

# FOLEY HOUSING AUTHORITY

302 W 4<sup>TH</sup> AVENUE, FOLEY, AL 36535

PH# (251)943-5370 FAX# (251)943-5848

Website: [www.foleyha.org](http://www.foleyha.org)

## APPLICATION FOR RENTAL ASSISTANCE

Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform Foley Housing Authority office.

Please notify Foley Housing Authority office if you require interpretation services if you do not speak, read or write English. Interpretation may be provided, at no cost to you, in your primary language to help you understand this notice.

### INSTRUCTIONS

- *Fill out this packet completely. Do not leave any information blank. If the information does not apply to you or your family, write the word "NONE" or "N/A".*
- *Anyone in your household who is 18 or over is an "Adult" and MUST sign each form.*
- *Income and Assets (such as bank accounts) for everyone in your household must be reported.*

Include the following items with your completed packet if they apply to you or someone in your household.

YOU OR MEMBERS OF YOUR HOUSEHOLD	PROVIDE
Must provide: <ul style="list-style-type: none"><li>○ Current State ID/Driver's License</li><li>○ Original Social Security Card</li></ul>	On everyone 18 and older On everyone in the household
Have Assets: <ul style="list-style-type: none"><li>○ Savings/Checking account(s)</li><li>○ Money Market or any other Banking asset(s)</li><li>○ 401K</li><li>○ "Cash Value"/Whole Life Insurance Policy</li></ul>	Provide three (3) months most current Bank Statements and all current asset information that applies to you and your household.
Have Income: <ul style="list-style-type: none"><li>○ Wages from a job or profession, unemployment</li><li>○ Child support/Family Support paid to you or for you</li><li>○ Social Security, Pension</li><li>○ Trust Account</li><li>○ Any Income regardless of where it comes from</li></ul>	Copies of most current six (6) weeks of paycheck stubs, benefit award for unemployment, Social Security, Pension or Trust account. Most current print out of three (3) months Child Support or a Notarized signed statement from person giving support.
<input type="checkbox"/> Self-Employed or Own Business	Copy of last year's federal income tax forms
<input type="checkbox"/> Are enrolled in School	Copy of current financial aid award letter and enrollment showing your credit hours.
<input type="checkbox"/> Pay for child care and are employed, seeking employment or attend school	Three (3) months most recent receipts or cancelled checks for child care or a statement from your child care provider. Include complete name, address, and phone number of the child care provider.
<input type="checkbox"/> Are age 62 + or are disabled and are reporting medical expenses.	Complete the HIPAA medical release form. You must include all requested information or provide current printouts from your medical providers that shows you're out of packet medical expenses in the last 12 months (i.e. doctor visit copays, prescriptions, insurance premiums.)

This is not an all exclusive list but gives several examples of documentation you must provide.

Failure to complete this application in its entirety may result in your application  
**NOT** being accepted for consideration.

## Department of Housing Services Language / Alternate Format Designation

The Foley Housing Authority (referred to as FHA in this document) wants to provide effective communication and services to all its clients. This includes person with disabilities, and person who do not speak English. The purpose of this form is to gather information to service you better.

### Kinds of Communication

FHA can communicate with person who have disabilities in several ways. Check below to tell us how you would like to get information from FHA.

☐ Yes ☐ No Do you need materials in a different format

If yes, select from the following:

- ☐ Large Print (This is 18 font.)
- ☐ Audiotape: text is recorded on an Audiocassette tape.
- ☐ Braille: Written text is provided in Braille.
- ☐ Electronic Format: Written material is saved as "plain text" on a CD-Rom or 3.5" floppy disk.
- ☐ Spoken: Written Material is read aloud by an FHA employee in person or over the phone.

☐ Yes ☐ No Do you need a language interpreter.

☐ Yes ☐ No Other (please explain):

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### Your Language (Check one)

- ☐ I speak English and read English and do not need help communication with FHA
- ☐ I speak English, but I need help filling out paperwork.
- ☐ I do not speak or read English, and I need written materials in

- |                                       |                                    |                                     |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bosnian      | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese    |
| <input type="checkbox"/> Korean       | <input type="checkbox"/> Laotian   | <input type="checkbox"/> Romanian   |
| <input type="checkbox"/> Russian      | <input type="checkbox"/> Spanish   | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ |                                    |                                     |

I have read this form, or it has been read to me.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Personal Declaration

Instruction for completing this form: Complete this form IN INK. Answer all questions. Write the word "NONE" or "N/A" if the question does not apply to you or your household. All members eighteen (18) or older must sign the declaration to certify accuracy of the information reported.

1. Household Composition. Starting with the Head of Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents.

**When you see \* after a word it means - Providing this information is voluntary and is used for statistical purposes only**

Name Last, First	Relationship To Head of Household	Date Of Birth	Gender	Race *	Ethnicity *	Disability? (Yes/No)	Social Security Number
	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mailing Address: \_\_\_\_\_  
(Street Address and Apartment Number) or (P.O. Box)

(City)

(State)

(Zip)

Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

a. SPECIAL NEEDS

For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes ☐ No ☐

Does any member require any special accommodations? Yes ☐ No ☐

If yes, what? \_\_\_\_\_

Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes ☐ No ☐ If yes, describe expense: \_\_\_\_\_

D. ABSENT PARENT INFORMATION				
Family Member	Father's/Mother's Name	Street Address	City, State, Zip	Comments/Last contact

**C. MARITAL STATUS/HISTORY**

Have you ever been married? Yes ☐ No ☐ How many times? \_\_\_\_\_ Maiden Name \_\_\_\_\_

\_\_\_\_\_

Date	From Whom	Street Address	City	State	Zip
Separated?					
Divorced?					
Widowed?					
Comments:					

[illegible]

Do you have any regular overnight guest(s), or someone who spends more than two nights per month? ☐ Yes ☐ No  
If yes, please list guest(s) names and explain: \_\_\_\_\_

Other Household Information Continued...

Has any member of the household been convicted of any crime with in the past 7 years? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

Is any member of the household subject to a life time registration as a Sex Offender? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

Has any member of the household lived in subsidized housing? ☐ Yes ☐ No  
If yes, Where?: \_\_\_\_\_ When? \_\_\_\_\_  
If yes, Do you owe that landlord/Housing Authority? ☐ Yes ☐ No If yes, How much? \_\_\_\_\_

Has any member of the household had a change in citizenship or immigration status? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

**HOUSEHOLD INCOME**

Include all income or financial benefits anticipated for the next twelve (12) months, received by ALL household members, regardless of age. Any "Yes" for questions 1-17 requires a detailed explanation in the table below.  
Provide documentation of all Income (Check stubs, Notarized Statements, previous year taxes)

**2. Do YOU or ANYONE in YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM**

☐ Yes ☐ No 1. Employment wages or salaries?  
Including overtime, tips, bonuses, commissions and payments received in cash

☐ Yes ☐ No 2. Self Employed?

☐ Yes ☐ No 3. Regular pay as a member of the armed forces?

☐ Yes ☐ No 4. Unemployment benefits or workers compensation?

☐ Yes ☐ No 5. General Assistance, Aid to Needy Families with Children (TANF)?

☐ Yes ☐ No 6a. Do you receive Child Support or Alimony? If yes, continue to 6b, If no, continue to 6c.

**6b. HOW IS THE SUPPORT RECEIVED?**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support Enforcement Agency	Name of Agency
<input type="checkbox"/> Yes <input type="checkbox"/> No	Court of law	Name of Court
<input type="checkbox"/> Yes <input type="checkbox"/> No	Directly from Individual	Name of person
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	Explain

6c. If money is not actually received, are you taking legal action to remedy?  
Explain: \_\_\_\_\_

- ☐ Yes ☐ No 7. Social Security, SSI or any other payments from the Social Security Administration?  
☐ Yes ☐ No 8. Veteran' benefits, pensions, retirement benefits or annuities?  
☐ Yes ☐ No 9. Severance payments?  
☐ Yes ☐ No 10. Settlements, such as insurance settlements?  
☐ Yes ☐ No 11. Disability, death benefits or life insurance dividends?  
☐ Yes ☐ No 12. Regular gifts or payments from anyone outside the household?  
☐ Yes ☐ No 13. Educational Grants, Scholarships, or other student benefits?  
☐ Yes ☐ No 14. Lottery winnings or inheritances?  
☐ Yes ☐ No 15. Payments from rental property, land contracts or other forms of real estate?  
☐ Yes ☐ No 16. Any other income sources or types not listed, such as: SNAP (food stamps), fuel assistance?  
☐ Yes ☐ No 17. Do you or any household member expect any change to your income in the next twelve (12) months?  
☐ Yes ☐ No 18. Does anyone outside the household give you gifts on a regular basis?

If you selected yes from the above (1 – 17) questions, from House Hold Income, fill out the below chart for each Yes.

QUESTION NUMBER	FAMILY MEMBER	INCOME SOURCE AND ADDRESS	AMOUNT
EX. 1	John Doe	ABC 123 West UP Street, Foley, AL 36535	\$13,000.00 per year

### 3. Household Expenses (Only for children under 13 years of age)

Child Care: Do you have child care costs for minor children in the household? ..... ☐ Yes ☐ No

If you pay the full amount on your own, how much do you pay? ..... Monthly Amount\$ \_\_\_\_\_

Do you receive financial assistance with your child care cost from the State? ..... ☐ Yes ☐ No

If yes, please complete: State pays \$ \_\_\_\_\_ Your Co-Pay \$ \_\_\_\_\_

Does this child care allow you to be currently employed or actively seeking employment? ..... ☐ Yes ☐ No

If yes, please list the full name and mailing address of your child care provider:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

4. Asset Certification: Complete the form below for the entire household. Include assets of children.

A. Mark Yes for any of the following that you or your household members have. Mark No on the ones you don't:

Source of Asset	Bank Name & Account Number(s)	Account Balance or Cash Value*	Interest Rate or Dividends
<input type="checkbox"/> Yes <input type="checkbox"/> No Checking / Money Market Account #1		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Checking / Money Market Account #2		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Savings / Certificate of Deposit #1		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Savings / Certificate of Deposit #2		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Stocks / Bonds		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No IRA / Pension / 401 (k)		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Other Retirement		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Can you withdraw from this account?		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Equity on Real Estate / Land Contracts	Type	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Life Insurance (Whole life only, does not include term)		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Lump Sum Receipts (i.e. settlements)	Type	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Capital Investments	Type	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Personal Property held as an investment	Type	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Cash on hand / Safety deposit box		\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Assets disposed of for less than Fair Market Value within the past	Type	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Other (explain) :		\$	
The total value of all my/our assets listed above (bank accounts, investments, etc.) is:	<input type="radio"/> Less than \$ 5,000.00 <input type="radio"/> More than \$ 5,000.00		
The total value of all my/our assets listed above (bank accounts, investments, etc.) is:			
<u>OR:</u> <input type="radio"/> I / we have no bank accounts or other assets.			

\*"Cash value" is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage, early withdrawal penalties, etc. PLEASE NOTE: Certain funds, such as retirement, pensions, trust, may or may not be fully accessible to you. Include ONLY those amounts that are.

\*\*Personal property held as an investment may include, but is not limited to gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

B. Within the past two (2) years, have you sold or given away any assets (including cash, real estate, etc.) for more than \$1,000.00 below its fair market value?

☐ YES. I/we sold or gave away assets that totaled \$ \_\_\_\_\_ OR

☐ NO. I/we did not sale or give away any assets for less than fair market value.

C. Certification

I/we understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

_____ Signature of Head of Household	_____ Printed Name	_____ Date signed
_____ Signature of Other Adult	_____ Printed Name	_____ Date Signed
_____ Signature of Other Adult	_____ Printed Name	_____ Date Signed
_____ Signature of Other Adult	_____ Printed Name	_____ Date Signed

Have you ever applied with Public Housing or Section 8 Housing? Yes ☐ No ☐

Have you ever lived in Public Housing or Section 8 Housing? Yes ☐ No ☐

Have you ever lived in housing that is referred to as the "PROJECTS"? Yes ☐ No ☐

If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you pay/paid is/was based on income, complete the following:

Where (Address) \_\_\_\_\_ When(Date) \_\_\_\_\_

Do you owe any money to the Public Housing Project and/or Section 8 Housing?

Yes ☐ No ☐ If yes, Amount \$ \_\_\_\_\_

5. **Certification.** All Adult members, 18 and older, in the household must sign this declaration to certify accuracy of the information reported.

**Giving True and complete information:** I certify that all the information provided on the household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge.

**Reporting Changes in Income or Household Composition:** I know I am required to report within ten (10) days in writing any changes in income. I understand the rules and regulations regarding guest/visitors and when I must report anyone who is staying with me. Before allowing some to reside in my household I must get prior approval from Foley Housing Authority.

**No Duplicate Residence or Assistance:** I certify that the dwelling unit will be my principal residence and I will NOT obtain duplicate Federal Housing Assistance while I am in the current program. I will not live anywhere else without notifying the Foley Housing Authority in writing. I will not sub-lease my assisted residence.

**Cooperation:** I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

**Criminal and Administrative Actions for False Information:** I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

**WARNING!** Title 18, Section 1001 of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department of Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

**NOTICE:** Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under AL Code 24-1-10.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed



# Authorization for the Release of Information/ Privacy Act Notice

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

U.S. Department of Housing  
and Urban Development  
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)  
(Full address, name of contact person, and date)

FOLEY HOUSING AUTHORITY  
302 WEST FOURTH AVENUE  
FOLEY, AL 36535

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

XX  
XX  
XX  
XX  
XX  
XX  
XX  
XX  
XX  
XX  
XX  
XX

**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.

**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.

**Foley Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Foley Housing Authority Public Housing Program** 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 **Foley Housing Authority Public Housing Program**, 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 **Foley Housing Authority Public Housing Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> 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.

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 **Foley Housing Authority Public Housing Program** 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**

HP 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 HP chooses to remove the abuser or perpetrator, HP 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, HP 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, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP 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, HP 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, HP 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) 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.

HP 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.

HP's emergency transfer plan provides further information on emergency transfers, and HP 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**

HP 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 HP must be in writing, and HP 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. HP 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 HP as documentation. It is your choice which of the following to submit if HP 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 HP 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 HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP 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), HP 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, HP does not have to provide you with the protections contained in this notice.

**Confidentiality**

HP 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.

HP must not allow any individual administering assistance or other services on behalf of HP (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.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP 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 HP or your landlord to release the information.

VAWA does not limit HP'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, HP 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 HP 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 HP can demonstrate the above, HP 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**

##### **Birmingham Field Office**

Medical Forum Building  
950 22nd Street North,  
Suite 900  
Birmingham, AL 35203

**Phone:** (205) 731-2617

#### **For Additional Information**

You may view a copy of HUD's final VAWA rule at

**<https://www.federalregister.gov/documents/2014/10/20/2014-24284/violence-against-women-act>.**

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 **Foley Housing Authority Public Housing Program Public Housing Manager or Director at (251)943-5370.**

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 **Lighthouse hotline # 251-947-6008 and business # 251-947-6197.**

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 **Foley Police Department (251)9434431 or Baldwin County Sheriff's Department at 251-2394304.**

Victims of stalking seeking help may contact **Foley Police Department (251)9434431** or **Baldwin County Sheriff's Department at 251-2394304.**

**Attachment:**

**Certification form HUD-5382 - CERTIFICATION OF DOMESTIC VIOLENCE, DATING  
VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE  
COCUMENTATION**

**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.



*Housing Authority of the City of Foley*

## **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

### **To all Tenants, Applicants and Participants**

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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Public Housing and Housing Choice Voucher** 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 **Public Housing or Housing Choice Voucher**, 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 **Public Housing or Housing Choice Voucher**, 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 **Public Housing or Housing Choice Voucher** 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.

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> 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.

### **Removing the Abuser or Perpetrator from the Household**

Foley Housing Authority (FHA) 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 FHA chooses to remove the abuser or perpetrator, FHA 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, FHA 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, FHA must follow Federal, State, and local eviction procedures. In order to divide a lease, FHA 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, FHA 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, FHA 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) 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

For questions regarding VAWA, please contact Public Housing Manager, Section 8 Coordinator, Portability Intake Specialist and/or Executive Director (251)943-5370.

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 **Lighthouse hotline # (251)947-6008 and business # (251)947-6197.**

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 <https://www.rainn.org/about-national-sexual-assault-telephone-hotline>

**Foley Police Department (251)943-4431 or Baldwin County Sheriff's Department at (251)239-4304.**

Victims of stalking seeking help may contact **Foley Police Department (251)943-4431 or Baldwin County Sheriff's Department at (251)239-4304.**

**Attachment: Certification form HUD-5382 CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION**

**I have received a copy of the Notice regarding Violence Against Women Act.**

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PRINT  
APPLICANT/TENANT

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SIGNATURE  
APPLICANT/TENANT

DATE: \_\_\_\_\_

For questions regarding VAWA, please contact Public Housing Manager, Section 8 Coordinator, Portability Intake Specialist and/or Executive Director (251)943-5370.

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 **Lighthouse hotline # (251)947-6008 and business # (251)947-6197.**

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Victims of stalking seeking help may contact **Foley Police Department (251)943-4431 or Baldwin County Sheriff's Department at (251)239-4304.**

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**I have received a copy of the Notice regarding Violence Against Women Act.**

---

PRINT  
APPLICANT/TENANT

---

SIGNATURE  
APPLICANT/TENANT

DATE: \_\_\_\_\_

against you. However, FHA 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 FHA 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 FHA can demonstrate the above, FHA 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

**Birmingham Field Office  
Medical Forum Building  
950 22<sup>nd</sup> Street North  
Suite 900  
Birmingham, AL 35203**

**Phone: (205)731-2617**

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at  
**<http://www.federalregister.gov/documents/2014/10/20/2014-24284/violence-against-woman-act>**.

Additionally, FHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

**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.

you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

FHA 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.

FHA's emergency transfer plan provides further information on emergency transfers, and FHA 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**

FHA 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 FHA must be in writing, and FHA 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. FHA 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 FHA as documentation. It is your choice which of the following to submit if FHA 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 FHA 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 FHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, FHA does not have to provide you with the protections contained in this notice.

If FHA 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), FHA 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, FHA does not have to provide you with the protections contained in this notice.

### **Confidentiality**

FHA 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.

FHA must not allow any individual administering assistance or other services on behalf of FHA (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.

FHA must not enter your information into any shared database or disclose your information to any other entity or individual. FHA, however, may disclose the information provided if:

- You give written permission to FHA to release the information on a time limited basis.
- FHA 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 FHA or your landlord to release the information.

VAWA does not limit FHA'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