labor Employment information is required on page 4 of this application even if you are a seasonal worker and are not currently working and your income amount is \$0.00.

Do you anticipate any changes in household composition in the next 12 months? Yes No If yes, please explain: _____

APARTMENT SIZE REQUESTED: 1 Bedroom 2 Bedroom 3 Bedroom

RENTAL HISTORY - Management's policy is to have 5 years of continuous landlord history. If additional space is needed, please use the back page of this application or attach an additional sheet.

1. (Head of Household) CURRENT Address: _____
Street Apt. # City County State Zip

Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

MAILING Address (if different from above): _____
Street Apt. # City State Zip

CURRENT Landlord: _____ Address: _____

Phone: (_____) _____ - _____ If apt., name of complex: _____

Reason you want to move: _____

Do you Rent or Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? Yes No

Are you being displaced? Yes No If yes, why? _____

Are you being, or have you been evicted? Yes No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip

If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ Phone: (_____) _____ Reason for Moving: _____

Address: _____ Did you Rent or Own?
Street Apt. # City County State Zip



ALL OTHER ADULT APPLICANTS NOT RESIDING WITH THE HEAD OF HOUSEHOLD APPLICANT FOR THE PAST 5 YEARS MUST PROVIDE CURRENT AND PREVIOUS ADDRESSES.

2. (Applicant #2) CURRENT Address: _____
Street Apt. # City County State Zip
Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
CURRENT Landlord: _____ Address: _____
Phone: (_____) _____ - _____ If apt., name of complex: _____
Reason you want to move: _____
Do you Rent or Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? Yes No
Are you being, or have you been evicted? Yes No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip
If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
PREVIOUS Landlord: _____ Phone: (_____) _____ - _____ Reason for Moving: _____
Address: _____ Did you Rent or Own?
Street Apt. # City County State Zip

3. (Applicant #3) CURRENT Address: _____
Street Apt. # City County State Zip
Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
CURRENT Landlord: _____ Address: _____
Phone: (_____) _____ - _____ If apt., name of complex: _____
Reason you want to move: _____
Do you Rent or Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? Yes No
Are you being, or have you been evicted? Yes No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip
If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
PREVIOUS Landlord: _____ Phone: (_____) _____ - _____ Reason for Moving: _____
Address: _____ Did you Rent or Own?
Street Apt. # City County State Zip

4. (Applicant #4) CURRENT Address: _____
Street Apt. # City County State Zip
Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
CURRENT Landlord: _____ Address: _____
Phone: (_____) _____ - _____ If apt., name of complex: _____
Reason you want to move: _____
Do you Rent or Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? Yes No
Are you being, or have you been evicted? Yes No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip
If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
PREVIOUS Landlord: _____ Phone: (_____) _____ - _____ Reason for Moving: _____
Address: _____ Did you Rent or Own?
Street Apt. # City County State Zip



PERSONAL REFERENCES (Do not list relatives. Business or professional friends/acquaintances are preferred.):

Applicant #1	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #2	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #3	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #4	Name	Address	Phone #	Relationship
			() -	
			() -	

EMERGENCY CONTACT PERSON(S):

Applicant #1	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #2	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #3	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #4	Name	Address	Phone #	Relationship
			() -	
			() -	

AUTOMOBILE(S):

Make: _____ Model: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Model: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Model: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Model: _____ Color: _____ Year: _____ License Plate #: _____

Per the terms of the lease agreement at this complex, trailers, boats and campers are not permitted.



HOUSEHOLD FINANCIAL OBLIGATIONS: List ALL credit card payments, car payments, child support, alimony, loans, etc.

NOTE: THIS SECTION MUST BE COMPLETED.

Payable To: (company name)	Monthly Payment

Payable To: (company name)	Monthly Payment

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? (Please mark every question YES or NO. If you answer any questions with a YES, complete the blanks on the right.)

	Yes	No	Amount Received (per time period)	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Farm Labor Employment <input type="checkbox"/> current <input type="checkbox"/> seasonal	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Farm Labor Employment <input type="checkbox"/> current <input type="checkbox"/> seasonal	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Farm Labor Employment <input type="checkbox"/> current <input type="checkbox"/> seasonal	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____



Do you anticipate any change in this income in the next 12 months? Yes No If yes, please explain: _____

Does an outside party pay your utilities, phone service or other household expenses? Yes No If yes, amount paid per month \$ _____

Name and address of outside party: _____
 Name Address City State Zip

FEDERAL INCOME TAX RETURNS: Are you or any member of your household exempt from filing a Federal Income Tax Return? Yes No

If yes, which members: _____, _____, _____, _____
 Name Name Name Name

ASSETS: Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right. Do not include necessary personal property such as furniture, automobiles and clothing.

DO YOU HAVE . . . ?

	Yes	No	Name on Account	Account #	Balance/Value	Bank (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Certificate/Time Deposit	<input type="checkbox"/>	<input type="checkbox"/>				_____
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				_____
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				_____
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				_____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				_____
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				_____

SUBSIDIZED HOUSING:

Have you or any member of your household lived in subsidized housing? Yes No If yes, which household member(s): _____

_____ Has your household's tenancy in a subsidized housing program ever been

terminated for fraud, nonpayment of rent or failure to cooperate with the recertification process? Yes No If yes, please explain the circumstances: _____



DEMOGRAPHIC INFORMATION

RRH and FLH Borrowers are required to keep track of the demographics of their applicants and tenants (even though their participants may decline to cooperate in the gathering of this data).

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with.”

“You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Please check (✓) the applicable Ethnicity of Head of Household:

- Hispanic or Latino (any race)
- Not Hispanic or Latino

Please check (✓) the applicable Race/National Origin of Head of Household:

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

“In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (not all prohibited bases apply to all programs.)”

To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275