

APPLICATION FOR HUD VOUCHER PROGRAM

Please return this entire application packet including the following:

- *Social Security Cards for all family members
- *Birth Certificates for all family members
- *Proof of wages or proof of disability for a priority on the waiting list.

If you do not provide the items listed with you application, it will not be processed.



BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY

170 Dogwood Terrace • P.O. Box 536 • Big Stone Gap, VA 24219
Telephone: (276) 523-4788 • FAX: (276) 523-5141 • Email: bsgha@bsgha.org

Date: _____

Check only one:

- Dogwood Terrace Apartments (2, 3 & 4 bedrooms)**
- Woodstone Village I (1 and 2 bedrooms)**
- Woodstone Village II (1 bedroom for elderly, handicap & disabled)**
- Housing Choice Voucher –HCV**

Preferred number of bedrooms requested _____

Applicant _____ Maiden Name _____
 Mailing address _____ City, State, Zip _____
 Physical address _____ City, State, Zip _____
 Home Phone # _____ Message Phone # _____
 Cell Phone # _____ Email address _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all members who will be living in the unit. Give the relationship of each family member to the Head of Household

	<u>MEMBER'S NAME</u>			<u>Relation To Head</u>	<u>Date of Birt h</u>	<u>Place of Birth</u>	<u>Male or Female or Decline to Report</u>	<u>Race *</u>	<u>Social Security #</u>
	First	M.I.	Last						
1				Head					
2									
3									
4									
5									
6									
7									

*(W)-White, (B)-Black/African American, (AI/AN)-American Indian/Alaskan Native, (A)-Asian, (NH)-Native Hawaiian, (Other)

*Racial and ethnic information is for statistical purposes only.

*All members must provide social security numbers and cards unless they meet one of the following:

1. Ineligible non-citizen member not contending eligible immigration status.
2. 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.
3. Under the age of 6 who are added to be applicant household within 6 months prior to move-in (must provide social security number and card within 90 days)



BSGHA Personnel use only: _____

Ethnicity of Head of Household: (check one) Hispanic or Latino Not-Hispanic or Latino

A. Housing History

1. Have you ever received HUD or lived in Low Income Apartments ANYWHERE in the U.S. in the past?
 - a. YES _____ NO _____ If yes, when & where? _____
2. Are you NOW living in a federally funded subsidized housing unit? YES _____ NO _____
3. Have you ever been evicted or required to move? YES _____ NO _____
4. Are you currently paying rent? YES _____ NO _____
5. List ALL states you have lived in. _____
6. List where you lived (Physical address only) for the last 3 years EVEN if you did not rent!!
 - a. Address: _____ Date: _____ - present Rent Amount _____
Landlord/Owner: _____ Phone #: _____
 - b. Address: _____ Date: _____
Landlord/Owner: _____ Phone #: _____
 - c. Address: _____ Date: _____
Landlord/Owner: _____ Phone #: _____
7. Are you eligible for VAWA protection? YES _____ NO _____ (The Violence Against Women Act (VAWA) provides protection for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available to all individuals regardless of sex, gender identity, or sexual orientation.

B. Student Status-Please list all family members who are attending school part-time or full-time for elementary, middle, high school, or vocational school. *Official transcripts will be required for all college students.

Student Name(s)	Part or Full Time Student	School Name & Address	Financial Aid Amount

HOUSEHOLD INCOME

C. SSI/Pension/Other Benefits YES / NO

Do you or any household member(s) receive SOCIAL SECURITY/SSI BENEFITS?			
Do you or any household member(s) receive PENSION, RETIREMENT OR AN ANNUITY?			
Do you or any household member(s) receive UNEMPLOYMENT BENEFITS OR DISABILITY?			
Do you or any household member(s) receive DUAL ENTITLEMENT INCOME?			
NAME OF HOUSEHOLD MEMBER	MONTHLY/WEEKLY AMOUNT	NAME AND ADDRESS OF AGENCY/OFFICE	
	\$		
	\$		
	\$		

D. Employment

YES/NO

Do you or any household member(s) receive FULL/PART TIME JOB EARNINGS?			
Do you or any household member(s) receive CASH, TIPS OR BONUSES?			
Do you or any household member(s) receive MILITARY OR RESERVE PAY?			
Are you or any household member(s) SELF EMPLOYED?			
Are you or any household member(s) receiving GIG EMPLOYMENT INCOME? (Examples Door Dash, Uber, etc.)			
Are you participating in a qualifying STATE, FEDERAL OR LOCAL EMPLOYMENT TRAINING PROGRAM?			
NAME OF HOUSEHOLD MEMBER	MONTHLY GROSS PAY	NAME & ADDRESS OF AGENCY/OFFICE	
	\$		
	\$		
	\$		

E. Public Assistance Benefits

YES/NO

Do you or any household member(s) receive TANF, GENERAL RELIEF, OR OTHER?			
Do you or any household member(s) receive ADOPTION OR FOSTER CARE PAYMENTS?			
Do you or any household member(s) receive IN-HOME CARE SUPPORTIVE SERVICE TO CARE FOR ANOTHER PERSON?			
Do you or any household member(s) receive TRANSPORTATION REIMBURSEMENT?			
Are you participating in the VIEW PROGRAM?			
NAME OF HOUSEHOLD MEMBER	MONTHLY AMOUNT	TYPE OF BENEFIT	
	\$		
	\$		
	\$		

F. Child Support or Alimony Benefit(s)

YES/NO

Do you or any household member(s) have an open CHILD SUPPORT CASE WITH A COURT?				
Do you or any household member(s) receive CHILD SUPPORT PAYMENTS FROM DCSE?				
Do you or any household member(s) receive CHILD SUPPORT/ALIMONY DIRECTLY FROM AN ABSENT PARENT/SPOUSE?				
Does the ABSENT Parent purchase items for the child(ren) such as CLOTHING, FOOD, FORMULA, DIAPERS, ETC.?				
NAME OF CHILD	ABSENT PARENT/SPOUSE NAME & ADDRESS	MONTHLY AMOUNT	CASH VALUE OF PURCHASE, CLOTHING, FOOD, FORMULA, ETC.	
		\$		
		\$		
		\$		

G. Contributions

YES/NO

Does anyone outside your household GIVE YOU MONEY OR PAY BILLS FOR YOU?		
Does anyone outside your household BUY YOU SUPPLIES SUCH AS GROCERIES, ETC?		

Did any organization help you PAY A BILL OR EXPENSE?	
If you answered YES, please explain.	

H. Assets

YES/NO

Do you or any household member(s) have a SAVINGS OR CHECKING ACCOUNT?			
Do you or any household member(s) have STOCKS, BONDS OR CERTIFICATE OF DEPOSIT?			
Do you or any household member(s) have a MONEY MARKET FUND/TRUST FUND?			
Do you or any household member(s) have a RETIREMENT, 401K, IRA OR LIFE INSURANCE POLICIES?			
Do you or any household member(s) have PEER-PEER PAYMENT SYSTEMS? (Examples: Google Pay, Zelle, Venmo, Cash App, Square, Facebook Messenger Pay, etc.)			
NAME OF HOUSEHOLD MEMBER	COMPANY/BANK NAME	TYPE OF ACCOUNT	

I. PropertY

YES/NO

Does anyone in your household own or have an interest in commercial or residential estate or mobile home?			
Has anyone in your household sold any real estate in the last 2 years?			
NAME OF HOUSEHOLD MEMBER	TYPE OF ASSET	VALUE	
		\$	
		\$	

EXPENSES

J. Child Care Expenses

YES/NO

Do you pay childcare for a child 12 or under so you can go to work or school?				
IF YES, is the childcare expenses paid for by an agency or by another person outside of your household?				
NAME OF CHILD	MONTHLY AMOUNT	CHILD CARE PROVIDERS NAME	NAME OF AGENCY	
	\$			
	\$			

K. Medical Expenses

YES/NO

If you are an elderly, disabled or handicap household, do you expect any out of pocket medical expenses in the next 12 months?	
IF YES, HOW MUCH \$	

SUPPLEMENTAL INFORMATION

L. Household Information

YES/NO

Is there a family member(s) with a disability that started a new job or got a raise in the last 12 months?	
Is any household member temporarily absent from the home? School, military service, etc?	

Does any household member have any minor children that do not live in the home? IF YES, PLEASE EXPLAIN:	
Have you or anyone in your household ever been cited, arrested, charged or convicted of ANY crime (misdemeanor or felony) other than traffic violations? IF YES, PLEASE EXPLAIN:	
Are you or anyone in your household subject to registration as a sex offender in any state? IF YES, LIST NAME OF REGISTRANT AND COMPLETE ADDRESS WHERE CURRENTLY REGISTERED:	
Have you or anyone in your household ever used any names or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? IF YES, PLEASE GIVE NAME(S) AND/OR SOCIAL SECURITY NUMBERS:	
Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? IF YES, PLEASE EXPLAIN:	
Does anyone residing outside of your household receive mail at your residence or claim it as their legal residence on any legal document (driver's license, vehicle registration, tax forms, school, etc.)? IF YES, PLEASE EXPLAIN:	
Do you expect any changes in your household composition in the next 12 months?	

M. Contacts

Please list information below for two relatives or friends who generally know how to contact you.			
Name:		Name:	
Relationship:		Relationship:	
Phone Number:		Phone Number:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	

N. Application Preference

	YES/NO
Some waiting lists give selection preferences to households that meet the following condition.	
Are you elderly, handicapped or disabled?	
Are you currently employed?	
Do you reside in the corporation limits of Big Stone Gap?	
Are you a Veteran?	
Are you homeless?	

O. Accessibility/Reasonable Accommodation

	YES/NO
We have units that are accessible for residents who have impaired mobility, vision, or hearing. As a result of a household member's disability, are you requesting any reasonable accommodation be made?	

Do you require a Service Animal due to your disability?	
--	--

P. Utility History

Did you previously or do you currently have water and electric in your name?	YES/NO
Do you owe a balance?	

When applying, you must read the following document from the U.S. Department of Housing and Urban Development: **Is Fraud Worth It?** It informs you that you are committing fraud if you knowingly provide false or misleading information to obtain assisted housing. There are penalties that apply if you knowingly omit information or give false information.

All Adult Initial:

_____ **Yes, I have read and understand this document.**

AS PROVIDED BY THE VIRGINIA PRIVACY PROTECTION ACT OF 1976, I UNDERSTAND THAT THE INFORMATION GIVEN ON THIS APPLICATION WILL BE HELD IN CONFIDENCE AND WILL BE USED FOR THE SOLE PURPOSE OF DETERMINING MY ELIGIBILITY FOR RURAL DEVELOPMENT OR SECTION 8 HOUSING. I FURTHER UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MY APPROVAL FOR HOUSING WILL BE CONTINGENT UPON THE HOUSING AUTHORITY BEING ABLE TO FORMALLY VERIFY THIS INFORMATION. I HAVE NO OBLIGATION TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

APPLICANT'S SIGNATURE _____ DATE _____

ADDITIONAL ADULT SIGNATURE _____ DATE _____

ADDITIONAL ADULT SIGNATURE _____ DATE _____

ADDITIONAL ADULT SIGNATURE _____ DATE _____



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...

IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from

HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



451 7th Street, SW

HUD OIG Hotline, GFI

Washington, DC 20410

December 2005

ALL ADULTS INITIAL _____

Authorization for the Release of Information/ U.S. Department of Housing and Urban Development

Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**

HA requesting release of information: **(Cross out space if none)**

(Full address, name of contact person, and date)

(Full address, name of contact person, and date)

Big Stone Gap Redevelopment & Housing Authority

P.O. Box 536

Big Stone Gap, VA 24219

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees

may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial

institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	_ Date
_____		_____	
Spouse	Date	Other Family Member over age 18	_ Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	_ Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	_ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and

seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1

form **HUD-9886** (7/94)

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Office of Housing

_____ **Name of Property**
Project No. _____ **Address of Property** _____

_____ **Name of Owner/Managing Agent** _____ **Type of Assistance or Program Title:** _____

_____ **Name of Head of Household** _____ **Name of Household Member** _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Declaration of Section 214 Status

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible **If you sign this box, no further action is required.**

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible **If you sign this box, complete the reverse side including the Verification Consent**

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be taken to obtain this evidence.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible **If you sign this box, complete the reverse side including the Verification Consent.**

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible **If you sign this box, no further action is required. You are NOT eligible for housing assistance.**

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for

unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected above. Any person who knowingly or willfully requests, obtains or discloses

any information under false pretenses based on this verification form is restricted to the purporting an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or impraffected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be oper use. . Penalty provisions for misusing the social security

number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

This Section to be completed by the Applicant

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);

A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;

A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];

A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or

A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

Form I-94, Arrival-Departure record, with one of the following annotations:

- a) "Admitted as Refugee Pursuant to Section 207"
- b) "Section 208" or "Asylum"
- c) "Section 243(h)" or "Deportation stayed by Attorney General"
- d) "Paroled pursuant to Section 212(d)(5) of the INA"

If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:

- a) A final court decision granting asylum (but only if no appeal is taken);
- b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
- c) A court decision granting withholding of deportation; or
- d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)

Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;

Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3 on the reverse side, please complete this consent form

Verification Consent

I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing:

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual.

Notification: Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____

BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY

170 Dogwood Terrace • P.O. Box 536 • Big Stone Gap, VA 24219
Telephone: (276) 523-4788 • FAX: (276) 523-5141 • Email: bsgha@bsgha.org

AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE ANY PERSONS, OR OFFICERS OF ANY FEDERAL, STATE OR LOCAL LAW ENFORCEMENT AGENCY TO DISCLOSE, WHEN REQUESTED TO DO SO BY A REPRESENTATIVE OF THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY, ANY AND ALL INFORMATION REGARDING MY PAST AND CRIMINAL OR PUBLIC LAW VIOLATION RECORDS, IF ANY.

I FURTHER AUTHORIZE ANY PERSONS, BUSINESS, AGENCY, CORPORATION, LENDING INSTITUTION OR OTHER ENTITY WITH WHOM I HAVE CONDUCTED BUSINESS OR ARE CURRENTLY CONDUCTING BUSINESS WITH TO DISCLOSE, WHEN REQUESTED BY A REPRESENTATIVE OF THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY, ANY AND ALL INFORMATION AND TO FURNISH COPIES OF ALL RELATIVE INCOME, CREDIT OR OTHERWISE ANY INFORMATION THAT SAID REPRESENTATIVE OF THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY MIGHT REQUEST.

THIS RELEASE FORM IS EFFECTIVE DURING THE DURATION OF MY APPLICATION FOR RENTAL ASSISTANCE AND/OR THE DURATION OF A CONTRACT WITH THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY.

A PHOTOCOPY OF THIS FORM IS TO BE TREATED AS AN ORIGINAL.

PLEASE PRINT CLEARLY

FULL SIGNATURE _____ DATE _____

PRINTED FIRST/MIDDLE/LAST NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

PHYSICAL ADDRESS (NOT PO BOX) _____

MAILING ADDRESS _____

ONE PER EACH ADULT

Big Stone Gap Redevelopment & Housing Authority

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 The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority, 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 The Big Stone Gap Redevelopment & Housing Authority, 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.

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 The Big Stone Gap Redevelopment & Housing Authority 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

The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority chooses to remove the abuser or perpetrator, The Big Stone Gap Redevelopment & Housing Authority 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, The Big Stone Gap Redevelopment & Housing Authority 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, The Big Stone Gap Redevelopment & Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, The Big Stone Gap Redevelopment & Housing Authority 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, The Big Stone Gap Redevelopment & Housing Authority 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, The Big Stone Gap Redevelopment & Housing Authority 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 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.

(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.

The Big Stone Gap Redevelopment & Housing Authority 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.

The Big Stone Gap Redevelopment & Housing Authority's emergency transfer plan provides further information on emergency transfers, and The Big Stone Gap Redevelopment & Housing Authority 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

The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority must be in writing, and The Big Stone Gap Redevelopment & Housing Authority 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. The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority as documentation. It is your choice which of the following to submit if The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, The Big Stone Gap Redevelopment & Housing Authority does not have to provide you with the protections contained in this notice.

If The Big Stone Gap Redevelopment & Housing Authority 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), The Big Stone Gap Redevelopment & Housing Authority 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, The Big Stone Gap Redevelopment & Housing Authority does not have to provide you with the protections contained in this notice.

Confidentiality

The Big Stone Gap Redevelopment & Housing Authority 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.

The Big Stone Gap Redevelopment & Housing Authority must not allow any individual administering assistance or other services on behalf of The Big Stone Gap Redevelopment & Housing Authority (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. The Big Stone Gap Redevelopment & Housing Authority must not enter your information into any shared database or disclose your information to any other entity or individual. The Big Stone Gap Redevelopment & Housing Authority, however, may disclose the information provided if:

- You give written permission to The Big Stone Gap Redevelopment & Housing Authority to release the information on a time limited basis.
- The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority or your landlord to release the information.

VAWA does not limit The Big Stone Gap Redevelopment & Housing Authority'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, The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority 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 The Big Stone Gap Redevelopment & Housing Authority can demonstrate the above, The Big Stone Gap Redevelopment & Housing Authority 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 HUD.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.govinfo.gov/content/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

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 The Big Stone Gap Redevelopment & Housing Authority office.

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 Family Crisis Support Services, Inc. at 276-679-7240.

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 The National Sexual Assault Hotline at 1-800-656-4673.

Victims of stalking seeking help may contact Victim Connect Resource Center at <https://victimconnect.org/learn/types-of-crime/stalking/>.

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.