

# Springfield Housing Authority

80 Main Street, Springfield, Vermont 05156  
Voice: (802) 885-4905 Fax: (802) 885-5857  
TDD/TTY 1-800-545-1833 Ext. 865  
[www.springfieldhousingauthorityvt.org](http://www.springfieldhousingauthorityvt.org)

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## INSTRUCTIONS FOR COMPLETING THE APPLICATION

Thank you for your interest in obtaining housing at one of our properties. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

1. Please print clearly, in black or blue ink.
2. All questions must be answered. Incomplete applications will be returned.
3. Be sure that all household members 18 years of age or older sign both the Application Certification and Releases of Information attached.
4. A copy of a Birth Certificate and a copy of a Social Security Card must be attached for each household member.
5. Unmarried adults residing together must complete separate applications.
6. If you are claiming a Springfield/North Springfield, VT resident preference, please provide proof of residency or employment.

**ALL APPLICANTS MUST SUCCESSFULLY PASS A CREDIT AND CRIMINAL BACKGROUND CHECK FOR ADMISSION.**

Please call our office at (802) 885-4905 if you have any questions, or you may e-mail us at [lrsha@vermontel.net](mailto:lrsha@vermontel.net).

Please mail your completed application to:

Springfield Housing Authority  
80 Main St. Springfield, VT 05156

The Springfield Housing Authority does not discriminate on the basis of handicapped status in admission or access to, or treatment or employment in its federally assisted programs and activities. The Springfield Housing Authority supports Equal Housing Opportunity for everyone.



SPRINGFIELD HOUSING AUTHORITY  
80 Main Street  
Springfield, Vermont 05156  
Tel. (802) 885-4905



**Applications will be returned if not completed in full**

**I/We are applying for:**

- ELLIS** – Family Housing, 1-Bedroom Units. (Apartments are located on 2<sup>nd</sup> & 3<sup>rd</sup> floor – NO elevator access.)
- MAPLES\*** – Elderly/Disabled Housing, 1-Bedroom Units, Elevator Access
- MOUNTAIN VIEW\*** – Family Housing, 1, 2 & 3 Bedroom Units.
- WHITCOMB / HUBER\*** – Elderly/Disabled Housing, 1-Bedroom Units, Elevator Access
- WESTVIEW** -- Family Housing, 1, 2, 3 & 4 Bedroom Units.
- WOOLSON\*** -- Family Housing, 1 & 2 Bedroom Units.

**\*Subsidy may be available to qualified applicants.**

APPLICANT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ HEAD WORK #: \_\_\_\_\_ SPOUSE WORK #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

- I prefer electronic communication.
- I prefer written/mailed communication.

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

**FAMILY COMPOSITION**

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

**\*\*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 and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, age, disability, marital status, receipt of public assistance, or because a person is a victim of abuse, sexual assault, or stalking 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 based on visual observation or surname.**

	Head of Household	Person 2	Person 3	Person 4
First Name				
Middle Initial				
Last Name				
Relationship	<i>Head of Household</i>			
Social Security Number				
Place of Birth				
Date of Birth				
Live in Unit Full Time (circle answer)	YES NO	YES NO	YES NO	YES NO
Live in Unit Part Time (circle answer)	YES NO	YES NO	YES NO	YES NO
Marital Status: (married, single, divorced, legally separated, or estranged)				
Sex: Male, Female, Other				
Ethnicity – Are you Hispanic or Latino?	YES NO	YES NO	YES NO	YES NO
Race – Please indicate one or more. Examples: American Indian, Alaska Native, Black or African American, Native Hawaiian, Pacific Islander, White or Other				
Other Names Used – Maiden or Aliases				
Have you been a full time student in the past 12 months?	YES NO	YES NO	YES NO	YES NO
Do you plan on being a full time student in the next 12 months?	YES NO	YES NO	YES NO	YES NO
Citizenship status: (please circle one)	US Citizen  Eligible Non-citizen  not contending eligible immigration status	US Citizen  Eligible Non-citizen  not contending eligible immigration status	US Citizen  Eligible Non-citizen  not contending eligible immigration status	US Citizen  Eligible Non-citizen  not contending eligible immigration status

Please list ALL states lived in by any adult member of the household: \_\_\_\_\_

Do you anticipate any changes to household size in the next 12 months, Explain? \_\_\_\_\_

Do you have primary custody of all children listed in the Family Composition Section? \_\_\_\_\_

Are there any absent household members not listed in the Family Composition section?  YES  NO If YES, please explain: \_\_\_\_\_

Does anyone live with you now who is not listed above?  YES  NO If YES, please explain: \_\_\_\_\_

Do you certify that the unit will serve as your household's sole residence?  YES  NO

Do you claim handicapped or disabled status for you or spouse for eligibility purposes?  YES  NO

If YES, name of person or agency who certified your handicap or disability:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Identify any special housing needs required as a result of the handicap: \_\_\_\_\_

Does someone have legal guardianship of you, or any household adults, as determined by a court in your state of legal residence?  
 YES  NO If YES, please provide the name, phone number, and complete mailing address: \_\_\_\_\_

*If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.*

**LIST NAME, ADDRESS AND PHONE NUMBERS OF CURRENT LANDLORD AND PREVIOUS LANDLORD. (Must have information from last ten (10) years. The owner or manager of the property is to be listed as the contact person. Complete mailing addresses are required for landlords. If you shared the unit with someone, list them as another member of that household. If you need more space, you may use a separate piece of paper.**

1. Landlord \_\_\_\_\_ 2. Landlord \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Tenants address \_\_\_\_\_ Tenants address \_\_\_\_\_

3. Landlord \_\_\_\_\_ 4. Landlord \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Tenants address \_\_\_\_\_ Tenants address \_\_\_\_\_

**CREDIT REFERENCES (Electric, Phone, Heating, Cable, etc.)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Do you give permission for us to do a credit check?  YES  NO

**CURRENT HOUSING STATUS**

How many bedrooms in your unit now? \_\_\_\_\_ How many bedrooms do you require? \_\_\_\_\_

Are you being evicted?  YES  NO If YES, explain the circumstances: \_\_\_\_\_

Do you owe the landlord money?  YES  NO If YES, please explain: \_\_\_\_\_

Are you being displaced from your present unit?  YES  NO If YES, explain the circumstances: \_\_\_\_\_

What is your current rent? \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week) What utilities do you pay? \_\_\_\_\_

Are you now living in a government subsidized unit? (e.g., Public Housing, Section 8, Section 236, or Section 221 (d) (3) subsidized project)  YES  NO. If yes, where and what dates? \_\_\_\_\_

Have you ever lived in Subsidized Housing?  YES  NO If YES, where? \_\_\_\_\_

Have you ever previously applied for, or lived in housing owned and/or managed by the Springfield Housing Authority?  Yes  No

Have you ever participated in the Section 8 Existing Program?  YES  NO If YES, where and dates: \_\_\_\_\_

**INCOME INFORMATION**

List ALL sources of income, including but not limited to wages, self-employment, social security, welfare benefits, pensions, interest, dividends, alimony, child support, unemployment compensation, commissions, etc. for all household members. Include ALL income, even if you believe that it should not be counted for benefit purposes.

Member Name	SOURCE OF INCOME/TYPE OF INCOME AND COMPLETE MAILING ADDRESS	Monthly Amount

Do you anticipate any changes of income in the next 12 months?  YES  NO If YES, please explain: \_\_\_\_\_

**ASSETS INFORMATION**

List all asset accounts, including but not limited to checking and savings accounts; IRA's, other retirement accounts, Direct Express, EBT card balances and Certificates of Deposit of all household members, including amounts disposed of during the past two years.

Member Name	Bank Name with Complete Mailing Address	Interest Rate	Account Type (checking, savings, IRA, etc.)	Current Balance

List value of all stocks, bonds, trusts, pension contributions, or other assets: \_\_\_\_\_

Do you own a home or other real estate?  YES  NO If YES, what is the current market value of the asset? \_\_\_\_\_

Have you sold or given away real estate or other assets in the past two years?  YES  NO

If YES, what is the current market value of the asset? \$ \_\_\_\_\_

**EXPENSES**

Do you pay child care which enables you or another family member to work or go to school?  YES  NO. If yes, give name and address of child care provided, weekly cost and name of family member enabled to work: \_\_\_\_\_

Is any part of the child care expenses paid for or reimbursed by another party?  Yes  No

**HANDICAPPED FAMILIES ONLY**

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work?  YES  NO If YES, describe expenses: \_\_\_\_\_

**ELDERLY/HANDICAPPED FAMILIES ONLY**

**MEDICAL ALLOWANCES** (Use additional pages if necessary)

Member Name	Description (Include name and Complete Mailing Address)	Amount	Anticipated Amount for next 12 months.
		\$	
		\$	
		\$	
		\$	
		\$	

Do you have Medicare?  YES  NO If YES, what is your monthly premium? \$ \_\_\_\_\_

Do you have any other kind of medical insurance?  YES  NO If YES, give policy number and agent's name and address: \_\_\_\_\_

Do you receive medical assistance through the Welfare department?  YES  NO

Do you have any outstanding medical bills on which you are paying?  YES  NO

Do you expect to have any medical expenses during the next 12 months?  YES  NO If YES, what is the anticipated amount and type of these expenses? \_\_\_\_\_

Do you have a personal care assistant?  YES  NO If YES, give details: \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION**

For purposes of notice, are you or any member of your household in the military? [ ] YES [ ] NO. If you checked yes, please provide an address where you or your household member can be reached: \_\_\_\_\_

Do you, or any member of your household, use marijuana for any purpose (recreational or medicinal)? [ ] YES [ ] NO

Do you, or any member of your household, smoke tobacco? [ ] YES [ ] NO

All of our properties are smoke-free. No one is permitted to smoke inside of any building, or outside of a designated smoking area. Do you agree that all of your family members and guests will abide by this policy? [ ] YES [ ] NO

Do you, or any member of your household, currently use illegal drugs or abuse alcohol? [ ] YES [ ] NO

Do you hold that the apartment you are applying for will be the household's primary residence and that you will not maintain a separate residence at another location? [ ] YES [ ] NO

Do you have a pet? [ ] YES [ ] NO If YES, please give type (dog, cat, etc.): \_\_\_\_\_

Are you a current resident of or employed in Springfield, Vermont? [ ] YES [ ] NO.

*If you checked yes, we will need documentation (utility bill, housing lease, or drivers license, etc.)*

Do you own an automobile? [ ] YES [ ] NO If YES, please give Registration Number: \_\_\_\_\_

Have you ever filed bankruptcy? [ ] YES [ ] NO Have you ever been asked to leave your housing unit? [ ] YES [ ] NO

Have you ever been served a Notice to Quit? (received an eviction notice) [ ] YES [ ] NO

**DRUG AND CRIMINAL ACTIVITY / EVICTION HISTORY**

**FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG OR VIOLENT CRIMINAL ACTIVITIES**

Have you or any member of your household ever been arrested, charged or convicted of any drug or alcohol related or violent criminal activity? [ ] YES [ ] NO. If yes, please explain and where it occurred: \_\_\_\_\_

Have you or any member of your family ever been convicted of a crime? [ ] YES [ ] NO. If yes, please explain and where it occurred: \_\_\_\_\_

Have you or any family member been involved in any legal action in the last (5) years? [ ] YES [ ] NO. If yes, please explain and where it occurred: \_\_\_\_\_

Is any member of your household registered as a sex offender? [ ] YES [ ] NO. If you checked yes, which household member(s) and in what State(s) are they registered : \_\_\_\_\_

Has anyone in the household been evicted from RAD/HUD, Section 8 Housing or Rural Development properties for any reason, including drug or criminal activity? [ ] YES [ ] NO. If Yes, name of agency and address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date of eviction: \_\_\_\_\_

Have you or any member of the household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, please explain and give State and date: \_\_\_\_\_

**I/We certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We understand that false statements or information are grounds for termination of housing assistance, termination of tenancy, and/or retroactive rent increases.**

**My/Our signature(s) below constitutes my/our consent to have the Springfield Housing Authority conduct a background check, including verification of the information contained herein. I/We hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the Springfield Housing Authority processing this application and performing the background check.**

**“I have read and understand this statement.”**

Signature of Head: \_\_\_\_\_

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

Signature of Spouse: \_\_\_\_\_

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

Signature of Other Adult: \_\_\_\_\_

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



**APPLICANT CERTIFICATION**

**Giving True and Complete Information** – I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

**Reporting Changes in Income or Household Composition** – I know I am required to report immediately in writing any changes in income and in the household size. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance** – I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance** – I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Springfield Housing Authority immediately in writing. I will not sublease my assisted residence.

**Cooperation** – I know I am required to cooperate in supplying any information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays and termination of assistance.

**Criminal and Administrative Actions for False Information** – I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

**Signatures of All Household Adults**

**Date**

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**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: (Check all that apply)</b>	
<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.

**SPRINGFIELD HOUSING AUTHORITY**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ & SIGN THIS FORM**

**PURPOSE**

The Springfield Housing Authority (SHA), herein after referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

**AUTHORIZATION**

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

I also consent for the PHA to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violation of my lease or PHA policies.

**INQUIRIES MAY BE MADE ABOUT**

- Child Care Expenses
- Handicapped Assistance Expenses
- Credit History
- Identity and Marital Status
- Criminal History and Activity
- Law Enforcement Records
- Probationary Records
- Medical Expenses
- Family Composition
- Social Security Numbers
- Employment, Income, Pensions and Assets
- Residences and Rental History
- Federal, State, Tribal or Local Benefits
- Community Support Assistance
- Utility Consumption

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE**

- Banks and Other Financial Institutions
- Local/State/Federal Courts
- Local/State/Federal Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Schools and Colleges
- Landlords
- Local Community Social Service Agencies
- Utility Companies
- State Welfare Agencies
- Providers of:  
Alimony, Child Care, Child Support

**CONDITIONS**

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in SHA housing programs or a resident in a SHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated. I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the SHA.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse	_____ Print Name	_____ Date
_____ Signature of Adult Member	_____ Print Name	_____ Date
_____ Signature of Adult Member	_____ Print Name	_____ Date

## Confidentiality

Any information or documentation provided to a housing agency or owner by a victim of domestic violence, dating violence, or stalking must be kept in confidence. No information or documentation may be (a) entered into any shared databases or (b) disclosed to "any related entity" except under the following conditions:

1. The victim requests or consents to the disclosure in writing.
2. The disclosure is required for use in an eviction proceeding.
3. The disclosure is otherwise required by applicable law.

For more information, contact:

Springfield Housing Authority  
80 Main Street  
Springfield, VT 05156  
Tel: 802-885-4905  
Fax: 802-885-5835

This brochure was designed to meet the requirements of HUD's Notice PIH-2006-003

## CERTIFICATION OF VICTIM STATUS

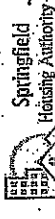
VAWA gives housing agencies and owners the discretion to provide benefits to an individual based solely on the individual's statement or other corroborating evidence. However, the Act also permits housing agencies and owners to request that victims attest to their status by signing a HUD-approved certification form. The form must meet the following standards:

1. It must require the individual signing it to certify that she or he is the victim of "bona fide" incidents of actual or threatened domestic violence, dating violence, or stalking, as defined and described in VAWA.
2. It must include the name of the perpetrator.
3. It must be provided within 14 business days unless the housing agency or owner requesting the form extends the deadline.

VAWA provides the victim the alternative of providing the housing agency or owner one of the following types of documentation:

1. A local police or court record
2. Documentation signed by a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking. The signer must attest under penalty of perjury (2) that the abuse the victim has suffered is a bona fide incidence of domestic violence, dating violence, or stalking and (b) that the victim has signed or approved the documentation.

Failure on the part of the victim to provide certification within the allotted time voids the protections provided by VAWA.

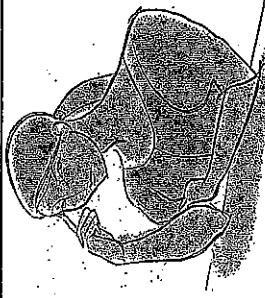


VIOLENCE AGAINST

WOMEN IN

FEDERALLY FUNDED

RENTAL ASSISTED HOUSING



Learn About Your Rights  
as a Victim of

Domestic Violence



## BACKGROUND

The Violence Against Women Act (VAWA) of 2005 is an amended version of the 1994 VAWA which provided new protections for victims of domestic violence, dating violence, or stalking. These protections include provisions protecting victims who live in public housing or who are receiving housing assistance under the federal housing voucher program. The information contained in this brochure is intended to inform you of your rights and responsibilities under VAWA.

## DEFINITIONS

**"Domestic Violence"** - The term "domestic violence" includes a felony or misdemeanor crime of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any person against an adult or youth victim who is protected from that person's act under the domestic or family violence laws of the jurisdiction.

**"Dating Violence"** - The term "dating violence" means violence committed by a person "(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) 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; (iii) The frequency of interaction between the person involved in the relationship."

**"Stalking"** - The term "stalking" means engaging in a course of conduct that causes a victim to fear for the safety of the victim or another person, or the safety of the victim's property.

## What Protections Are Provided by VAWA?

There are two areas of protection for those persons seeking or receiving assistance under the federally funded public housing program or voucher program.

1. **Denial of Assistance**-The law provides that you cannot be denied assistance because you are a victim of domestic violence, dating violence, or stalking if you are otherwise qualified to receive such assistance.

2. **Termination of Tenancy or Assistance**-The law further protects those who are currently receiving federal housing assistance from losing assistance or housing solely on the basis of their status as a victim of domestic violence, dating violence, or stalking.

In summary, VAWA, prevents housing agencies and owners from considering actual or threatened domestic violence, dating violence, or stalking as a cause for terminating the tenancy, occupancy, or program assistance of the victim. Such violence or stalking may not be considered (1) as a serious or repeated violation of the lease by the victim, (2) as other good cause for terminating the tenancy or occupancy rights of the victim, or (3) as criminal activity justifying the termination of the tenancy, occupancy rights, or program assistance of the victim.

## What About the Perpetrator?

If the perpetrator is a member of the victim's household, the agency administering the voucher or public housing programs has the authority to require the individual to leave the household as a condition of providing continued assistance to the remaining members of the family. Additionally, if the law allows, the housing

agency has the authority to bifurcate a lease, or divide it into two parts to deal with family members who engage in criminal acts of physical violence against family members or others. Bifurcation would allow the housing agency or owner to take eviction or termination action against a perpetrator of physical violence without penalizing the victim.

## What Are the Limitations of VAWA?

Housing agencies and owners retain the authority to terminate the tenancy, occupancy, or program assistance of a victim under either of the following conditions:

1. The termination is for a lease violation premised on something other than an act of domestic violence, dating violence, or stalking against the victim, and the housing agency or owner is holding the victim to a standard no more "demanding" than the standard to which other tenants are held.
2. The housing agency or owner can demonstrate an "actual and imminent threat to other tenants or those employed at or providing service to the property" if the tenancy, occupancy, or program assistance of the victim is ter-

## FOR ADDITIONAL INFORMATION ON VAWA

\*National Domestic Violence Hotline

1-800-799-SAFE (7233)

1-800-787-3224 (TDD)

<http://www.vawd.org/>

HUD Housing Discrimination Hotline

1-800-669-9777