

FOLEY HOUSING AUTHORITY

302 W 4TH AVENUE, FOLEY, AL 36535

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

Website: www.foleyha.org

APPLICATION FOR RENTAL ASSISTANCE

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

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

INSTRUCTIONS

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

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

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

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

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

Department of Housing Services Language / Alternate Format Designation

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

Kinds of Communication

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

Yes No Do you need materials in a different format
If yes, select from the following:

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

Yes No Do you need a language interpreter.

Yes No Other (please explain):

Your Language (Check one)

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

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

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

Print Name: _____

Signature: _____

Personal Declaration

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

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

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

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

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

(City)

(State)

(Zip)

Telephone: _____ Message Phone: _____

Email Address: _____

2. Household Information: Answer all questions about your household.

a. Students. List all household members who are attending school or college:

Student Name	School Name	Full or Part Time?	Financial Aid?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Other Household Information. Please answer the following questions. If you need more space please use an additional sheet:

Is there any member of the household who is temporarily or permanently absent from the home? Yes No
If yes, please explain: _____

Does any household member under the age of 6 years have an Elevated Blood Lead Level? Yes No

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

Has any member of the household been convicted of any crime within the past 7 years? Yes No
If yes, please explain: _____

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

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

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

HOUSEHOLD INCOME

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

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

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

Yes No 2. Self Employed?

Do YOU or ANYONE in YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM
"CONTINUED"

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

Yes No 4. Unemployment benefits or workers compensation?

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

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

6b. HOW IS THE SUPPORT RECEIVED?

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

6c.

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

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

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

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

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

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

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

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

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

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

Name: _____ Phone#: _____

Address: _____

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

A. **Mark any of the following that you or your household members have:**

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

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

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

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

- YES. I/we sold or gave away assets that totaled \$ _____ OR
- NO. I/we did not sale or give away any assets for less than fair market value.

C. Certification

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

Signature of Head of Household

Printed Name

Date signed

Signature of Other Adult

Printed Name

Date Signed

Signature of Other Adult

Printed Name

Date Signed

Signature of Other Adult

Printed Name

Date Signed

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.

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner/agent if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:



Revised 12/2015

Citizen/Non-citizen Declaration

DECLARATION

I, _____ hereby declare, under
penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child,

Revised 12/2015



Citizen/Non-citizen Declaration

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:
If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

Revised 12/2015



Citizen/Non-citizen Declaration

Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child.

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

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child.

Revised 12/2015





Housing Authority of the City of Foley

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants, Applicants and Participants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Public Housing and Housing Choice Voucher** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **Public Housing or Housing Choice Voucher**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Public Housing or Housing Choice Voucher**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Public Housing or Housing Choice Voucher** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

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.

Removing the Abuser or Perpetrator from the Household

Foley Housing Authority (FHA) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If FHA chooses to remove the abuser or perpetrator, FHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, FHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, FHA must follow Federal, State, and local eviction procedures. In order to divide a lease, FHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, FHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, FHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which

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

FHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

FHA's emergency transfer plan provides further information on emergency transfers, and FHA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

FHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from FHA must be in writing, and FHA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. FHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to FHA as documentation. It is your choice which of the following to submit if FHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by FHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that FHA has agreed to accept.

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

If FHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), FHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, FHA does not have to provide you with the protections contained in this notice.

Confidentiality

FHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

FHA must not allow any individual administering assistance or other services on behalf of FHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to FHA to release the information on a time limited basis.
- FHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires FHA or your landlord to release the information.

VAWA does not limit FHA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed

against you. However, FHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if FHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If FHA can demonstrate the above, FHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

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

Phone: (205)731-2617

For Additional Information

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

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

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

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Lighthouse hotline # (251)947-6008 and business # (251)947-6197.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact <https://www.rainn.org/about-national-sexual-assault-telephone-hotline>

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

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

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

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

PRINT
APPLICANT/TENANT

SIGNATURE
APPLICANT/TENANT

DATE: _____

**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.

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

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

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

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

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

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

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

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

Signature of Head of Household

Printed Name

Date signed

Signature of Other Adult

Printed Name

Date Signed

Signature of Other Adult

Printed Name

Date Signed

Signature of Other Adult

Printed Name

Date Signed