



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!

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

- **Picture** identification for all family members 16 years of age or older.
- **Social Security cards**, and/or Immigration cards for each household member.
- **Birth Certificates, Citizenship papers or Alien Registration:** for all family members (Passports are acceptable) - you must obtain a copy for us from the county you were born in.
- **Single parent:** you must supply a copy of:
 - ✓ Custody arrangement
 - ✓ Court order or a print of your last 3 months of child support received (<http://dcf.wisconsin.gov>)
- **Proof of all income and assets not limited to:**
 - ✓ Social Security recipients-supply your *current* benefit statement
 - ✓ Employment check stubs
 - ✓ Bank statement(s)
 - ✓ Last year's FEDERAL tax return with W-2s, 1099s, and your homestead return-*only if requested*
- **Students-adult students of higher education:**
 - ✓ Proof of student status
 - ✓ Financial aid award letter
- **Renters:**
 - ✓ Last rent receipt-*only if requested*
 - ✓ Last utility bill-*only if requested*
 - ✓ Current lease agreement

If you do not have everything listed available, please attach a note. Copies may be made for you at our office.

How this works: 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**.

If you have questions contact Laurie Grube, Occupancy Specialist at 715-341-3444 ext. 1 or lgrube@spha-wi.org.

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

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

*Our 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.

Turn this page over for information that is important to you

Keep this page for your records.
ATTENTION SMOKERS:

Effective September 27, 2012 the Commissioners of the CDA implemented a Smoking Policy for all Stevens Point Housing Authority properties. A copy of this policy is included in the Resident Handbook.

Smoking Policy: You may not smoke in your apartment, smoking is prohibited in common areas and you must be 25 feet from any entrance when smoking.

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 certification 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 & certification 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.

For your information: Allowing someone to move in with you that is not on your lease is a serious violation of our lease:

PART I of the RESIDENTIAL LEASE AGREEMENT: TERMS AND CONDITIONS

I. *Description of the Parties and Premises: [966.4 (a)]*

(b) *Premises must be used only as a private residence, solely for Tenant and the household members named on*

Part II of the Lease. [966.4 (d)(1)]

(c) *Any additions to the household members named on the Lease, including Live-in Aides and foster children, but excluding natural births, require the advance written approval of the Authority. Such approval will be granted only if the new family members pass the Authority's screening criteria and a unit of the appropriate size is available. Permission to add Live-in Aides and foster children shall not be unreasonably refused. [966.4 (a)(2) & (d)(3)(i)]*

Tenant agrees to wait for the Authority's approval before allowing additional persons to move into the Premises.

Failure on the part of Tenant to comply with this provision is a serious violation of the material terms of the Lease, for which the Authority may terminate the Lease in accordance with Section XVI. [966.4 (f)(3)]

THE STEVENS POINT HOUSING AUTHORITY DOES BUSINESS IN ACCORDANCE WITH THE FEDERAL HOUSING LAW. Title VIII of the Civil Rights Act of 1968, as amended by the Housing and Community Development Act of 1974 states:

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN IN THE SALE OR RENTAL OR HOUSING RESIDENTIAL LOTS, IN ADVERTISING THE SALE OR RENTAL OR HOUSING, IN THE FINANCING OF HOUSING, AND IN THE PROVISION OF REAL ESTATE BROKERAGE SERVICES. BLOCKBUSTING IS ALSO ILLEGAL.

In addition, Wisconsin Statute 101.22 states:

IT IS DECLARED POLICY OF THIS STATE THAT ALL PERSONS SHALL HAVE AN EQUAL OPPORTUNITY FOR HOUSING REGARDLESS OF SEX, RACE, COLOR, SEXUAL ORIENTATION AS DEFINED IN D.111.32 (13M), HANDICAP, RELIGION, NATIONAL ORIGIN, SEX OR MARITAL STATUS OF THE PERSON MAINTAINING A HOUSEHOLD, LAWFUL SOURCE OF INCOME, AGE, OR ANCESTRY.

IF YOU FEEL YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 1-800-669-9777.

STEVENS POINT HOUSING AUTHORITY ■ APPLICATION FOR PUBLIC HOUSING

<p>Office use: Date stamp application is turned in:</p> <p>Initials of employee: _____</p>
--

HEAD OF HOUSEHOLD- Name: _____

ADDRESS: _____ CITY, STATE, ZIP _____

PHONE #: _____ ADDITIONAL #: _____

EMAIL: _____

<p>1=White 2=African American 3=American Indian/native Alaskan 4=Asian/Pacific Islander 5=Hispanic 6=non-Hispanic</p>
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[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 (city, state)	Race (1-4)	Ethnicity (5-6)	Social Security#
(1) _____	<u>HEAD</u>	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____

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

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 Write the number(s) of the family member who receives benefits or 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 as well as but not limited to: EMPLOYMENT INCOME, UNEMPLOYMENT, SOCIAL SECURITY, SSI, , CHILD SUPPORT, PENSIONS, VETERANS, W2, GENERAL ASSISTANCE, INDIAN PER CAPITA, ECT...

Source of Income or Name of employer: _____ Contact Information or address: _____

Income: _____ Received (check one): Weekly Bi-weekly Monthly Other:
Describe: _____

Source of Income or Name of employer: _____ Contact Information or address: _____

Income: _____ Received (check one): Weekly Bi-weekly Monthly Other:
Describe: _____

Source of Income or Name of employer: _____ Contact Information or address: _____

Income: _____ Received (check one): Weekly Bi-weekly Monthly Other:
Describe: _____

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 (check 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	Name(s) of children in care
\$ _____	_____	_____	_____

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 _____ describe expenses _____

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 medical co-payments, prescription (request a verification form from our office) or non-prescription drugs prescribed by a medical professional.

Do you pay for health insurance? NO _____ if, YES _____ describe expenses _____

Do you have medical co-payments or do you make regular payments to a health care provider? NO _____ if, YES _____ describe expenses _____

Optional and Supplemental 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.

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

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.	

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.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

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

OMB Approval No. 2577-0249
Exp. (11/30/2010)

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. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.