



# Housing Authority of the City of Fulton Missouri

350 Sycamore St.—P.O. Box 814—Fulton, Missouri 65251

Tel (573) 642-7611—Fax (573)642-4260

<u>DATE STAMP</u>	<u>TIME</u>
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## **PLEASE READ THIS ENTIRE PAGE CAREFULLY**

IF APPLYING FOR PUBLIC HOUSING, BE ADVISED THAT ALL FULTON HOUSING AUTHORITY PROPERTY SHALL BE **SMOKE-FREE** AS OF DECEMBER 1, 2017.

We can accept faxed applications and mailed applications, however if they are determined to be incomplete, they will be returned to you and not accepted.

To be considered complete, your application MUST contain the following:

<b>ITEMS REQUIRED</b>	<b>STAFF MEMBER INITIALS</b>
COPY OF SOCIAL SECURITY CARDS (ADULTS AND CHILDREN) or verification from another agency	
CURRENT PHOTO ID (EVERYONE OVER 18)	
BIRTH CERTIFICATES (ADULTS AND CHILDREN) OR SELF CERTIFICATION (page 7)	
PROOF OF INCOME	
CHILD SUPPORT WITH CASE NUMBER	

Omitting any information, especially income or prior landlord history, will **delay** the application process. **False information will result in your application being denied.**

THIS SECTION IS FOR OFFICE USE ONLY

PICK UP DATE \_\_\_\_\_ INTERVIEW DATE \_\_\_\_\_  
PICK UP TIME \_\_\_\_\_ INTERVIEW TIME \_\_\_\_\_  
APPLICATION NUMBER \_\_\_\_\_ PH \_\_\_\_ S8 \_\_\_\_

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We will provide assistance to individuals with a handicap or disability to ensure equal access to this document. If you require assistance or help in understanding this document we will provide assistance. You must notify this office to arrange for assistance.

**THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER.** Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy. Do not leave blank any section of the application. **IF A SECTION DOES NOT APPLY TO YOU ENTER "N/A"**

Name of Head of Household: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ Apt #: \_\_\_\_\_  
In Care Of: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**REQUIRED: ORIGINAL SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS AND STATE PICTURE ID FOR ALL ADULTS 18 OR OVER MUST BE SUBMITTED WITH THIS APPLICATION. FHA WILL MAKE COPIES FOR YOU IF NEEDED. ORIGINAL BIRTH CERTIFICATE FOR EACH HOUSEHOLD MEMBER IS REQUIRED AT TIME OF LEASING SIGNING.**

**If applying for Public Housing:**

Fulton Housing Authority's Public Housing Program shall be **Smoke-Free** property wide community effective December 1, 2017 as required by HUD referred to in CFR 24 Part 965 Subpart G section 965.651, 965.653 and 965.655. Also, CFR 24 Part 966.4 for required revisions in FHA lease.

**All Housing Authority programs involve waiting lists and therefore we do not have emergency housing.**  
I am applying for the following program(s): **PLEASE CHECK ONE**

- Public Housing Only** (Federally-Assisted Housing: rental program based on income, family composition and eligibility. The apartments are owned and operated by FHA, the landlord.)  
 **Section 8 Only** (Housing Choice Voucher Program: income based rent payment assistance program managed by FHA. If found eligible for this program and you have an eligible voucher, you are required to find a private landlord willing to participate in the program and rent to you a property located within the city limits of Fulton, that meets HUD requirements.)  
 **Public Housing & Section 8**

**Violence Against Women Act (VAWA):** The FHA will not deny you housing based on any adult listed on this application being a victim of VAWA issues involving domestic violence, dating violence, stalking or sexual assault. All information provided to FHA regarding VAWA issues will be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

Are you or any person listed on this application in an issue pertaining to "Violence Against Women Act 2013" (VAWA)?  
 Yes  No



**HOUSEHOLD COMPOSITION**

Please list everyone who will be living in your home on a full-time basis including a live-in aide if required. All immigrants or anyone not born in the United State of America must provide INS documentation of legal U.S. status.

**Race of Family Members** (choose all that apply for each member)

1= White

2= Asian

3= Native Hawaiian/Other Pacific Islander

4= Black/African American

5= American Indian/Alaskan Native

6= Choose Not to Answer

**Ethnicity** (check one)

Hispanic or Latino

Not Hispanic or Latino

Choose Not to Answer

Adults (age 18 & over) Full Legal Name - Last, First, MI	Relation to Head	Race #	Sex M/F	Age	Date of Birth	State of Birth	SSN	Elderly/ Disabled
	Self							

Children (under age 18) Legal Name - Last, First, MI	Relation To Head	Race #	Sex M/F	Age	Date of Birth	State of Birth	SSN	Disabled	Name & State of Absent Parent (Not living w/Child)

Is anyone in the household currently expecting a baby?  Yes  No Due Date \_\_\_\_\_

**LIST ANY ALIASES (OTHER LAST NAMES YOU HAVE USED)**

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**IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Street City State Zip

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Street City State Zip

**Does anyone in your household require special accommodation due to a disability?**  Yes  No

If yes, specify requirements: \_\_\_\_\_

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**GENERAL INFORMATION**

Have you or any household member ever made application for or lived in public housing **OR** made application for **OR** received Section 8 payments? [  ] Yes [  ] No

If yes, under whose name and where? \_\_\_\_\_

Dates you lived there: From \_\_\_\_\_ To \_\_\_\_\_

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? [  ] Yes [  ] No

If yes, where? \_\_\_\_\_ How much? \_\_\_\_\_

Does any household member 18 yrs or older have a debt with the City of Fulton Utilities Department? [  ] Yes [  ] No

Does any household member 18 yrs old or older have a debt with a previous landlord? [  ] Yes [  ] No

If yes, with whom? \_\_\_\_\_ How much? \_\_\_\_\_

Have you or any member of your household been convicted of any criminal offenses within the past three years?

[  ] Yes [  ] No

Have you or any member of your household plead guilty to any criminal offense within the past five years?

[  ] Yes [  ] No

Are you or any member of your household currently on Probation/Parole? [  ] Yes [  ] No

Name and phone number of Probation/Parole Officer: \_\_\_\_\_

Are you or any member of your household required to register on any Offender's Lists? [  ] Yes [  ] No



PLEASE LIST ALL ADDRESSES FOR EACH ADULT for the past 3 years, whether rent was paid or not, (Complete address including zip code and phone number). Attach additional paper if needed.

**YOUR CURRENT ADDRESS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ARE YOU RENTING (CHOOSE ONE)    NO                       YES

NAME OF PERSON YOU ARE LIVING WITH \_\_\_\_\_                      NAME OF LANDLORD \_\_\_\_\_

TELEPHONE # \_\_\_\_\_                      LANDLORD ADDRESS \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_                      \_\_\_\_\_ TO \_\_\_\_\_

HOW LONG HAVE YOU LIVED THERE                      HOW LONG HAVE YOU LIVED THERE

**YOUR PREVIOUS ADDRESS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WERE YOU RENTING (CHOOSE ONE)    NO                       YES

NAME OF PERSON YOU WERE LIVING WITH \_\_\_\_\_                      NAME OF PREVIOUS LANDLORD \_\_\_\_\_

TELEPHONE # \_\_\_\_\_                      PREVIOUS LANDLORD ADDRESS \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_                      \_\_\_\_\_ TO \_\_\_\_\_

HOW LONG DID YOU LIVE THERE                      HOW LONG DID YOU LIVE THERE

**YOUR PREVIOUS ADDRESS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WERE YOU RENTING (CHOOSE ONE)    NO                       YES

NAME OF PERSON YOU WERE LIVING WITH \_\_\_\_\_                      NAME OF PREVIOUS LANDLORD \_\_\_\_\_

TELEPHONE # \_\_\_\_\_                      PREVIOUS LANDLORD ADDRESS \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_                      \_\_\_\_\_ TO \_\_\_\_\_

HOW LONG DID YOU LIVE THERE                      HOW LONG DID YOU LIVE THERE

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of the City of Fulton, Missouri any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8, Public Housing and/or other housing programs. I understand and agree that this authorization or the information with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Fulton Housing Authority to release information from my file about my past and/or present rental history to HUD, credit bureaus, collection agencies, state or local welfare agencies or future landlords. This includes records on my payment history and any violations of my lease or Fulton Housing Authority policies.

**INFORMATION COVERED**

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries may be requested, include but are not limited to:

Identity & Marital Status	Employment, Income & Assets	Residences
Medical or Child Care Allowances	Credit & Criminal Activity	Rental Activity

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

**GROUPS OR INDIVIDUALS THAT MAY BE CONSULTED**

The groups or individuals that may be asked to release information include but are not limited to:

Previous Landlords	Past & Present Employers	Retirement Systems
Previous Housing Agencies	Welfare Agencies	Banks
Courts & Post Offices	State Employment Agencies	Finance Institutions
Schools & Colleges	Social Security Administration	Credit Providers
Law Enforcement Agencies	Medical & Child Care Providers	Credit Bureaus
Veterans Administration	Alimony & Support Providers	Utility Companies

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that HUD and/or the Fulton Housing Authority may conduct matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found. I also understand that I have the opportunity to disprove any such adverse information.

HUD or the Fulton Housing Authority may, in the course of its duties, exchange such information with other Federal, State Department of Defense, Office of Personnel Management, U.S. Postal Service, Social Security Administration, State Welfare and food stamp programs.

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Fulton Housing Authority. I understand I have the right to review my file and will be given the opportunity to correct any information that I can prove is incorrect.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or other Adult

\_\_\_\_\_  
Date



# 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. 07/31/2021

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.

APPENDIX 6  
MODEL DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury  
1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

I am a citizen by birth, a naturalized citizen or a national of the United States; or

I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; 2/ or

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); 3/ or

Permanent residence under 249 of INA; 4/ or

Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA; 5/ or

Parole status under 212(d)(5) of the INA; 6/ or

Threat to life or freedom under 243(h) of the INA; 7/ or

Amnesty under 245A, of the INA. 8/

\_\_\_\_\_  
(Signature of Family Member) (Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_

Date: \_\_\_\_\_

[See next page for footnotes and instructions]

-- SAMPLE --  
A-6.1

Appendix 6

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned not more than five years, or both.



The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible Immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.
- 4/ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 5/ Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 6/ Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].
- 7/ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- 8/ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or

type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "check" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child in the statement.

-- SAMPLE --

Appendix 6

A-6.2



You can pick any of these choices. Unless the abuser also produces similar proof, a landlord cannot make you choose any particular kind of proof or more than one type. The landlord must give you at least 14 business days (weekends and holidays do not count) to provide proof of the violence.

**8. What happens if the abuser also submits a certification claiming that he or she is a victim?**

If the landlord receives proof from the abuser claiming that they are the victim, then the landlord may require you to submit additional proof to show that you are a victim.

**9. Can a landlord share the information I provide about the abuse with others?**

No, except in limited cases. The housing authority or landlord cannot give the information you provide about the abuse to others. The information may be shared only if you agree in writing, if it is needed to evict the abuser from the housing, or if disclosure is required by law.

**10. Does this mean that a victim of domestic violence, dating violence, sexual assault, or stalking cannot be evicted at all?**

No. You still can be evicted for serious or repeated lease violations that aren't related to the abuse. The landlord or housing authority must hold you to the same standard as other tenants. The landlord also may be able to evict if there is a real and immediate threat to other tenants if you are not evicted. **If you receive any type of eviction notice, call a legal aid office immediately.**

**11. Is the housing authority or landlord required to tell me about VAWA's housing protections?**

Yes. VAWA requires each housing authority or landlord to tell applicants and tenants of the VAWA housing protections. The notice, **Form HUD-5380**, available at <https://bit.ly/2NETW1L>, must be given along with the self-certification form mentioned in Question 7 at the time an applicant is denied housing or assistance, at the time an applicant is admitted to housing, or when a tenant is notified of eviction or termination. This notice must be in multiple languages.

**12. How does VAWA affect other state or local laws that might protect me?**

VAWA is federal law. However, VAWA is not intended to replace other federal, state, or local laws that may provide more protections for victims of abuse. Therefore, there may be state or local laws that also protect you.

**13. Who can help me?**

Contact an attorney, domestic violence agency, or fair housing agency to see if VAWA can help you.



## Know Your Rights: Domestic and Sexual Violence and Federally Assisted Housing

### The Violence Against Women Act

Are you a victim of domestic violence, dating violence, sexual assault, or stalking?

Do you live in federally assisted housing?

**A law called VAWA, the Violence Against Women Act, may help you.**

September 2018

# The Rights of Domestic and Sexual Violence Victims: Applying for and Living in Federally Assisted Housing

## 1. What is VAWA?

The Violence Against Women Act (VAWA) is a law that protects victims and threatened victims of domestic violence, dating violence, sexual assault, and stalking from being discriminated against by certain housing providers because of the abuse committed against them.

## 2. Am I covered by VAWA's housing protections?

VAWA protects victims of domestic violence, dating violence, sexual assault, and stalking. You don't have to be married to or living with the abuser to be protected by VAWA.

VAWA applies to you if you are applying for or are a tenant in any of these programs:

- Public housing;
- Section 8 Housing Choice Vouchers;
- Section 8 project-based housing;
- Section 202 housing for the elderly;
- Section 811 housing for the disabled;
- Section 236 multifamily rental housing;
- Section 221(d)(3) Below Market Interest Rate (BMIR);
- HOME;
- Housing Opportunities for People with Aids (HOPWA);
- Continuum of Care and Emergency Solutions Grants programs;
- Housing Trust Fund;
- Rural Development multifamily housing; &
- Low-Income Housing Tax Credit (LIHTC) housing.

## 3. Does VAWA apply to private, market-rate housing?

No. VAWA does NOT cover private housing that does not receive federal assistance. The rights described in this flyer apply only to the above-listed federal housing programs. However, there may be laws in your state or city/town/county that protect victims in market-rate housing. You can contact your local legal aid office or domestic and sexual violence agency to see if there are state and local laws that protect you.

## 4. What rights does VAWA offer?

If you are a victim of domestic violence, dating violence, sexual assault, and stalking,

- You can't be denied admission or federal rental assistance just because you are or have been a victim or threatened victim.
- You can't be evicted or lose your federal rental assistance just because you are or have been a victim or threatened victim.
- You can't be denied admission or rental assistance, evicted, or lose your subsidy for reasons related to the abuse, such as bad credit history and criminal history.

## 5. What if I need to get the abuser out of the home?

If someone living in your home uses violence against you, the housing authority or your landlord may evict the abuser alone, and let you, your family, and other household members stay in the home. If you are not listed as head of household or your name is not on the rental assistance, then you generally have 90 days or until the end of the lease to establish eligibility for that subsidy or another housing subsidy, or to find new housing.

## 6. What if I need to move to escape the abuse?

If you have a Section 8 voucher, you can move for reasons related to the abuse and keep your voucher — even if your lease has not ended.

Housing authorities and landlords must have adopted emergency transfer plans by June 14, 2017 that allow transfers to other federally assisted housing that is available and safe. You are allowed to transfer if you ask your landlord and reasonably believe you are about to be hurt by more abuse, or if you have been a victim of sexual assault that occurred on the property up to 90 days before the request. If your landlord does not have an emergency transfer plan, contact your local legal aid office or domestic and sexual violence agency.

## 7. How do I prove that I can use VAWA's protections?

The housing authority or your landlord may ask for documentation showing that you are a victim of domestic violence, dating violence, sexual assault, or stalking. The housing provider must make this request in writing. There are three ways to show that you are a victim:

- Complete a self-certification form. The form will ask for: your name; the name of your abuser (if known and safe to provide); the abuser's relationship to you; the date, time and place of the violence; and a description of the violence. To get the form, [Form HUD-5382](#), go to <https://bit.ly/2E14cNE>, call the housing authority or a legal aid office. In the future, the form may be changed.
- Provide a letter signed by a victim service provider, attorney, or a medical or mental health professional who has helped you with the abuse (also called "third-party documentation"). You must also sign this letter.
- Provide a police report, court record (such as a restraining order), or administrative record.