



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

APPLICATION FOR PUBLIC HOUSING

STOP AND READ THESE SIMPLE INSTRUCTIONS

Supply the following documents as they apply to your household.

Don't have everything listed? Call the office and we can assist.*

Copies may be made for you at our office.

- ✓ Picture identification (not expired) for each household member 16 years of age or older (Ex: drive license, driver's permit, high-school ID, passport)
- ✓ Social Security cards for each household member
- ✓ Birth certificates, citizenship papers, or alien registration for each household member. You must obtain a copy from the county you were born in. **Note:** If you don't have a copy of a birth certificate for each household member, passports are also acceptable.

Do you have a pet? If yes, please ask for a copy of the Pet Policy now.

How this works? You can e-mail, fax, mail, or hand in your application. After you have returned the **completed** application, you will be added to the waiting list. As your name nears the top of the waiting list, your application will be put through the approval process. If you are denied housing, you will be notified by mail. It is important to update your contact information.

Know your rights: Visit hud.gov for information regarding Public Housing.

If you have questions, contact Yami Hill at yhill@spha-wi.org or at 715-341-3444 Ext. 2.

Note: Please feel free to express any special needs on a separate sheet of paper.

* SPHA staff is not able to fill the application out for you. However, if you require a reasonable accommodation please ask. We are happy to assist.

***** Keep these two pages for your records *****

Turn this page over for information that is important to you

ATTENTION SMOKERS

Smoke-Free Policy: Federal regulations requires all public housing to be smoke-free. Cigarettes, cigars, pipes, hookahs and e-cigarettes are prohibited in all public housing living units, administrative buildings, common areas, laundry rooms, stairways, entry ways, playgrounds, and picnic areas.

Residents, guests, visitors, Housing Authority contractors, and staff are included in this ban. The smoke-free area will extend to all outdoor areas within 25 feet of Housing Authority units, playgrounds and offices.

If you smoke, you are welcome to apply and live in our housing. However, be aware that if you do not abide by the rule that you may only smoke outside at least 25 feet away from the areas listed above, you can lose your housing.

BE CAREFUL

Do you know.....

You are committing fraud if you sign a form knowing that you provided false or misleading information. Refer to the attached form HUD-1141.

For your information: Allowing someone to move in with you that is not on your lease is a serious violation of the lease. Please ask staff if you have questions.

HOUSING DISCRIMINATION – FILE A COMPLAINT

The Stevens Point Housing Authority does business in accordance with the Federal Housing Law. “Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex, familial status, national origin, and disability.”

If you feel you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-669-9777, statewide at 1-877-647-3247, or visit www.fairhousingwisconsin.com.

INFORMATION AND MISSING DOCUMENTS

It is important to update your contact information and present any missing documents within 90 days. If we do not hear from you, we will assume you are no longer interested in housing and your application will become inactive.

Admission and Occupancy Policies, Section 4.3 Applications:

c. An applicant must contact the Authority to indicate continued interest and update any information regarding the application if requested to do so. If an applicant fails to do so, or cannot be located, the Authority will remove the application from its active files.

STEVENS POINT HOUSING AUTHORITY ■ APPLICATION FOR PUBLIC HOUSING

Office use:
Date stamp application is turned in: _____

Initials of employee: _____

NAME _____

ADDRESS: _____

CITY, ST, ZIP CODE: _____

PHONE #: () _____ ADDITIONAL #: () _____

EMAIL: _____

1= White 2=African American
3= American Indian/Native Alaskan
4= Asian/Pacific Islander

5= Hispanic 6= Non-Hispanic

[A] FAMILY COMPOSITION: (List all household members that will be living with you)

Name (First, Middle initial, last)	Relation	Date of Birth	Age	Sex	Place of Birth	Race (1-4)	Ethnicity (5-6)	Social Security#
(1) _____	(Head) _____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____

Do you plan to have anyone living with you in the future who is not listed above? Yes, No

If Yes, please explain: _____

Are any adult family members students? NO if, YES list _____

Are you a Veteran? Yes No Please ask us for information on Veteran Housing programs.

Please list all household members' former names including maiden names: _____

Changes in Family Composition: (List any person/family member who has moved in or out of your household in the last 12 months): _____

Is any family member currently pregnant or expecting a child? (Foster child, adoption, custody or visitation arrangements):

NO YES , list who and Due Date if Pregnant: _____ Other: _____

Do you have a pet? No Yes , what type: _____ Please ask for a copy of the Pet Policy.

[B] PERSON TO CONTACT if we cannot contact you at the above numbers. Please list a person we may discuss your application with:

Name _____ Relationship _____ (_____) _____ (_____) _____
 Phone number Work/Cell phone number

Address _____ City/State/Zip _____

[C] Do you have any case workers you want to tell us about: _____

[D] Have you ever applied for or participated (circle one) in a federally subsidized housing program? NO __ YES __,

List program's name and address: _____

Dates of participation: _____ Address you lived at: _____

Did you participate under a different name: NO __ YES __, list: _____

1) Do you have any outstanding charges under these programs? NO __ YES __, what amounts (\$) _____

Explain: _____

[E] INCOME If this section does not apply to you check here:

List the types of income your family receives; include income from minor household members. Write total gross monthly amounts.

Name of Employer: _____

Source of Income	<u>Gross Monthly Amount</u>	Source of Income	<u>Gross Monthly Amount</u>
Employment		Social Security (gross amount)	
Self-Employment		1. Retirement	
Unemployment		2. Disability	
Worker's Compen.		Supplement Security SSI	
W2 payment		1. Federal	
Child Support		2. State	
General Assistance		Other Disability	
Financial Aid		Veterans	
Cash Contributions		Pensions	
Work Study		Annuity	
Plasma/Blood		Alimony	

OTHER INCOME- OTHER INCOME MAY INCLUDE, BUT IS NOT LIMITED TO: ANNUITIES, WORKER'S COMPENSATION, INHERITANCE, ALIMONY, INTEREST ON BANK ACCOUNTS, ETC. IF YOU ARE IN DOUBT AS TO WHAT IS CONSIDERED INCOME, IT IS YOUR RESPONSIBILITY TO ASK. SOURCES MAY BE LISTED ON A SEPARATE SHEET OF PAPER.

EXCLUDED INCOME (income that must be reported but is excluded from your rent calculation) examples are: FOODSHARE, CHILD CARE SUPPLEMENT, FINANCIAL AID. List additional on a separate sheet or include documentation.

Amount: _____ Received (circle one): Weekly Bi-weekly Monthly Other:

Describe: _____

[F] ASSETS: list banks and any other financial institutions which hold accounts in your name (primary or secondary) such as but not limited to: SAVINGS and CHECKING accounts, RETIREMENT, PENSION FUNDS, LIFE INSURANCE, CERTIFICATES OF DEPOSIT (CDs), STOCKS, BONDS, REAL ESTATE PURCHASED OR INHERITED, LUMP SUM CASH PAYMENTS, ECT... **If this section does not apply to you check here:**

BANK: _____ CITY OF BANK: _____ TYPE OF ACCOUNT: _____
Name(s) on Account: _____

BANK: _____ CITY OF BANK: _____ TYPE OF ACCOUNT: _____
Name(s) on Account: _____

BANK: _____ CITY OF BANK: _____ TYPE OF ACCOUNT: _____
Name(s) on Account: _____

- 1) Do you currently own or have interest in any real estate: NO _____ if, YES _____ you must include documentation such as a real estate tax receipt.
- 2) Has any member of your household disposed of assets within the past two years: NO _____ if, YES _____ were they disposed of for less than Fair Market Value? NO _____ YES _____, explain _____
- 3) Does any member of your household have a Safety Deposit Box? NO _____ if, YES _____, name & complete address of Financial Institution: _____

[G] DEDUCTIONS and ALLOWANCES:

Childcare cost allowance: unreimbursed amounts anticipated to be paid by the family for the care of children less than 13 years of age. Childcare must enable a family member to actively seek employment, be gainfully employed, or to further his or her education. Please provide documentation which shows out of pocket expenses along with contact information for your provider.

Do you pay for Child Care which enables you or your spouse to work, or to go to school, that **IS NOT** reimbursed by or through another agency? ? NO _____ if, YES _____ complete the following information:

\$ _____

Amount paid	How often (per week/month)	Name, address and phone no. of Child Care Provider
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Disability allowance: this deduction covers costs for attendant care or auxiliary apparatus for a disabled family member which must enable an adult member of the family to be employed (including the person with disabilities).

Do you pay for a Care Attendant or for any equipment for the handicapped member(s) of your family which enable that person or someone else in that family to work? NO _____ if, YES _____

Medical Expenses: this deduction covers out of pocket expenses for elderly (62 & older) and disabled families. Provide documentation showing out of pocket medical expenses for example: health insurance, medical co-payments, prescription (request a verification form from our office) or non-prescription drugs prescribed by a medical professional.

Do you pay out of pocket medical expenses? NO _____ if, YES _____

[H] PRESENT HOUSING INFORMATION:

Describe your present Housing Situation:

Living in own home () Living in apartment () Living with friends or relatives () Without housing ()
Single family unit occupied by 2 or more families ()

Are you under lease? NO _____ if, YES _____ date it expires _____ is your lease renewable? NO _____ YES _____

[I] LANDLORD REFERENCES:

List your current and previous residences for the PAST 5 YEARS along with the name and **complete** address of the landlord or the name of the person you lived with and your relationship to that person.

Current Address:	From ____ / ____ / ____ To ____ / ____ / ____	Landlord/Relative/Friend/Other Address:
Previous Address:	From ____ / ____ / ____ To ____ / ____ / ____	Landlord/Relative/Friend/ Other Address:
Previous Address:	From ____ / ____ / ____ To ____ / ____ / ____	Landlord/Relative/Friend /Other Address:

[J] Additional Information:

1) Have you been evicted in the past 5 years? NO _____ if, YES _____ give the address, name of landlord, reason for eviction, and any outstanding debt _____

2) Have you ever been convicted of a crime? NO _____ if, YES _____ explain: _____

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS APPLICATION:

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION ON THIS APPLICATION AND THE INFORMATION I HAVE GIVEN IN CONNECTION WITH IT IS A TRUE AND COMPLETE STATEMENT OF FACTS ACCORDING TO MY BEST KNOWLEDGE AND BELIEF. I GIVE PERMISSION TO THE STEVENS POINT HOUSING AUTHORITY TO MAKE ANY INQUIRIES NECESSARY FOR THE PURPOSE OF VERIFYING ANY INFORMATION CONTAINED IN THIS APPLICATION. THIS INFORMATION WILL BE USED TO DETERMINE MY ELIGIBILITY FOR PUBLIC HOUSING AND THE LOW INCOME HOUSING TAX CREDIT PROGRAM AND SHALL REMAIN CONFIDENTIAL FOR USE BY THE HOUSING AUTHORITY, AND IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES WHEN RELEVANT TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATIONS AND PROSECUTIONS. BY SIGNING THIS STATEMENT, I UNDERSTAND THAT I MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS FOR PROVIDING FALSE INFORMATION.

_____ Head of Household	_____ Date	_____ Spouse/Co-head of Household	_____ Date
_____ Other Adult	_____ Date	_____ Other Adult	_____ Date

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Stevens Point Housing Authority
1300 Briggs Court, Central Office
Stevens Point, WI 54481
Yami Hill, Administrative Program Specialist

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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.

**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.