

MAINSTREAM HOUSING CHOICE VOUCHER PREAPPLICATION INSTRUCTIONS

- Applicant family must have at least one (1) disabled family member between the ages of 18 and 61 (Non-Elderly, Disabled) and who meet one of the program eligibility preferences:
 - Homeless, at risk of homelessness,
 - previously homeless and currently participating in a rapid rehousing program,
 - currently institutionalized or about to be institutionalized.
- If your family qualifies, complete and submit all required forms and supporting materials. There are definitions and more details about how to determine if you are eligible, and what supporting documentation is required. This application packet includes:
 - The Mainstream Voucher Preapplication
 - Mainstream Preference Verification
 - Third-Party Verification Form
 - Supportive Services Agency Information Release
 - List of required/supporting documentation
 - Definitions
- Verification of Social Security Number and date of birth must be provided for each household member. If you don't have it now, it must be provided before admission to the program.
- Please remember to notify HOSWWA IN WRITING if your mailing address changes. All correspondence returned by the post office **will result in your name being removed from all waiting lists**.
- In the event your application is denied, or your name is removed from the list for any reason, you may dispute the decision by requesting an informal review. Requests must be submitted in writing within ten (10) days of the written notice that your preapplication has been denied or removed from a waiting list. Failure to submit a request for appeal **in writing** within ten (10) days will result in the denial for opportunity to appeal the decision.
- For updates on the waiting list, view our website at <http://www.hoswwa.org> or call our Waiting List Information hotline at (360) 423-0140 ext. 50

HOSWWA does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, sexual orientation or familial status.

HUD Fair Housing Hotline: (800) 669-9777

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services including completing this pre-application, please contact a housing authority representative.



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Rec'd Date	Rec'd Time	<h2 style="text-align: center;">Housing Opportunities of SW Washington</h2> <p style="text-align: center;">820 11th Ave., Longview WA 98632 ▪ www.hoswwa.org Phone: (360) 423-0140 ▪ Toll Free: (866) 570-8840 Fax: (360) 425-9930 ▪ Toll free Fax (888) 424-7145 ▪ TDD: (800) 833-6388</p> <h1 style="text-align: center;">Waiting List Pre-application Mainstream Voucher Program</h1>
Staff Rec'd		
Input Date	Entered By	
System ID	<input type="checkbox"/> Applicant received a copy	

- Head of household (please print): _____
 Phone: _____ Email address: _____
- Mailing Address: *(required)* _____

Address City State Zip

 Optional mailing address: *Send my mail in care of:* _____

Address City State Zip
- Household Composition: Please list yourself and everyone who will live with you.

Last Name	First Name, Middle Initial	Relationship to Head of Household	Birthdate (required)	Social Security # (required)	Disabled Y/N
		Self			

- Eligibility and Preferences. Your responses to the following questions will help to determine your eligibility for Mainstream, and if you are entitled to a preference when placed on the waiting list. Circle all that apply:

• Is anyone in your household (including yourself) between the age of 18 to 61 and disabled?	Yes	No
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If no, you can stop here. Your family does not qualify for the Mainstream Program.

• If yes, is your family currently homeless (by the definition in attachment)	Yes	No
• If yes, is your family about to be homeless (by the definition in attachment)	Yes	No
• If yes, was your family previously homeless and now living in a rapid rehousing, permanent supportive housing or transitional housing program?	Yes	No
• Is the qualifying person(s) currently institutionalized by the definition below?	Yes	No
• Is the qualifying person(s) about to be institutionalized by the definition below?	Yes	No

If you answered no to these questions, you do not qualify for a preference.



5. **Income:** List all sources of income for all family members who will reside with head of household while assisted i.e. full or part time employment, welfare (TANF or General Assistance), Social Security, SSI, disability, pensions, unemployment, babysitting, alimony, child support, loans, scholarships, grants, odd jobs, self-employed, under the table, etc.) Attach additional sheet if necessary.

Name	Income Source/Employer Name	Total Monthly Gross Income

6. **Certifications**

A criminal background check may be performed on each adult expected to participate in any HUD rent assistance program. Federal Regulations prevent HOSWWA from providing rent assistance to any person that has been evicted from federally assisted housing for manufacturing or production of methamphetamine. Persons convicted of any crime involving any controlled substance, violent criminal activity or other criminal activity may also be prevented from participating on a assistance program. All persons with a current sex offender registration will be denied assistance. Persons that are subject to a lifetime sex offender registration requirement are prohibited from receiving HUD (Section 8) rent assistance 24 CFR 982.553(a).

I have read and understand I may be subject to a criminal background check prior to receiving any rent assistance with the HOSWWA's affordable housing projects. → _____ (please initial that you understand).

Periodically HOSWWA updates waiting lists. You will be notified by mail of this action. You will also be notified by mail of the arrival of their name on the waiting list. Your failure to respond to periodic update notices will result in the removal from all Authority waiting lists. It is critical the Housing Authority is able to reach you by mail.

I acknowledge I am required to immediately advise HOSWWA of any change of address, phone number and/or family status while waiting for assistance. At such time I will document the date, time and the name of the person with whom I gave this information to. Keeping a record of notifications may eliminate the possibility of being removed from the waiting list.

→ APPLICANT (please initial that you understand) _____

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

→ APPLICANT (please initial that you understand) _____

→ _____
Applicant Signature **Date**

→ _____
Co-applicant Signature/Other Adult **Date**



SUPPORTIVE SERVICES AGENCY INFORMATION RELEASE

HOSWWA coordinates optional supportive services for Mainstream Voucher Program participants. A supportive services provider can help you with housing and related support, including applying to and obtaining acceptance in the program, finding a home to rent, obtaining home modifications, obtaining disability-related accommodations, move-in assistance, and assistance maintaining your housing assistance. If you do not currently work with a service provider agency, you have the option for HOSWWA to refer you to a service provider agency to receive this additional housing and related support.

Are the non-elderly adults with disabilities in your family (including you, if applicable) currently receiving housing and related supportive services from a health or social services agency? (DSHS, Cowlitz County, CAP, Core Health, Columbia Wellness, etc.) Yes No

Name of Service Provider Agency: _____

Your Case Worker/Navigator: _____

NAME

PHONE or E-MAIL ADDRESS

Please check this box if you are currently **not** receiving any housing and related supportive services and are interested in speaking with an agency about services that may be available to you free of charge. If you check this box, HOSWWA will reach out to you with further

I, _____, authorize HOSWWA the organization listed above (if applicable), and other service agencies who partner with HOSWWA to mutually exchange the following information for the purposes of determining your program eligibility and coordinating services that you are eligible for through the Mainstream Voucher program: your program status, contact and household information, current service-related info and records, and other housing-related information. I further authorize HOSWWA to disclose to my landlord that 1) I am participating in the Mainstream Voucher Program, and 2) the name of my supportive services agency. This authorization is valid from the date of this release until my participation in the Mainstream Voucher Program has ended. I have read this authorization, I understand it, and I have been given a copy.

Signature: _____ Date: _____



MAINSTREAM PREFERENCE VERIFICATION

To be eligible to receive a Mainstream Voucher, an applicant family must include a member who is a non-elderly (age 18-61) adult with disabilities. The qualifying member may be the Head of Household (HoH) or any other adult in the family.

In addition, to qualify for the Mainstream Local Preference, the non-elderly adult with disabilities must qualify as one of the following:

- 1) Transitioning out of living in an institution (e.g. nursing home, group home, hospital, intermediate care facility, etc.) into independent living
- 2) At risk of becoming institutionalized (i.e. having to move into an institution to receive services necessary for their health, safety, etc.)
- 3) Homeless
- 4) At risk of becoming homeless
- 5) Previously homeless

Please complete this form and return along with the requested documentation on the back of this sheet to verify that your household qualifies for the Mainstream Local Preference.

Mainstream-Qualifying Family Member:

Name	Date of Birth	Disability? (Yes/No)

Please check which Mainstream Local Preference this person qualifies for:

- Transitioning out of living in an institution into independent living
- At risk of becoming institutionalized
- Homeless
- At risk of becoming homeless
- Previously homeless

I, _____, certify that the information I am providing to Housing Opportunities of SW Washington (HOSWWA) is accurate and truthful to the best of my knowledge. In addition, I authorize the release of information concerning my eligibility for housing assistance and preferences claimed to HOSWWA, including allowing HOSWWA to contact any agency who provides a verification for me and allowing that agency to share information with HOSWWA to verify my Mainstream Voucher and Preference eligibility.

APPLICANT'S NAME

SIGNATURE

DATE



MAINSTREAM PREFERENCE THIRD-PARTY VERIFICATION FORM

The above-named individual is applying for admission to our Mainstream Housing Program and needs verification from a qualified third party that they meet one of the Mainstream Local Preference criteria below in order to receive housing assistance. **Please indicate which of the following situations this individual meets.**

****THIS FORM MUST BE COMPLETED BY A THIRD-PARTY AGENCY REPRESENTATIVE****

1. I certify that the individual identified above meets the following:

(Check all statements that apply. See reverse for definitions.)

- IS TRANSITIONING OUT OF LIVING IN AN INSTITUTION INTO INDEPENDENT LIVING** (e.g. nursing home, group home, hospital, intermediate care facility, etc., or other segregated setting)
- IS AT RISK OF BECOMING INSTITUTIONALIZED** (i.e. having to move into an institution to receive services necessary for their health, safety, etc.)
- IS HOMELESS**
- IS AT RISK OF BECOMING HOMELESS**

The information provided herein is true and correct to the best of my knowledge. I acknowledge that I may be contacted for further clarification of this certification and on an annual basis to re-verify this information.

Signature of Certifying Professional or Agency Representative

Date

Title and Agency

Phone Number or Email



DOCUMENTS NEEDED TO VERIFY A MAINSTREAM PREFERENCE

Acceptable verification documents:

PREFERENCE CRITERIA:	VERIFICATION DOCUMENT:
Currently living in an institution	<ul style="list-style-type: none"> • Verification from a public or private institutional facility, a unit of government, or a social service agency certifying that the applicant meets the definition of living in an institution listed under Definitions below.
At risk of becoming institutionalized	<ul style="list-style-type: none"> • Certification from a health and human services agency, a unit of government, a community-based organization, or the applicant (self-certification; please contact HOSWWA for a self-certification form), that the applicant is at serious risk of institutionalization, which includes a description of why the applicant is at serious risk.
Homeless	<ul style="list-style-type: none"> • Verification from a public or private facility providing shelter, the police, a court of law, a unit of government, or a social service agency certifying that the applicant meets the definition of homeless listed under Definitions below and that describes which definition of homelessness below that the applicant meets.
At risk of becoming homeless	<ul style="list-style-type: none"> • Verification from a public or private facility providing shelter, the police, a court of law, a unit of government, or a social service agency certifying that the applicant meets the definition of at risk of homelessness listed below. • Third-party document provided by the applicant demonstrating that they meet one or more of the criteria for being at-risk of homelessness, such as a lease agreement documenting that their current rental unit is not an adequate size for the number of family members, an eviction notice, or a hotel bill.



DEFINITIONS

A. **Definition of Institutional or Other Segregated Settings:**

- i. Institutional or other segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.

B. **Definition of At Serious Risk of Institutionalization:**

- i. Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community-based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless the person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.

C. **Definition of Homeless:**

- i. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - A. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - B. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
 - C. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- ii. An individual or family who will imminently lose their primary nighttime residence, provided that:
 - A. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - B. No subsequent residence has been identified; and
 - C. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- iii. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - A. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of



1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

- B. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - C. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - D. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- iv. Any individual or family who:
- A. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
 - B. Has no other residence; and
 - C. Lacks the resources or support networks to obtain other permanent housing.

D. **Definition of At Serious Risk of Homelessness:**

An individual or family who:

- i. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (a) of the "Homeless" definition in this section; and
- ii. Meets one of the following conditions:
 - A. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - B. Is living in the home of another because of economic hardship.
 - C. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - D. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
 - E. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - F. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - G. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.



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

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

Longview Housing Authority
820 11th Ave.
Longview WA 98632
Rent Assistance Dept.

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

XXX

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.

REQUEST FOR REASONABLE ACCOMMODATION

Name of Applicant/Participant Telephone Number

Address City State Zip

1. Please indicate the name of the **disabled household member** who is requesting the accommodation

2. Please describe the accommodation you are requesting.

3. Please explain the reason you are requesting this accommodation and how it will provide you with equal opportunity to enjoy our housing programs, your rental unit and/or common areas.

4. Please have your doctor, health care provider or other qualified individual verify that your request is (1) related to your disability; (2) would provide you with an equal opportunity to enjoy our housing programs, or (3) that your disability restricts you from performing this task. (For your convenience, a medical provider verification form has been printed on the back of this request form.)

If you need assistance with this form or have any additional questions please contact us at (360) 423-0140. Please return this form to:

Housing Opportunities of SW Washington

820 11th Ave.

Longview WA 98632

Fax: (360) 425-9930

Toll Free Fax (888) 424-7145



REASONABLE ACCOMMODATION VERIFICATION

To: Qualified Individual (e.g., counselor, social worker, doctor, rehabilitation center, service agencies, self-help group, clinics or other entity identified by the person requesting a reasonable accommodation)

Applicant/Participant: _____ requested that Housing Opportunities of SW Washington provide the following reasonable accommodation(s):

The Housing Authority is required by law to provide reasonable accommodations to disabled applicants/participants that will provide them with **equal opportunity to use and enjoy our housing programs, their rental unit and/or common areas**. Housing Opportunities of SW Washington does not provide reasonable accommodations when the request is a matter of convenience or preference only.

Please verify that the requested accommodation **(1) is related to the applicant or participant's disability; and (2) would provide the applicant/participant with an equal opportunity to enjoy our housing programs or (3) the applicant/participant's disability restricts them from performing this task.**

I, _____ **do / do not** (please circle one) believe the requested accommodation (1) is related to the applicant or participant's disability; (2) would provide the applicant or participant with an equal opportunity to enjoy our housing programs or (3) the applicant or participant's disability restricts them from performing this task.

Signature

Date

Printed Name

Phone Number

Professional Title

Address

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



Housing Opportunities of SW Washington¹

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Section 8 Housing Choice Voucher and Project Based Voucher Programs** are 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 **Section 8 Housing Choice Voucher and Project Based Voucher, HOME TBRA, LIHTC or USDA Rural Development Programs**, 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 the **Section 8 Housing Choice Voucher and Project Based Voucher, HOME TBRA, LIHTC or USDA Rural Development Programs**, 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 **Section 8 Housing Choice Voucher AND Project Based Voucher, HOME TBRA, LIHTC or USDA Rural Development Programs** 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 The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ 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

Your landlord 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 your landlord chooses to remove the abuser or perpetrator, your landlord 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, your landlord 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, your landlord must follow Federal, State, and local eviction procedures. In order to divide a lease, your landlord 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, your landlord 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, your landlord 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, your landlord 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 landlord 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.

Your landlord 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.

Your landlord's emergency transfer plan provides further information on emergency transfers, and your landlord 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

Your landlord 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 your landlord must be in writing, and your landlord 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. Your landlord 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 your landlord as documentation. It is your choice which of the following to submit if your landlord 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 your landlord 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 your landlord has agreed to accept.

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

If your landlord 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), your landlord 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, your landlord does not have to provide you with the protections contained in this notice.

Confidentiality

Your landlord 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.

Your landlord must not allow any individual administering assistance or other services on behalf of landlord (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.

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

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

VAWA does not limit your landlord 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, the Housing Authority or your landlord 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 your landlord 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 your landlord can demonstrate the above, or your Housing Authority should only terminate your assistance or your landlord evicts 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 **HUD Seattle Regional Office; Seattle Federal Office Building, 909 First Ave. STE 200, Seattle WA. 98104-1000**

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the Housing Authority and your landlord must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **your Housing Specialist.***

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 **Emergency Support Shelter in Cowlitz County at (360)425-1176 or Crisis Support Network (CSN) in Pacific County at (360)875-6702.**

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 **Emergency Support Shelter in Cowlitz County at (360)425-1176 or Crisis Support Network (CSN) in Pacific County at (360)875-6702.**

Victims of stalking seeking help may contact **Emergency Support Shelter in Cowlitz County at (360)425-1176 or Crisis Support Network (CSN) in Pacific County at (360)875-6702.**

Attachment: Certification form HUD-5382

***Housing Opportunities of SW Washington**
820 11th Ave.
Longview, WA. 98632

Phone (360) 423-0140
Toll Free (866) 570-8840

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.