

Thank you for your interest in Riverview Apartments

Please fill out this application and submit it along with proof of residency and a copy of your Driver's License or other photo ID to:

Strawberry Lane LLC – Riverview Apartments

912 Strawberry Lane

Clayton, NY 13624

If you need assistance completing this application, please call the office to schedule an appointment.

315-686-4386

| | |
|----------------------------|-------|
| For Office Use Only | |
| Received | _____ |
| Time | _____ |

The policy of Strawberry Lane LLC is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, familial status, color, religion, sex or national origin.

Before we can process your application, it is necessary that you provide accurate names, phone numbers, addresses, social security numbers, income and asset information, copy of a valid Driver License and proof of residency.

DATE: _____

APPLICANT

NAME (First, Middle, Last) PHONE

ADDRESS

CO-APPLICANT

NAME (First, Middle, Last) PHONE

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

List all persons who will live in the apartment. List Head of Household first.

| NAME | RELATIONSHIP | DATE OF BIRTH | AGE | SOCIAL SECURITY # |
|------|--------------|---------------|-----|-------------------|
| | HEAD | | | |
| | | | | |
| | | | | |

INCOME

Declare the income for the applicant and co-applicants who are currently receiving income or expect to receive income in the next twelve months. Social security, unemployment, retirement funds, pension, disability, SSI benefits, death benefits, public assistance, alimony, wages, military pay, regular contributions or gifts from non-household members, net income from a business, lottery winnings paid in periodic payments, and income from assets are considered income. Please list accordingly.

| FAMILY MEMBER | INCOME SOURCE | CLAIM/ID # |
|---------------|---------------|------------|
| | | |
| | | |
| | | |

| INCOME SOURCE ADDRESS | GROSS MONTHLY AMOUNT |
|-----------------------|----------------------|
| | |
| | |
| | |

Do you anticipate any changes in this income in the next twelve months?

_____ YES _____ NO

If yes, please explain _____

ASSETS List assets for all household members. Each item must be checked "YES" or NO."

CHECKING ACCOUNTS

YES

NO

| Bank | Address | Account # | Account Balance | Interest Rate |
|------|---------|-----------|-----------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SAVINGS, CD'S, MONEY MARKETS, ETC.

YES

NO

| Bank | Address | Account # | Account Balance | Interest Rate |
|------|---------|-----------|-----------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OTHER (Type _____)

YES

NO

| Institution | Address | Account # | Account Balance/ Market Value | Interest Rate/ Dividend |
|-------------|---------|-----------|----------------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

PROPERTY Have you sold any property on a deed of trust or mortgage whereby you are receiving periodic payments? **YES** **NO**

If yes - Current outstanding balance of contract \$ _____ as of _____

Interest rate _____ Payment amount \$ _____

Payments are: Monthly Quarterly Annual Other

Please attach an amortization schedule.

Do you own any property? **YES** **NO**

If yes, Type of

property _____

Location _____

Appraised Market Value \$ _____

Mortgage or outstanding loans balance due \$ _____

Please attach a copy of your most recent tax bill.

Have you disposed of any assets in the last two years (Example - given away money to relatives, set up irrevocable trust accounts) **YES** **NO**

If yes, Describe asset _____

Date of disposition _____ Amount disposed \$ _____

Do you have any other assets not listed above? (Excluding personal property) **YES** **NO**

If yes, please

describe _____

MEDICAL ALLOWANCES

Indicate on whose behalf medical expenses will be incurred for the next twelve months. Medical expenses may include insurance premiums, Medicare premiums, prescriptions, over the counter drugs, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits, etc.

Health Insurance Company

Premium \$ _____ PAID Monthly Quarterly Annually

| Applicant/Co-applicant | Medical Expense | Monthly Amount |
|------------------------|-----------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please attach a drug profile for the past twelve months.

PROGRAM INFORMATION

1. Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development?^[1]

YES **NO**

2. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit?

YES **NO**

^[1] If so, do you realize you will be eligible for a \$400 deduction and medical deductions? Please realize that your eligibility must be verified.

3. If so, would you like to request an adapted unit? **YES** **NO**
 4. Are you currently living in subsidized housing? **YES** **NO**
 5. Have you ever resided in a project financed and/or subsidized by the Government? **YES** **NO**

If yes, name and address _____

6. Have you ever been evicted from Public Housing or any other Federal Housing Program? **YES** **NO**

If yes, Where _____

When _____

Describe reasons _____

7. Have you ever been evicted from other housing? **YES** **NO**
 8. Have you ever been convicted of a felony? **YES** **NO**

If yes, please list convictions. Please use the back of the application if you need additional space.

9. Are you currently using illegal drugs? **YES** **NO**

10. Have you ever been convicted of sale, distribution, or possession of illegal drugs? **YES** **NO**

11. Are you or is anyone in your household subject to a lifetime state sex offender registration program in any state? (Failure to respond to this question may jeopardize the approval of your application.) **YES** **NO**

If YES, list all states resided in _____

12. Are you now or will you become a part-time or full-time student prior to move-in? **YES** **NO**

13. Are your bills current with the electric company? **YES** **NO**

14. Will you be able to have heat & lights in your name with National Grid? **YES** **NO**

15. How did you hear about this housing? _____

16. Will you take an apartment when one is available? **YES** **NO**

17. List all states resided in _____

18. Briefly describe your reasons for applying _____

REFERENCE INFORMATION

RENTAL INFORMATION—Up to and including the past ten years. Put the current landlord on line #1 and prior landlords on lines #2 & 3. If additional space is required, please use the back of the application.

| | Name | Address | Business Phone | Home Phone |
|----|------|---------|----------------|------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

CREDIT REFERENCES

| | Name | Address | Phone |
|----|------|---------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

PERSONAL REFERENCES—whom we may contact in case of emergency on line #1 and additional names we may contact in the event there is an apartment available and we are unable to reach you by phone on lines #2 & 3.

| | Name | Address | Phone |
|----|------|---------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

ADDITIONAL INFORMATION

Current Monthly Rental amount? _____

Size of Unit requesting _____ 1 Bedroom _____ 2 Bedroom

_____ 1 Bdrm Handicapped _____ 2 Bdrm Handicapped

PETS

Do you own any pets? _____

YES

NO

If yes, please describe _____

VEHICLES

List any cars, trucks or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

| Type | Year/Make | Color | License Plate Number |
|------|-----------|-------|----------------------|
| | | | |
| | | | |
| | | | |

Driver License # & State for APPLICANT: # _____

Driver License # & State for Co-APPLICANT: # _____

This application must be filled out completely and to the best of your knowledge. If something does not apply, write N/A. Any application I receive that is not filled out completely will be returned, and your name will not be put on the waiting list until it is received correctly. If you need assistance in filling out this application, please call the site office at (315) 686-4386. Thank you.

Amelia K. Boyle, Project Manager

AUTHORIZATION and CERTIFICATION

AUTHORIZATION

I/We do hereby authorize Strawberry Lane LLC and its' staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any application for housing in programs managed by Strawberry Lane LLC. I further authorize Strawberry Lane LLC to verify all information listed on this application.

Applicant Signature

Date

Co-Applicant Signature

Date

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant Signature

Date

Co-Applicant Signature

Date

FAMILY HOUSEHOLD COMPOSITION

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Gender: Male Female

Race: (Mark one or more):

1. American Indian/Alaska Native _____

2. Asian _____

3. Black or African American _____

4. Pacific Islander or Other Pacific Islander _____

5. White _____ "

Equal Housing Opportunity

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD).

"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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers 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)."

Revised 08/18



WAITING LIST APPLICATION

Lewis County Opportunities, Inc. (LCOI/NYHTFC) Housing Choice Voucher (HCV) Program

This form must be completed by the Head of Household. Use the legal name for each household member.

| | | | | | | | |
|--|--|-------------------------|--|-------------|----------------|--------------|-----------|
| Date: | | Head of Household Name: | | | Email Address: | | |
| Home Phone: | | Work Phone: | | Cell Phone: | | Other Phone: | |
| Address (Please list last known address if you are currently homeless): | | | | Apt. #: | City: | State: | ZIP Code: |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Is your mailing address the same as listed above? | | | | | | | |
| If Mailing Address: | | Apt. #: | | City: | State: | ZIP Code: | |
| No: | | | | | | | |

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

| 1. Head of Household | | | | | | | |
|--|--|---|---------------|---|-------------------|----------------------|--|
| Last Name | First Name | Mi | Date of Birth | Sex (M/F) | Relation | | |
| | | | | | HEAD | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security # | Alien Registration # | |
| 2. Household Member | | | | | | | |
| Last Name | First Name | Mi | Date of Birth | Sex (M/F) | Relation | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security # | Alien Registration # | |
| 3. Household Member | | | | | | | |
| Last Name | First Name | Mi | Date of Birth | Sex (M/F) | Relation | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security # | Alien Registration # | |
| 4. Household Member | | | | | | | |
| Last Name | First Name | Mi | Date of Birth | Sex (M/F) | Relation | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security # | Alien Registration # | |
| 5. Household Member | | | | | | | |
| Last Name | First Name | Mi | Date of Birth | Sex (M/F) | Relation | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security # | Alien Registration # | |
| 6. Household Member | | | | | | | |
| Last Name | First Name | Mi | Date of Birth | Sex (M/F) | Relation | | |
| Disability Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/> | Race | Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security # | Alien Registration # | |

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

| YES | NO | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently homeless? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is any household member a U.S. military veteran? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is any household member subject to lifetime sex offender registration? |
| | | If YES: Who and Where: |
| | | Details of Crime: |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any household member been convicted of any crime (besides traffic violations)? |
| | | If YES: Who: |
| | | State: |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing? |
| | | If YES: Who and Where: |
| | | Details of Crime: |

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.

| Household Member Name | Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.) | Amount of income per year |
|----------------------------|---|---------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Family Income | | \$ |

Please provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.

| Household Member Name | Name and Full Address and Phone Number or Email Address of Asset | Cash Value | Interest Rate | Annual Income |
|-----------------------|--|------------|---------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Please provide any additional asset information on a separate sheet of paper.

V. PROJECT BASED ASSISTANCE

If you are interested in applying for Project-Based Assistance please initial one or all of the options listed below:

- Buck Building (Watertown; 0, 1 and 2 bedroom apartments) You must also apply with Neighbors of Watertown.
- Emerson Row (Watertown; 3 and 4 bedroom apartments) You must also apply with Neighbors of Watertown.
- Philadelphia Courts (Philadelphia; 1 and 2 bedroom apartments) You must also apply with Philadelphia Courts.
- Riverview Apartments (Clayton; elderly and/or disabled only) You must also apply with Riverview Apartments.

VI. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

You MUST provide proof of residency and photo ID for all applicants 18 year old and above at the time of application. You MUST also complete the attached Supplement to Application for Federally Assisted Housing (Form HUD-92006) in order for your application to be considered complete.

All incomplete applications will be returned to the address provided above. It is your responsibility to report any changes (address, household composition, elderly/disabled status, etc.) in writing to the address listed below.

Mail/return completed application to:
Lewis County Opportunities, Inc. HAP
 749 Leray St.
 Watertown, NY 13601

Office use only:

Date received: _____

Time received: _____

Application #: _____

Housing Assistance Program
A Program of Lewis County Opportunities, Inc.
749 LeRay Street
Watertown, New York 13601
(315)788-0193
(315)782-3813 fax

CONSENT FOR RELEASE OF INFORMATION

I, _____, give my permission for the release of records and information to/from Lewis County Opportunities, Inc. (LCOI) to/from Strawberry Lane, LLC.

Consent: I consent to allow the Housing Assistance Program to request and obtain personal information as specified above for the purpose of verifying my eligibility under HUD's assisted housing programs. I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that, under this consent form, cannot use this information to deny, reduce or terminate assistance without first conducting an independent verification.

Contact Information:

Name of Applicant: _____
Mailing Address: _____
Phone Number: _____

I have been supplied with an application for Strawberry Lane, LLC. located at 912 Strawberry Lane, Clayton NY 13624. I further understand that failure to complete an application with Strawberry Lane, LLC. may make me ineligible for Section 8 Project Based assistance at Strawberry Lane, LLC.

Please initial one of the following:

_____ I have completed the application to the best of my knowledge and have supplied the completed application to a LCOI employee for submission to Strawberry Lane, LLC. on (date) _____.

_____ I have already applied with Strawberry Lane, LLC.

_____ I have received the application and will complete/return this application to Strawberry Lane, LLC privately.

For your household, this general consent to release information form is valid as long as the participant remains on the Project Based Assistance waitlist for Strawberry Lanes, LLC.

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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|---|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

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

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

OPPORTUNITIES CONSUMER INTAKE FORM

TODAY'S DATE _____

HEAD OF HOUSEHOLD INFORMATION:

NAME _____ (Last, First, M.I.) PHONE # _____

MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____

911 ADDRESS (if different) _____
CITY _____ STATE _____ ZIP _____

Opportunities does not discriminate for services based on the applicant's race, creed, color, national origin, gender, age, disability, marital status, sexual orientation, genetic predisposition or carrier status; or any other area indicated under Federal or State law. The information below is requested so that we can fulfill our required reporting obligations to specific funding sources.

| | | | | |
|---|---|--|---------------------------------------|---|
| GENDER ____ FEMALE ____ MALE | RENT AMOUNT \$ _____ Subsidized: Yes or No | DISABILITY ____ YES ____ NO | NUMBER IN HOUSEHOLD # _____ | AMOUNT OF GROSS INCOME (Circle one) weekly/bi-weekly/monthly/yearly \$ _____ |
|---|---|--|---------------------------------------|---|

HOUSEHOLD INFORMATION:

| Name | Relationship | Social Security # | Date of Birth | Age | *Race | *Ethnicity |
|------|--------------|-------------------|---------------|-----|-------|------------|
| | HOH | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* RACE: 1) White 2) Black 3) Multi-race 4) Other *ETHNICITY: 1) Hispanic 2) Not Hispanic

PLEASE CIRCLE ALL INFORMATION THAT APPLIES TO YOUR HOUSEHOLD:

| | | |
|---|--|---|
| COUNTY Lewis Jefferson Oneida St. Lawrence | HOUSEHOLD TYPE T = Two Adults and Children C = Two Adults no children S = Single Person M = Single Parent / Male F = Single Parent / Female O = Other | EDUCATION A = 0-8 B = 9- 12 (Non-graduate) C = High School Graduate D = 12 + post-secondary E = Unknown F = College (2 or 4 year graduate) |
|---|--|---|

| | | |
|--|--|--|
| SOURCE OF INCOME (Circle all that apply) No Income TANF SSI Pension General Assistance Other: Food Stamps Child Support | HEALTH INSURANCE <input type="checkbox"/> Yes or <input type="checkbox"/> No (If yes, circle all that apply) Family/Child Health Plus Medicare Medicaid PCAP Other | HOUSING & MISC. (Circle all that apply) Rent Owner Homeless Military Family Veteran |
|--|--|--|

I hereby affirm that this information is accurate and true. _____
(Consumer's signature)

I would like more information about the following services:

Family Self Sufficiency

The Housing Assistance Program is now conducting an innovative program that is for the person that want better themselves and family and finally reach the point that assistance can be discontinued. Unfortunately are many obstacles that a person will have to face in order to achieve their goals. Our hopes are to make the process easier for you by coordinating as many resources and collect as much information to make this process easier for you.

If you are interested in information concerning this program, please check the appropriate line below and our Family Self Sufficiency Coordinator will contact you at a later date.

I would like more information concerning Family Self Sufficiency: Yes _____ No _____

Name/Phone Number

Date

In order to participate in the Homeownership program:

- You must be on the rental assistance program for one year
- Have worked continuously for one year at a minimum of 30 hours per week and earn \$12,000 per year except in the case of disabled families. If you are disabled and receive disability income of \$7,992 a year you would also be eligible to participate.
- You must be a first time homeowner, and not have any interest in any other real estate now or within last 3 years. The only exception to this regulation is a single or displaced homeowner who, while married, owned a home with a spouse or resided in a home owned by the spouse.

NOTE: This program is not available for consumers who reside in the following Project-Based Projects:

BUCK Building (Landlord-Neighbors of Watertown)

Emerson Row (Landlord-Neighbors of Watertown)

Philadelphia Courts (Landlord-Philadelphia Court Apartments)

Riverview Apartments (Landlord-Strawberry Lane)

If you are interested in information concerning this program, please check the appropriate line below and our Homeownership Coordinator will contact you at a later date.

I would like more information concerning Homeownership: Yes _____ No _____

Name/Phone Number

Date

Release of Information Consent

I, _____ agree to the release of information from Lewis County Opportunities, Inc. to other agencies in regards to my household and for other agencies to release information to Lewis County Opportunities, Inc. concerning services on my behalf. This information is valid for one year. I also understand that I have the right to cancel my permission to release information at anytime.

(Consumer's Name)

(Opportunities Employee)

(Date)

(Date)



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

| A complaint may not be filed with the owner/management if: | A complaint may be filed with the owner/management if: |
|---|--|
| USDA has authorized a proposed rent change. | There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA. |
| A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management. | The owner or management fails to maintain the property in a decent, safe, and sanitary manner. |
| The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances. | The owner violates a lease provision or occupancy rule. |
| USDA has required a change in the rules and proper notices have been given. | A tenant is denied admission to the complex. |
| The tenant is in violation of the lease and the result is termination of tenancy. | |
| There are disputes between tenants that do not involve the owner/management. | |
| Tenants are displaced or other adverse effects occur as a result of loan prepayment. | |

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Strawberry Lane LLC-Riverview Apartments

Notice of Occupancy Rights under the Violence Against Women Act¹

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.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Strawberry Lane LLC – Riverview Apartments 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 HUD Section 8, 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

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.

If you are receiving assistance under **HUD Section 8**, 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 **HUD Section 8** 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.

Removing the Abuser or Perpetrator from the Household

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

HP 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.

HP's emergency transfer plan provides further information on emergency transfers, and HP 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

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

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

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

Confidentiality

HP 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.

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

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

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

VAWA does not limit HP'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, HP 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 HP 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 HP can demonstrate the above, HP 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 Syracuse Field Office

U.S. Dept. of Housing and Urban Development, 100 S. Clinton St, P.O. Box 7025
Syracuse, New York 13261-7025.

For Additional Information

You may view a copy of HUD's final VAWA rule at 24CFR 5.2005

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

For questions regarding VAWA, please contact **Kate Boyle, Property Manager at 315-686-4386.**

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 **Victims Assistance Center of Jefferson County at 1-(866) 782-1855.**

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 **Victims Assistance Center of Jefferson County at 1-(866) 782-1855.**

Victims of stalking seeking help may contact **Victims Assistance Center of Jefferson County at 1-(866) 782-1855.**

Attachment: Certification form HUD-5382

**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> |
|---|

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.