



APPLICATION PROCEDURES



Dear Applicant:

Welcome! Harrison Metropolitan Housing Authority (HMHA) is accepting applications for our housing programs at 82450 Cadiz-Jewett Rd., Cadiz, Ohio 43907. All applications must be received via mail, in-person or email. Faxed applications **WILL NOT** be accepted.

To be placed on a HMHA waiting list, complete the attached application. Please be aware that **ALL QUESTIONS MUST BE ANSWERED (Yes, No, N/A)** on the application and all **MANDATORY DOCUMENTS** presented for **ALL** household members. Your application **WILL NOT** be accepted without every question being answered and these documents:

- PHOTO ID FOR EVERYONE OVER AGE 18 IN YOUR HOUSEHOLD
(This may be your Driver's License or State ID)
- BIRTH CERTIFICATES FOR EVERYONE IN YOUR HOUSEHOLD
(Official birth certificates on file with Health Department)
- SOCIAL SECURITY CARDS FOR EVERYONE IN YOUR HOUSEHOLD

To qualify for admission to the Public Housing Program, Rural Development Program, or Housing Choice Voucher Program at Harrison Metropolitan Housing Authority, an applicant must first complete this application and be placed on the waiting list. The order of the waiting list is determined by date and time received, as well as verified preference points (note that each program may have different preference points). Available preference points may include veterans, Harrison County Residency, substandard housing, homeless, involuntarily displaced, or paying more than 50% of gross income towards rent and utilities. Preferences will be confirmed prior to points being given.

Once the applicant has reached the top of the waiting list, HMHA will contact the applicant for additional information to determine final admission eligibility to participate in the chosen program.

All applicants 18 years of age and older are screened for criminal background. Income is verified, as well as all information provided by an applicant. Rental history and debts owed are also checked. The process is used for every applicant in the same way, fairly, consistently, and uniformly. By making application, you acknowledge that these checks and verifications will be completed and you give your permission for HMHA to do so. Additionally, you understand that if you provide false information, you will be denied assistance. Being placed on the waiting list does not guarantee admission to any program; final admission eligibility is determined when your name reaches the top of the waiting list and all information has been verified.

If HMHA cannot contact you because of a change (**ALL CHANGES MUST BE SUBMITTED IN WRITING**) in your address that was not supplied to HMHA, or the information provided in the application is returned, the application will be placed on inactive and will not be processed. It is your responsibility to make certain that HMHA has your valid contact information.

Please contact the HMHA Administrative Office for questions or additional information. Our hours of operation are 8:00 a.m. to 4:00 p.m. Monday – Thursday (closed 12:00-12:30 for lunch), our phone number is (740) 942-8372.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

| | |
|--------------------------------|---|
| Purpose | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information. |
| Penalties for Committing Fraud | <p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p> |
| Asking Questions | When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is. |
| Completing The Application | When you answer application questions, you must include the following information: |
| Income | <ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive) |
| Assets | <ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you. |

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



| |
|--------------------|
| Date Stamp: |
| Time Received: |
| HMHA Staff Member: |

Rental Application

This application is to be considered for placement on the HMHA waiting list; being placed on the waiting list does not guarantee approval for HMHA Public Housing, Rural Development or Housing Choice Voucher Programs. Final determination is made when the applicant reaches or is near the top of the waiting list, has provided a complete application, all verifications are processed, and eligibility is verified.

Failure to complete this form in its entirety or legibly will result in the application **NOT** being processed.

For which program are you applying?

- Public Housing – Eligibility requirements 50 years of age or older, or Handicap/Disabled at any age.**
 (If apply for public housing, you must indicate your choice(s) in preference order.)

- Preference Order:
- Penn Crest Apartments, Bowerston, Ohio 1. _____
 - Steele Crest Apartments, Freeport, Ohio 2. _____

- Rural Development – Eligibility requirements must have income, 62 years of age or older, or Handicap/Disabled at any age.** (If apply for rural development, you must indicate your choice(s) in preference order.)

- Preference Order:
- Dunfee Court, Cadiz, Ohio 1. _____
 - Gable Estates Apartments, Hopedale, Ohio 2. _____

- Housing Choice Voucher Program (Section 8)**

HOUSEHOLD INFORMATION

List all household members that are currently living in your household, beginning with yourself, or who will be residing in this apartment.

| Name (Last, First, MI) | Relationship to Head of Household | M/F | Social Security Number | US Citizen (Y/N) | Disabled (Y/N) | Birth Date (Month/Date/Year) | Birth Place (City, State, County) |
|---------------------------|---|-----|------------------------------|------------------------|-------------------|---------------------------------|--------------------------------------|
| | Head of Household | | | | | | |
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We must have a current/valid mailing address to process the application.

| |
|---|
| Current Address: |
| Mailing Address: |
| Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____ |

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Harrison Metropolitan Housing Authority at (740) 942-8372.

HOUSEHOLD INFORMATION (CONTINUED)

For background check, please list all counties/states where you and all adult household members (18 years or older) have lived over the past seven years (example: Harrison County/Ohio).

| Name (Last, First, MI) | Counties/States |
|---------------------------|-----------------|
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YES **NO**

- 1. Do you expect any additions to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____

- 2. Is there anyone living with you now who won't be living with you at this property?
 Name & Relationship: _____
 Explanation: _____

- 3. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living in the unit.)
 Explanation: _____

- 4. Are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military.)
 Explanation: _____

- 5. Does your household have or anticipate having any pets other than those used as service animals?

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BACKGROUND HISTORY

YES **NO**

1. Have you or anyone else named on this application been convicted of a crime, property damage, processing, dealing, or manufacturing illegal drugs, or any other drug related criminal activity?

Date of Conviction: _____ For: _____

Date of Conviction: _____ For: _____

Date of Conviction: _____ For: _____

2. Have you or anyone else named on this application been evicted from Public Housing, Indian Housing, Section 23, Section 8 Program or a rental unit of any type including an apartment, home, mobile home or trailer?

Date of Conviction: _____ For: _____

Date of Conviction: _____ For: _____

3. Do you or any member listed owe any money to Harrison Metropolitan Housing Authority or any other Housing Authority?

Explanation: _____

4. Have you or anyone else named on this application ever been convicted of a sexual offense?

Explanation: _____

5. Are you or anyone else on this application a registered lifetime sex offender? If yes, what city and state is the registration in?

City/State: _____

MESSAGE/EMERGENCY CONTACT

List someone in the area that is not already on the application that we may contact to leave a message or in the event of an emergency.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

VEHICLE IDENTIFICATION

List vehicle information for all vehicles that are owned or operated by any household member.

| Vehicle (Make/Model/Year) | Tag/License Plate # | State Issued |
|------------------------------|---------------------|--------------|
| | | |
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| | | |

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months. DO YOU or ANYONE in your household receive OR expect to receive income from:

YES **NO**

1. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions, and payments received in cash).*

| Household Member | Name of Company | Annual Amount |
|------------------|-----------------|---------------|
| | | |
| | | |
| | | |
| | | |

2. Social Security, SSI, Unemployment Benefits, or Workman's Compensation?

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
| | | |
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INCOME INFORMATION (CONTINUED)

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months. DO YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

3. Public Assistance, General Relief, Temporary Assistance for Needy Families (TANF), and/or Food Stamps?

| Household Member | Case Worker | Annual Amount |
|------------------|-------------|---------------|
| | | |
| | | |
| | | |

- (a) Current Public, General Relief or TANF?
- (b) Have you received TANF at any time within the last 6 months, including a monthly check, or one-time benefits, or services such as transportation assistance, or a wage subsidy? YES/NO.

Dates: _____

4. Child support or Alimony? *(Please include all support received for children (child support), or yourself (alimony), whether court-ordered or not.)*

| Household Member <i>(person support/alimony is paid for)</i> | Payer <i>(name of person paying)</i> | Monthly Amount* |
|---|---|-----------------|
| | | |
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*If monthly amount varies, please indicate the average amount received monthly, and explain why the payment varies:

Average Amount: _____

Explanation: _____

INCOME INFORMATION (CONTINUED)

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months. DO YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

(a). If support is received, how is the support received? *(Check all that apply)*

| X | Type of Support | Name of Agency/Court/Person |
|---|----------------------------------|-----------------------------|
| | Child Support Enforcement Agency | |
| | Court of Law | |
| | Directly from Individual | |
| | Other | |

(if yes obtain court papers)

(b). If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

5. Self-Employment? *(Include overtime, tips, bonuses, commissions, and payments received in cash).*

| Household Member | Type of Business | Annual Amount |
|------------------|------------------|---------------|
| | | |
| | | |
| | | |

6. Regular pay as a member of the Armed Forces/Military, regular payments from a Veteran’s benefit, pension, retirement benefit or annuities?

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
| | | |
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7. Regular payments from a severance package?

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
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If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Harrison Metropolitan Housing Authority at (740) 942-8372.

INCOME INFORMATION (CONTINUED)

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months. DO YOU or ANYONE in your household receive OR expect to receive income from:

YES **NO**

8. Regular payments from any type of settlement? *(For example, insurance settlements)*

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
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9. Regular gifts or payments from anyone outside of the household? *(This includes anyone supplementing your income or paying any of your bills.)*

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
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| | | |

10. Regular payments from lottery winnings or inheritances?

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
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11. Regular payments from rental property or other types of real estate transactions?

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
| | | |
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| | | |

12. Any other income sources or types not listed?

| Household Member | Source of Benefit | Annual Amount |
|------------------|-------------------|---------------|
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If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Harrison Metropolitan Housing Authority at (740) 942-8372.

INCOME INFORMATION (CONTINUED)

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months. DO YOU or ANYONE in your household receive OR expect to receive income from:

YES **NO**

13. Do you or any other household member expect any changes to your income in the next 12 months?

Explanation: _____

14. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

ASSET INFORMATION

Include all assets held and the income derived from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS**

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE?

YES **NO**

1. Checking Account, Savings Account, CDs, Money Market Accounts, Treasury Bills, Stocks, Bonds, Securities, Trust Funds, Pensions, IRAs, KEOGH or other retirement accounts?

| Household Member | Financial Institution | Amount |
|------------------|-----------------------|--------|
| | | |
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ASSET INFORMATION (CONTINUED)

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE?

YES **NO**

2. Whole life insurance policy?

| Household Member | Insurance Carrier | Amount |
|------------------|-------------------|--------|
| | | |
| | | |
| | | |

3. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

| Household Member | Address of Property | Amount |
|------------------|---------------------|--------|
| | | |
| | | |
| | | |

4. Personal property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

| Household Member | Item | Amount |
|------------------|------|--------|
| | | |
| | | |
| | | |

5. A safe deposit box?

| Household Member | Financial Institution | Amount |
|------------------|-----------------------|--------|
| | | |
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If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Harrison Metropolitan Housing Authority at (740) 942-8372.

ASSET INFORMATION (CONTINUED)

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE?

YES **NO**

6. List anything you or any household members have sold or given away (gifts) with a Value greater than \$1,000 within the past 2 years?

| Item | Stated Value | Amount Received | Date Sold/Gifted | Person Sold/Gifted To |
|------|--------------|-----------------|------------------|-----------------------|
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EXPENSE INFORMATION

YES **NO**

1. Do you pay childcare while a family member is employed? (If yes, list details below)

| Provider's Name | Provider's Address | Provider's Telephone |
|-----------------|--------------------|----------------------|
| | | |
| | | |
| | | |

Cost Per Week: _____ or Cost Per Month: _____

2. Are you receiving medical benefits through the welfare department?

3. Do you pay for any medical insurance or hospitalization? (If yes, list amount below)

Cost Per Month: _____

4. Are you paying on any outstanding medical bills, hospitalization or for any out-of-pocket Prescription drug expense? (If yes, list details below)

| Provider's Name | Provider's Address | Amount Per Month |
|-----------------|--------------------|------------------|
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If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Harrison Metropolitan Housing Authority at (740) 942-8372.

APPLICANT STATUS

By law, housing assistance cannot be provided to any nonimmigrant student-alien or the alien spouse and minor children of such alien (Section 1436A of Title 42, U.S.C.)

Definition of nonimmigrant student-alien: (1) An alien having a residency in a foreign country which he or she has no intention of abandoning, who is a bona fide student qualified to pursue a full course study at an established institution of learning or other recognized place of study in the United States, particularly designated by him or her and approved by the Attorney General after consultation which the Department of Education of the United States, particular designated by him or her and approved by the United States, which institution of place of study shall have agreed to report to the Attorney General the termination of attendance of each nonimmigrant student and if any such institution of learning of place of study fails to make reports promptly the approval shall be withdrawn, and (2) the alien spouse and minor children of any such alien if accompanying him or her or following to join him or her.

I certify that I have read the information above and that I am not a nonimmigrant student-alien and that no other in my household are nonimmigrant student-alien.

Applicants Signature

Date

YES

NO

1. Are you a victim of domestic violence? (please see notice on available protections at the end of this application)

If yes, please explain briefly who was involved, when it occurred, and action you took (i.e., called police, went to shelter, etc.): _____

- (a) Is a police report on record?

- (b) Are there any protective or restraining orders on file regarding contact with you?

If yes, name of person/type of orders on file: _____

If a shelter or advocacy agency was involved, please provide the name and phone number: _____

2. Are you or any other household members (INCLUDING MINORS) currently a full-time student?

| Household Member | School |
|------------------|--------|
| | |
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APPLICANT STATUS (CONTINUED)

YES **NO**

- (a) Do you or any other household members expect to enroll as a full-time student in the next 12 months?

| Household Member | School(s) |
|------------------|-----------|
| | |
| | |
| | |

- (b) Are you or any member of the household participating in a job training program receiving assistance under any Federal, State, or local programs?

| Household Member | Name of Program |
|------------------|-----------------|
| | |
| | |

- (c) Please name any household member (including yourself) that has participated in a job training or self-sufficiency program any time in the last two years:

| Household Member | Name of Program | Dates of Participation |
|------------------|-----------------|------------------------|
| | | |
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- (d) Please name any household member (including yourself) that has been unemployed or under-employed during the last 12 months. (Underemployed means that in the last 12 months you or your family member earned less than the amount you would receive if you worked for 10 hours a week for 50 weeks at the current minimum wage of \$8.80; that is \$4,400.00 during the last 12 months):

| Household Member | Name of Program | Dates of Participation |
|------------------|-----------------|------------------------|
| | | |
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| | | |

3. Have you ever applied for or participated in a rental assistance program? If yes, when? _____

LEFT BLANK INTENTIONALLY

HOUSING REFERENCES

Current Landlord Name: _____ Monthly Rent: _____

Address: _____ Phone #: _____

Check utilities paid by you:

| X | Utility Name | Amount Per Month |
|---|--------------|------------------|
| | Heat | |
| | Electric | |
| | Gas | |
| | Water | |
| | Trash | |
| | Other | |

List the past FIVE years of housing references. *(If additional space is required, attach an additional page)*

| Landlord's Name/Address/Phone (if rental) | Your Address | Own or Rent? | Dates | |
|--|--------------|-----------------|-------|----|
| | | | From | To |
| | | | | |
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MARKETING INFORMATION

How did you hear about the Harrison Metropolitan Housing Authority?

- From a neighbor/friend Television commercial Newspaper advertisement
 Drove by, decided to stop Internet Website Other _____
(Please Explain)

CERTIFICATION/SIGNATURES

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

YOU HAVE JUST COMPLETED A PRELIMINARY APPLICATION. IF ELIGIBLE, YOUR NAME WILL BE PLACED ON OUR WAITING LIST ACCORDING TO THE DATE AND TIME YOU HAVE APPLIED AND THE VERIFIED PREFERENCES. IF THERE ARE ANY CHANGES IN LOCATION, RENT, FAMILY SIZE, INCOME, ETC. PLEASE CONTACT THE HOUSING AUTHORITY IMMEDIATELY TO UPDATE YOUR APPLICATION.

FAILURE TO KEEP YOUR APPLICATION CURRENT CAN LEAD TO YOUR INELIGIBILITY AND REMOVAL FROM THE WAITING LIST.

I CERTIFY THAT ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW. IF SIGNATURES ARE NOT PRESENT AS REQUIRED, PROCESSING MAY BE DELAYED:

Head of Household

Date

Adult Household Member

Date

Adult Household Member

Date

Adult Household Member

Date

NOTE: Signatures are required on pages 11, 14, 17, and 21.

PREFERENCES CLAIMED

In addition to my application, I am claiming to qualify under the checked preferences. I understand that WITHOUT PROPER VERIFICATION, I WILL NOT BE GIVEN THE CLAIMED PREFERENCE and will be placed on the waiting list according to date and time applied and any verified preferences.

YES

NO

I am a veteran of the military or a surviving spouse of a military veteran?

Verification: DD Form 214 or Military Discharge Certificate

I am a current resident of Harrison County?

Verification: Current Driver's License or State I.D., you may be asked to provide current bills in your name to verify address (must be able to provide proof of residency for at least 6 months).

I and/or my family are currently living in substandard housing or homeless.

Substandard Housing Verification: Written verification form the local code enforcement office and/or health department.

Homeless Verification: Written statement from a reputable agency that assists homeless persons such as an Emergency Shelter Provider (HMHA discretion on reputable agency)

I and/or my family are involuntarily displaced.

Verification: Please let HMHA know if you feel that you qualify for this preference in order to know what verification you would need to provide because it may vary on a case by case basis)

I and/or my family are paying more than 50% of my/our gross income towards our rent And utilities.

Verification: Lease from current landlord, rent receipts, verification of family Gross income, current utility receipts.

HEAD OF HOUSEHOLD ONLY, please complete:

(Enter code which bests describes your race. Please note completion of this information (race/ethnicity) is optional)

The information regarding race, national origin, and sex designation solicited one this application is requested in order to assure the federal government, acting through the Rural housing service that the federal laws prohibiting discrimination against tenant applications on the basis of race, color, nation origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

| Race () |
|----------------------------------|
| 1-White |
| 2-Black or African American |
| 3-American Indian/Alaskan Native |
| 4-Asian/Pacific Islander |
| 5-Hispance |

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant’s eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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.

You must provide all the information requested by the public housing agency, including all Social Security Numbers you and all other household members age six (6) years and older have and use. Giving the Social Security Numbers of all household members six (6) 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.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency: the U.S. Housing Act of 1937 (42 U.S.C, 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT - I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Harrison Metropolitan Housing Authority (HMHA) any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing, Rural Development, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), and US Department of Agriculture (USDA) Rural Development in administering and enforcing program rules and policies.

I also consent for HUD, USDA and/or the HMHA to release information from my file about rental history to HUD, USDA, credit bureaus, collection agencies, or future landlords. This includes information on my payment history and any violations of my lease or HMHA policies.

INFORMATION COVERED - I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity and marital status, employment, income and assets, residences and rental activity, medical or childcare allowances, and credit and criminal activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED - The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: previous landlords (including public housing authorities), courts and post offices, schools and colleges, support and alimony providers, past and present employers, welfare agencies, state unemployment agencies, social security administration, medical and childcare providers, veteran's administration, retirement systems, banks and other financial institutions, credit providers, credit bureaus, and utility companies.

COMPUTER MATCHING NOTICE AND CONSENT - I understand that HUD, USDA or HMHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD, USDA, or HMHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: state employment agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and state welfare and food stamp agencies.

CONDITIONS - I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with WHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

| | | |
|-----------------------------|------------|------|
| Head of Household Signature | Print Name | Date |
|-----------------------------|------------|------|

| | | |
|------------------------|------------|------|
| Adult Member Signature | Print Name | Date |
|------------------------|------------|------|

| | | |
|------------------------|------------|------|
| Adult Member Signature | Print Name | Date |
|------------------------|------------|------|

| | | |
|------------------------|------------|------|
| Adult Member Signature | Print Name | Date |
|------------------------|------------|------|

PLEASE NOTE THAT ALL PERSONS OVER THE AGE OF 18 MUST SIGN THIS FORM

This institution is an equal opportunity provider, and employer.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Harrison Metropolitan Housing Authority at (740) 942-8372.

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APPLICANT REFERENCE FORM

HARRISION METROPOLITAN HOUSING AUTHORITY

Reference For: _____
Rental Applicant's Name

Relationship to Applicant: _____

I am recommending the above-named applicant for housing. I believe they would make a suitable housing resident for the following reasons: _____

Reference Signature: _____

Reference Address: _____

Date: _____

BLANK DOCUMENT CAN BE DUPLICATED FOR ADDITIONAL REFERENCES

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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.

| | |
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|--|--|

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.

HARRISON METROPOLITAN 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 Harrison Metropolitan 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 from Harrison Metropolitan 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 from Harrison Metropolitan 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 from Harrison Metropolitan 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

Harrison Metropolitan 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

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.

abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Harrison Metropolitan Housing Authority chooses to remove the abuser or perpetrator, Harrison Metropolitan 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, Harrison Metropolitan 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, Harrison Metropolitan Housing Authority 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, Harrison Metropolitan 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, Harrison Metropolitan 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) 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.

Harrison Metropolitan 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.

Harrison Metropolitan Housing Authority'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

Harrison Metropolitan 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 Harrison Metropolitan Housing Authority must be in writing, and Harrison Metropolitan 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. Harrison Metropolitan 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 as documentation. It is your choice which of the following to submit if asked 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 Harrison Metropolitan 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 Harrison Metropolitan Housing Authority has agreed to accept.

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

If Harrison Metropolitan 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), Harrison Metropolitan 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, Harrison Metropolitan Housing Authority does not have to provide you with the protections contained in this notice.

Confidentiality

Harrison Metropolitan 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.

Harrison Metropolitan Housing Authority must not allow any individual administering assistance or other services on behalf of Harrison Metropolitan 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.

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

- You give written permission to Harrison Metropolitan Housing Authority to release the information on a time limited basis.
- Harrison Metropolitan 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 Harrison Metropolitan Housing Authority or your landlord to release the information.

VAWA does not limit Harrison Metropolitan 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, Harrison Metropolitan 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 Harrison Metropolitan 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 Harrison Metropolitan Housing Authority can demonstrate the above, Harrison Metropolitan 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 violation of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD Cleveland Field Office, U.S. Bank Centre Building, 1350 Euclid Avenue, Suite 500, Cleveland, Ohio 44115-1815. Their phone number is (216) 357-7900, fax number (216) 357-7920 or, for persons with hearing impairments (800) 877-8339 (TTY)

For Additional Information

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

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, Harrison Metropolitan Housing Authority must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact Harrison Metropolitan Housing Authority management office including the Housing Choice Voucher office or contact the HUD Cleveland Field 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 Cadiz Police Department (740) 942-8844, Harrison County Sheriff's Department at (740) 942-2197, and/or Tri-County Help Center (740) 942-1018.

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 Cadiz Police Department (740) 942-8844, or the Harrison County Sheriff's Department at (740) 942-2197.

Victims of stalking seeking help may Cadiz Police Department (740) 942-8844, or the Harrison County Sheriff's Department at (740) 942-2197.

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.