

**The Cottages at Highlands Crossing
Bella Vista, Arkansas
202 PRAC LEASE Supportive Housing for the Elderly**

Certification of Receipt of Handouts

I, _____ hereby certify that I have received:

- Fact Sheet for HUD Assisted Residents
- Resident Rights & Responsibilities
- EIV
- VAWA

I CERTIFY THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE LISTED GUIDELINES AND TO THE BEST OF MY ABILITY WILL COMPLY WITH EACH AND EVERY ITEM. I ALSO ACCEPT THIS APARTMENT OF MY OWN FREE WILL.

Tenant Signature

Date

Spouse or Co-Head

Date

Manager

Date