



Jefferson Metropolitan Housing Authority

153 North 5th Street
Steubenville, OH 43952
740-282-0994
www.jeffersonmha.org

PRELIMINARY APPLICATION FOR PUBLIC HOUSING

Please return this completed preliminary application to any of the JMHA complexes listed below.

Please check (✓) the box for each site that you are applying for.

☐

**Earl Rogers Plaza/Donald Hamann (Lincoln Ave.)/Crabbe Blvd./Lovers Lane
Family Units/Scattered Site Houses (Amp 24)**
Steubenville, Ohio 1-4 Bedroom Apartments
740-282-0994 Ext: 400
Tiffanie Jones, AMP Manager

☐

John F. Kennedy Apts.(JFK), Elmer White Family Units (Amp 21)
Steubenville, Ohio 1-4 Bedroom Apts.
740-282-0994 Ext: 301
Heather Randalson-AMP Manager

☐

Merkel Apts. Apts. /Schlernitzauer Apts./Garden Avenue Family Units (Amp 25)
Tiltonsville/Yorkville, Ohio 1-4 Bedroom Apts.
740-282-0994 Ext: 501
Angela Skaff: AMP Manager

☐

Michael Myers Terrace Apts.& Family Units (Amp 25)
Toronto, Ohio 1-4 Bedroom Apts.
740-282-0994 Ext: 500
Angela Skaff: AMP Manager

All Adults (age 18 and over) are subject to a criminal background check.

Please contact us as soon as possible if you have a change of address or telephone number. JMHA must have your current contact information. If JMHA is unable to contact you, your application will be withdrawn from the waiting lists.

Once you are housed, all other pending applications for public housing will be withdrawn.



If you are interested in applying for the Housing Choice Voucher Program (Section 8), Gaylord Towers Apartments, or Washington Square Apartments, do not use this application. Applications may be obtained by contacting those offices directly.

PRELIMINARY APPLICATION FOR PUBLIC HOUSING

It is required to answer **ALL** questions. Incomplete Applications cannot be processed. Please print legibly.

Applicant Information:

Head of Household-Last Name	First Name	Middle Initial	
Street Address/P.O. Box	City	State	Zip Code
Telephone Number	Email Address	Total Gross Annual Income in Household	Current amount of Monthly Rent Paid
		\$	\$

1. Head of Household -Last Name	First Name	MI	Birth Date	Relationship to Head of Household	Sex
					Male Female
Social Security Number	Race	Type of Income Received (Ex: Wages, Child Support, SSA, TANF)		Amount received per month	Disabled?
				\$	Yes No
2. Last Name	First Name	MI	Birth Date	Relationship to Head of Household	Sex
					Male Female
Social Security Number	Race	Types of Income Received (Ex: Wages, Child Support, SSA, TANF)		Amount received per month	Disabled?
				\$	Yes No
3. Last Name	First Name	MI	Birth Date	Relationship to Head of Household	Sex
					Male Female
Social Security Number	Race	Type of Income Received (Ex: Wages, Child Support, SSA, TANF)		Amount received per month	Disabled?
				\$	Yes No
4. Last Name	First Name	MI	Birth Date	Relationship to Head of Household	Sex
					Male Female
Social Security Number	Race	Type of Income Received (Ex: Wages, Child Support, SSA, TANF)		Amount received per month	Disabled?
				\$	Yes No
5. Last Name	First Name	MI	Birth Date	Relationship to Head of Household	Sex
					Male Female
Social Security Number	Race	Type of Income Received (Ex: Wages, Child Support, SSA, TANF)		Amount received per month	Disabled?
				\$	Yes No
6. Last Name	First Name	MI	Birth Date	Relationship to Head of Household	Sex



Social Security Number	Race	Type of Income Received (Ex: Wages, Child Support, SSA, TANF)	Amount received per month	Male Female Disabled?

PRELIMINARY APPLICATION FOR PUBLIC HOUSING

Are you currently receiving Rental Assistance or living in Public Housing?

☐ Yes ☐ No

Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ Other

If Other, please explain: _____

Number of Bedrooms Requesting: _____

Ethnicity: (Please Check One)

☐ Hispanic ☐ non-Hispanic

Head of Household or Spouse: (Please Check One)

☐ Elderly (62 or older) ☐ Disabled ☐ Does Not Apply

Armed Service: (Please Check One)

☐ Currently Serving -Branch _____ ☐ Honorably Discharged Veteran ☐ No Service

Are you or an Adult Family Member: (Please Check One)

☐ Enrolled an Employment Training Program ☐ Working at Least 20 Hours a Week
☐ Attending School Full-Time ☐ Does Not Apply

Displacement Status: (Please Check If Necessary)

☐ Government Action: ☐ Fire ☐ Flood ☐ Declared Disaster (ex: Hurricane)
☐ Domestic Violence (current) ☐ Homeless

Citizenship: (Please Check If Necessary)

☐ U.S. Citizen ☐ Resident Alien (Enter Alien # _____) ☐ In the U.S. on a Student Visa

Have you or any adult member of the household been arrested or convicted of a crime?

If yes,



Household Member Name: _____ Type of Offense: _____

Month/Year Offense Occurred: _____ City/State where offense occurred: _____

PRELIMINARY APPLICATION FOR PUBLIC HOUSING

Have you or any adult member of the household been evicted from Public or Assisted Housing within the past five (5) years? ☐ Yes ☐ No

If yes, please list the address: _____

Have you or any household member ever lived in Public Housing or Rental Assisted Program?

☐ Yes ☐ No

If yes,

Who: _____

When: _____ Where: _____

Do you or any household member owe money to the Housing Authority for ANY reason? ☐ Yes ☐ No

Have any children living in your current household under the age of six (6) tested positive for elevated lead levels? ☐ Yes ☐ No



PRELIMINARY APPLICATION FOR PUBLIC HOUSING

Authorizations, Representations and Certifications:

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

I understand that the Housing Authority may inquire about and report on the rental history of applicants or tenants and may exchange information with other landlords or any reporting agency that may exist for that purpose. Such information may include rental payment history, housekeeping practices, damage to property, general behavior, or other pertinent information. All adult applicants should initial and date as acknowledgement of the above statement.

ALL ADULTS HOUSHOLD MEMBERS INITIAL AND DATE

Head of Household: Initials: _____ Date: _____

Adult Member: Initials: _____ Date: _____

Adult Member: Initials: _____ Date: _____

Adult Member: Initials: _____ Date: _____

PLEASE READ COMPLETELY BEFORE INITIALING

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

Notice: Any attempt to obtain Public Housing or Section 8 Rental Assistance, any rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the OHIO REVISED CODE.



PRELIMINARY APPLICATION FOR PUBLIC HOUSING

Request for Accommodation

Persons with disabilities may request a reasonable accommodation in order to fully utilize this housing program and any related services. The PHA will make all reasonable efforts to be flexible in assisting person(s) with disabilities to participate in the program successfully. Requests for accommodation will be verified to ensure that the accommodation is reasonable. Examples of reasonable accommodations are as follows:

- Home visits if your disability prevents you from coming to the PHA offices.
- TTD or TDY Devices
- Accessible format for PHA correspondence
- The use of an advocate or interpreter
- If the family includes a person with a disability, the family may request a current listing of accessible units known to the PHA that may be available.

**ANY INDIVIDUAL WITH A DISABILITY OR LIMITED ENGLISH PROFICIENCY WHO NEEDS
ACCOMMODATIONS OR ASSISTANCE AT ANY TIME DURING THE APPLICATION PROCESS
SHOULD INFORM A HOUSING AUTHORITY REPRESENTATIVE**

FOR THE HEARING IMPAIRED

TDD SERVICE
CONTACT

OHIO RELAY SERVICE

1-800-750-0750



PRELIMINARY APPLICATION FOR PUBLIC HOUSING

OMB Control #2502-0581
Exp. (02/28/2019)

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)	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
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 2.105, 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
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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. 3503-3526). The public reporting burden for this collection of information is estimated to average 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. 7804) 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 made to the operations of the HUD Assisted Housing Program and is voluntary. It supports sanctuary requirements and programs 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 process disbursement data even fraudulent claims.

Form HUD-92066 (05/09)



PRELIMINARY APPLICATION FOR PUBLIC HOUSING

AUTHORIZATION OF RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or Local agency, organization, business or individual to release to the Jefferson Metro Housing Authority (JMHA) any information or material needed to complete and verify my application for participation and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or JMHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information from my file about payment history and any violations of my lease or JMHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity and marital status, employment, income and assets, residences, and rental activity, medical, or childcare allowances, and credit and criminal activity. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information about me (depending on program requirements) include, but are not limited to previous landlords (including public housing authorities), courts and post office, schools, and colleges, support and alimony providers, past and present employers, welfare agencies, Social Security Administration, medical and childcare providers, Veteran's Administration, retirement systems, banks and other financial institutions, credit bureaus, and utility companies.

COMPUTER MATCHING NOTICE AND CONSENT

I understand that HUD or JMHA may conduct computer-matching programs to verify the information supplied for my application or re-certification. If computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or JMHA may, in the course of its duties, exchange such automated information with other Federal, State or local agencies, including but not limited to: state employment agencies, Department of Defense, Office of Personal Management, the U.S. Postal Service, the Social Security Administration and State Welfare and Food Stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with JMHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

Head of Household	Print Name	Date
Adult Household Member	Print Name	Date
Adult Household Member	Print Name	Date
Adult Household Member	Print Name	Date



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Please list **FIVE (5)** years of rental history starting with the most recent for **ALL** adult household members.

Please use the back of this page for additional information, if necessary.

1. **Current Address:** _____
City: _____ State: _____ Zip Code: _____
Landlord's name & contact information (if applicable): _____
How long at this address: _____ Years _____ Months
Who are you staying with: _____
2. **Former Address:** _____
City: _____ State: _____ Zip Code: _____
Landlord's name & contact information (if applicable): _____
How long at this address: _____ Years _____ Months
Who were you staying with: _____
3. **Former Address:** _____
City: _____ State: _____ Zip Code: _____
Landlord's name & contact information (if applicable): _____
How long at this address: _____ Years _____ Months
Who were you staying with: _____
4. **Former Address:** _____
City: _____ State: _____ Zip Code: _____
Landlord's name & contact information (if applicable): _____
How long at this address: _____ Years _____ Months
Who were you staying with: _____
5. **Former Address:** _____
City: _____ State: _____ Zip Code: _____
Landlord's name & contact information (if applicable): _____
How long at this address: _____ Years _____ Months
Who were you staying with: _____



AMP: _____

AUTHORIZATION FOR RELEASE OF INFORMATION RECORDS OF ARRESTS AND PROSECUTIONS

Applicant Name: _____

Have you ever used another name? (Example: Birth Name, Alias) ☐ Yes ☐ No

If yes, please list: _____

Social Security Number: _____ Phone Number: _____

Date of Birth _____ Sex: ☐ Male ☐ Female

Race: ☐ Black ☐ White ☐ Asian ☐ Native American ☐ Island Pacific ☐ Other

Which state(s) have you resided in for the last ten (10) years: _____

This person has applied for housing assistance under a program of the U. S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing this information and returning it to the person listed at the top of this page. Your prompt return of this information will ensure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

Applicant/Tenant Statement of Release:

I understand that my eligibility for housing assistance may be affected by the nature and extent of any criminal history that I may have. I have disclosed my criminal history (if any) on my application for housing assistance, and hereby authorize Jefferson Metropolitan Housing Authority to request verification from local, State, or Federal law enforcement agencies and court records.

Applicant/Tenant Signature

Date

**BELOW THIS LINE IS
FOR OFFICE USE ONLY**

Result of Search:

_____ No record has been found

_____ Copy of record is attached

Signature of Police/Court/or Authorized Official and Title

Date



NOTICE OF OCCUPANCY RIGHTS UNDER THE
VIOLENCE AGAINST WOMEN ACT
HUD-5380: Housing Rights for Victims

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act ("VAWA")? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act ("VAWA"). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact
HOPWA PROVIDERS --

or go to

. You can read translated VAWA forms at
https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act's Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.



NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request.

To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan,

The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.



NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYL, etc.), see also program specific guidance)	If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing. If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90-calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.



NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. **BUT** the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.



**NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Rights for Survivors**

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.



U.S. Department of Housing and Urban Development
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Exp. 1/31/2028

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age or actual or perceived sexual orientation, gender identity, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, or (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact _____; FOR HOPWA PROVIDERS – _____ or go to _____.

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your



covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact

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

1. Name(s) of victim(s): _____
2. Your name (if different from victim's): _____
3. Name(s) of other member(s) of the household: _____
4. Name of the perpetrator (if known and can be safely disclosed): _____

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

- ☐ Phone Phone Number: _____
Safe to receive a voicemail: ☐ Yes ☐ No
- ☐ E-mail E-mail Address: _____
Safe to receive an email: ☐ Yes ☐ No
- ☐ Mail Mailing Address: _____
Safe to receive mail from your housing provider: ☐ Yes ☐ No
- ☐ Other Please List: _____

6. Anything else your housing provider should know to safely communicate with you?



Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others or
- (2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

Signature

Date

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.