

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Application taken by: \_\_\_\_\_

**APPLICATION FOR HOUSING**  
**Project Base Section 8 Property/ Low-Income Housing Tax Credit Property**

This is an application for housing at: Wesley Apartments, LP  
801 South Street, Mgmt Office  
Peekskill, NY 10566  
TEL 914-739-1934\*FAX 917-775-8622\*TTY 1-800-421-1220  
www.reliantrs.com

Please complete this application and return to the address above. Please Print Clearly.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR "\$0.00".  
**DO NOT LEAVE ANY BLANK LINES.**

**A. APPLICANT AND FAMILY INFORMATION**

List ALL permanent household members who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members, foster children/adults, unborn children or Live In Care Attendants.

	Name	Relationship to head of household	Date of Birth	Age	Sex	Social Security #*	Are you a Student? List "No", "Part Time", or "Full Time"
Head		Self					
Co-Head							
3.							
4.							
5.							
6.							
7.							
8.							

\* Disclosure of SSNs is required for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

Do you anticipate any additions to the household in the next twelve months?  YES  NO

If yes, explain

Applicants who were age 62 or older as of January 31, 2010 and who do not have a social security number -Were you receiving HUD rental assistance at another location on January 31, 2010?  YES  NO

Are all members of the household U.S. citizens or permanent resident aliens?  YES  NO

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Bedroom size requested:  Studio  One Bedroom  Two Bedroom

Do you desire an apartment with accessible features?  Yes  No (check one)

If so, what features? \_\_\_\_\_

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## B. STUDENT STATUS INFORMATION

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  YES  NO

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) considered Independent Students? Definition of an Independent Student consists of individuals who were an orphan, in foster care of ward of the court at the age of 13. This definition also includes students who are or were emancipated or in legal guardianship; unaccompanied youths who are homeless or risk of homelessness – vulnerable youth populations.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## C. EMPLOYMENT INFORMATION

<b>Head of Household Employer</b>	<b>Employer:</b>	
	<b>Gross Monthly Income</b> \$	
	including bonuses, overtime, tips, commission, etc.	
	<b>Date Started:</b>	
	<b>Position Held:</b>	
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, where _____ <b>Gross Monthly Income</b> \$ _____	

<b>Co-head/ Roommate Employer</b>	<b>Employer:</b>	
	<b>Gross Monthly Income</b> \$	
	including bonuses, overtime, tips, commission, etc.	
	<b>Date Started:</b>	
	<b>Position Held:</b>	
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, where _____ <b>Gross Monthly Income</b> \$ _____	

<b>Co-head/ Roommate Employer</b>	<b>Employer:</b>	
	<b>Gross Monthly Income</b> \$	
	including bonuses, overtime, tips, commission, etc.	
	<b>Date Started:</b>	
	<b>Position Held:</b>	
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, where _____ <b>Gross Monthly Income</b> \$ _____	

### D. ADJUSTED INCOME DEDUCTIONS

**For family households only-** List below any amounts paid by you for child care expenses for family members below 13 years of age which enable you to be gainfully employed or to attend school on a full-time basis.

**Paid to:** \_\_\_\_\_ **Monthly Amount Paid:** \_\_\_\_\_

**For elderly/disabled households only-** (Head of Household or Spouse is over 62 years old, is handicapped or disabled). List below any medical expenses that you currently pay.

<b>Paid to:</b>	<b>Monthly Amount Paid:</b>

### E. INCOME INFORMATION

Please indicate each source of income received or anticipated within the next 12 months

DESCRIPTION OF INCOME OR STATUS	RECEIVES NOW OR ANTICIPATES RECEIVING (Must check Yes or No)	IF YES, HOUSEHOLD MEMBER NAME	GROSS AMOUNT RECEIVED MONTHLY
HOH Employment/ Anticipated Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Co-head/ Roommate Employment/ Anticipated Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Self- Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Military Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Alimony	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
SSI, SSD	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
V.A. Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Public Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Disability, Worker's Comp.	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Recurring Gift of monetary value	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Regular Payments from Retirement Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Regular Payments from Trust Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Scholarships	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Grants	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Insurance Policies, Death and Disability Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Income from Rental Property	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Other: Type _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$

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**F. ASSETS**

Please include all assets, including assets for children

DESCRIPTION OF ASSET	CURRENTLY HAVE	IF YES, HOUSEHOLD MEMBER NAME	VALUE
Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Checking Account (6 mo. Avg. balance)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Savings Account (current balance)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
CDs, Money Market, Mutual Funds, Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
IRA, 401K, Pensions, Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Life insurance policy (Whole)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Real Estate currently owned/ Rental Property	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Assets disposed of for less than Fair Market Value in past 2 yrs	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Have you received any lump sum payments such as Inheritance, Lottery winnings, Insurance settlements, Etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Prepaid/EBT Card	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$

**G. REFERENCE INFORMATION****CURRENT LANDLORD**

Landlord Name	
Address	
Phone	
Month and year moved in:	
Reason for moving:	
No. of BR's in current unit:	
Do you Rent of Own?	
Amount of current monthly rental or mortgage payment?	

**H. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your family been evicted due to drug activity in the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	
Have you or any member of your family ever been evicted from housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	

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### I. EMERGENCY CONTACT

In case of emergency notify:

Address:

Relationship:

Phone #

### J. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

### K. PET INFORMATION (if applicable)

Please be aware that Wesley Apartments LP does not permit pets. Service animals are not considered pets.

Do you own any pets?

YES

NO

If yes, describe:

Please list every State that each member of the household member has resided in:

Head of Household:

Member 2:

Member 3:

Member 4:

Member 5:

Member 6:

Member 7:

Member 8:

Is any member of your household subject to a lifetime sex offender registration requirement in any State?

YES

NO

I understand that should it be discovered that a member of my household is subject to a lifetime registration requirement at admission, management will immediately pursue eviction and termination of assistance for the household member

YES

NO

**Ethnic Categories (select one):**  Not of Hispanic, Latino/a, or Spanish Origin  Hispanic, Latino/a, or Spanish Origin  Declined to Report

**Racial Categories (select one or more):**  American Indian or Alaska Native  Asian  White

Black or African American

Native Hawaiian or Other Pacific Islander

Other

Declined to Report

### Marketing Information:

How did you hear about the property?

www.reliantrs.com  Walk By  Flyer

Apartment Guide  Rent.com  Apartments.com

Craigslist

GoSection8.com

Newspaper (which paper? \_\_\_\_\_)

Housing Authority (specify agency \_\_\_\_\_)

Tenant Referral (who can we thank? \_\_\_\_\_)

Other (specify \_\_\_\_\_)

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**CERTIFICATION**

I/We hereby certify that I/WE DO/WE 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 prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. 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. All adult applicants, 18 or older, must sign this application.

**SIGNATURE (S):**

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Tenant)	_____ Date
_____ (Signature of Tenant)	_____ Date
_____ (Signature of Tenant)	_____ 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

**Wesley Apartments LP**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Wesley Apartments LP** 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/tenancy, 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 tenant and/or receiving assistance, 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

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> 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.



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 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**

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

Site staff 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.

The site's emergency transfer plan provides further information on emergency transfers, and the Site staff 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**

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

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

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

### **Confidentiality**

Site staff 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.

Site staff must not allow any individual administering assistance or other services on behalf of site staff (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.

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

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

VAWA does not limit site staff'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, site staff 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 site staff 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 site staff can demonstrate the above, site staff 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 the local HUD field office.

**For Additional Information**

You may view a copy of HUD's final VAWA rule

at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

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

For questions regarding VAWA, please contact the Property Manager.

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).

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 local law enforcement and/or social service organizations.

Victims of stalking seeking help may contact local law enforcement and/or social service organizations.

**Attachment:** Certification form HUD-91067/5382.