

ANNUAL STUDENT CERTIFICATION

Effective Date: _____ Move-in Date: _____ <div style="text-align: center; font-size: small;">(MM/DD/YYYY)</div>

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 _____ Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.

- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.

- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Are all adults single parents <i>and</i> neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.*

All household members age 18 or older must sign and date.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

REQUEST FOR VERIFICATION OF ASSETS

TO _____
 (Name of Financial Institution)

(Address)

(City, State and Zip Code)

DATE _____

RE _____
 (Applicant Name)

SS# _____

The person listed above has indicated that he or she has accounts with your institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

I hereby authorize the above management agent to make inquiries regarding my accounts for the purpose of determining my eligibility for occupancy.

Signature: _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY THE FINANCIAL INSTITUTION:

Account Holder's Name: _____

Type of Account or Asset and/or Account #	Withdrawal Penalty	Average Balance for the Last 6 Months	Current Balance or Value of Asset	Current Interest Rate or Yearly Dividend Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 (Authorized Signature) (Date)

 (Title) (Phone)

PLEASE RETURN FORM TO:

 (Name and Title)

 (Address)

 (City, State and Zip Code)

CHILD SUPPORT AND/OR SPOUSAL SUPPORT VERIFICATION

(To be completed by person providing the support)

TO: _____ DATE: _____

RE: _____

(Applicant/Resident Name)

The person listed above has indicated that he or she is receiving support payments from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

I hereby authorize the above named management agent to make inquiries regarding my child support/alimony for the purpose of determining my eligibility for occupancy.

Signature _____ Date _____

This will certify that I pay \$ _____ per _____ in **child support** to _____
_____ for the support of _____

AND/OR

This will certify that I pay \$ _____ per _____ in **alimony** to _____

Signature of Father/Mother/Former Spouse: _____ Date _____

PLEASE RETURN FORM TO:

(Name and title)

(Address)

(City, State and Zip Code)

CHILD SUPPORT VERIFICATION REQUEST

TO: Virginia Division of Child Support Enforcement

Custodial Parent/Applicant

Applicant's Social Security Number

DCSE Case Number

The above-referenced applicant has made application for residency at our community. This individual states that he/she may be receiving payments through your agency. For the applicant to be eligible to apply for housing, an authorized associate at your agency must complete this form. All information provided by you will remain confidential. We appreciate your prompt attention to this verification. If you have any questions, please feel free to contact us at _____.

Thank you.

Management Agent

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the above-named management agent to make inquiries to the Virginia Division of Child Support Enforcement Programs for the purpose of determining my eligibility for occupancy. This consent is limited to child support and alimony payment information only.

Printed Name of Applicant

Signature of Applicant/Date

TO BE COMPLETED BY CHILD SUPPORT ENFORCEMENT

This will certify that the above-named person receives \$ _____ per _____ in child support and/or \$ _____ per _____ in alimony. (A copy of the DCSE Case Account Statement for this client may be substituted.)

DCSE Authorized Representative

Date

PLEASE RETURN FORM TO:

Name and Title

Address

City, State and Zip Code

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY RESIDENT

*This form must be mailed or faxed to the applicant's/resident's employer by on-site personnel.
The resident cannot "hand-carry" this form to his/her employer.*

TO: (Name & address of Employer)

1st Request _____

2nd Request _____

Fax #: _____

Attn: _____

RE: _____
Applicant/Resident Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Resident

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" if hours or amounts are not applicable.

Employee Name: _____ Job Title: _____

Presently Employed: Yes ____ No ____ Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Number of regular hours per week: _____

Overtime Rate: \$_____ per hour Number of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Number of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly

Does the employee participate in a 401(K) Retirement Account? YES NO Can employee access the account? YES NO

What is the total amount in the 401(K) that is accessible to the employee without terminating or retiring? \$_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

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

FOSTER CARE VERIFICATION FORM
(For use in verifying full time student eligibility)

TO: (Name & address)

RE: _____
Applicant/Tenant Name

Applicant/Tenant Address/ City / State / Zip Code

I hereby authorize release of the requested information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that provides an exemption from a prohibition against full time students if the student was previously in foster care. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY PUBLIC AUTHORITY

For purposes of determining the eligibility of full time students formerly in out-of-home placement in a foster care system governed by Title IV, part B or E of the Social Security Act Foster Care Eligibility Program, the above referenced individual:

- Has previously been in foster care from _____ to _____
- Has not previously been in foster care

Dept of Social Services/ Human Services

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Address _____

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

RECURRING GIFT VERIFICATION

DATE: _____

TO: _____
ADDRESS: _____
TEL: _____ FAX: _____

FROM: _____
ADDRESS: _____
MANAGER: _____
TEL: _____ FAX: _____

Mr./Ms. _____ has applied for residency. As part of our processing, it is necessary to obtain verification of gift income. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

RELEASE STATEMENT

I hereby authorize the above named management agent to make inquiries regarding recurring gift and contribution for the purpose of determining my eligibility for occupancy.

SIGNATURE _____

DATE _____

THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

I, _____, hereby certify that I contribute \$ _____ (a) per _____ (b) (frequency: weekly, monthly, yearly, etc..) to the above named household for the purpose of _____.

Are any changes to the above amount expected within the next twelve (12) months? Yes No

If yes, please complete the following:

Date of Expected Change: _____

Anticipated Monthly Gross Amount: _____

Printed Name of Person Completing _____

Signature of Person Completing _____

Phone _____

Date _____

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT _____

DATE _____

PRINTED NAME _____

TELEPHONE _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtain federal funds.

RECURRING GIFT VERIFICATION

MILITARY PAY VERIFICATION

TO: _____ DATE: _____
(Name and address of employer)

RE: _____
(Employee Name)

The person listed above has indicated that he or she is employed by the military. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

I hereby authorize the above named management agent to make inquiries regarding my employment for the purpose of determining my eligibility for occupancy.

SIGNED _____ DATE _____

Gross Earning anticipated over the next 12 months:

Monthly Gross Basic Pay _____
BAH/VHA/BAQ _____
Commuted Rations _____
Clothing Allowance _____
Other Special Pay (ex: sea pay/sub pay, etc.) _____
Imminent Danger Pay/Hazardous Duty Pay _____

Total Annual Entitlement: _____ Total Monthly Entitlement: _____

Grade Level: _____ Probability of Continued Enlistment: _____

Authorized Official Name and Title: _____

Signature: _____ Date: _____

Military Agency: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

PLEASE RETURN TO:

(Name and title)

(Address)

(City, State and Zip Code)

NON-CHILD SUPPORT AFFIDAVIT

This Affidavit is to be signed by any individual who claims no Child Support income on an Application.

Check (A), (B) or (C) as applicable.

I am not presently receiving Child Support for the following reason:

- A. Child Support is court-ordered, however, I am not receiving payments at this time.
[If box A is checked, management must obtain third-party verification showing no payments have been received to ensure that the household is income qualified.]
- B. Child Support is not court-ordered and I do not anticipate receiving any within the next twelve months.
- C. Unable to locate absent parent.
- D. Absent parent is incarcerated.

This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

(Applicant /Resident Signature)

(Date)

(Witness)

(Date)

NON-EMPLOYMENT AFFIDAVIT

This Affidavit is to be signed by any individual who is 18 years of age and over who claims no employment income on an Application.

Check (A) or (B) as applicable.

- A. I am not presently employed but have been offered employment with _____ (company name) to begin work on (date)_____.

[If A. is selected, obtain verification of expected earnings from the employer and include the amount with third-party verified income of other household members to ensure that the household is income qualified.]

- B. I am not presently employed in any capacity. I am not under any affirmative obligation to obtain employment and do not anticipate becoming employed within the next twelve months.
 I do not receive unemployment compensation or other benefits as a result of my non-employed status.

I do receive benefits from _____
[If other benefits are received (ex: Social Security), obtain verification of amounts and include with third-party verified income of other household members to ensure that the household is income qualified.]

This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

(Applicant /Resident Signature)

(Date)

(Witness)

(Date)

PENSION OR WORKERS COMPENSATION VERIFICATION

TO: _____ DATE: _____

_____ (Claim number)

RE: _____

(Client or Employee)

_____ (Social Security Number)

The person listed above has indicated that he or she is receiving payments from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

You are hereby authorized to furnish all information requested on this inquiry.

Signature: _____ Date: _____

WORKERS COMPENSATION INFORMATION:

Payments to Employee \$ _____ Weekly _____ Monthly _____

Weeks or amount still to be paid _____

Effective date: _____ Ending date (if known): _____

PENSION INFORMATION:

Retirement Pension Number _____

Current Gross Monthly Retirement Income \$ _____

Total Gross Pension Income expected for the next 12 months \$ _____

Remarks: (Please indicate any anticipated changes.) _____

By: _____ Date: _____

Title: _____ Phone: _____

Please Return Form To:

(Name and title)

(Address)

(City, State and Zip Code)

Household Race/Ethnicity/Disability Reporting Form

Virginia Housing requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties.

Although Virginia Housing would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. Federally assisted properties (HUD/RD) should continue to use collection formats mandated for those programs.

Property Name: _____ Unit #: _____

The following Race codes should be used when completing the table below:

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 4 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

The following Ethnicity codes should be used when completing the table below:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see [24 CFR 100.201](#).
- “Disability” **does not include** current, illegal, use of or addiction to a controlled substance.
- This form should not be used to document requests for reasonable accommodations. Instructions regarding further inquiries related to documenting a specific need for a reasonable accommodation may be found on the [HUD website](#) or Virginia Code in Sections [36-96.1:1](#); [36-96.3:1](#) and [36-96.3:2](#).

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants’ Signatures:

_____(date) _____(date)

_____(date) _____(date)

_____(date) _____(date)

VERIFICATION OF SOCIAL SERVICES

CLIENT: _____

DATE: _____

ADDRESS: _____

TO WHOM IT MAY CONCERN:

The client listed above has indicated that he or she is receiving income from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signature: _____ Date: _____

Monthly payment from this Agency:

TANF _____

General Relief/Assistance _____

Child Support Disregard _____

Other _____

Other Known Income _____

Remarks - Please indicate any anticipated changes in:

(1) The monthly payment:: _____

(2) The family status of the Applicant: _____

Social Service Worker: _____

(Signature)

(Title)

(Date)

(Phone)

Please Return To:

(Name and title)

(Address)

(City, State and Zip Code)

STUDENT STATUS AND FINANCIAL AID VERIFICATION

TO: (Name & Address of Educational Institution) RE:

 Applicant/Tenant Name

FROM: (Name & Address of Owner/Management Agent)

 Student ID Number (if applicable): Unit Number (if assigned)

Contact _____ at () _____
 or by email at _____ if you have any questions.
 Thank you for your prompt response. All information is confidential.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent. (NOTE: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.)

 Signature of Applicant/Tenant

 Date

THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

Please complete all information requested below. Write N/A if not applicable.

1. Student currently attends school (please circle one): Full Time Part Time Not Currently Enrolled
2. If full time, the date the student enrolled as such: _____ / _____ / _____
3. Expected date of graduation: _____ / _____ / _____
4. Does student attend summer session? Yes No
5. Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or a similar program? Yes No
6. Total cost of tuition and required fees (do not include room and board) \$ _____
7. Total financial assistance including scholarships, grants, etc. per semester (public or private, excluding student loans):

	Source	Amount	Beginning Date	Ending Date
Scholarships		\$		
Grants		\$		
Work Study		\$		

I hereby certify that the statements above are true and complete to the best of my knowledge.

 Signature

 Date

 Print Name

 Title

 Address

 Email Address

 City, State Zip

 Phone

Penalties for Misusing This Content: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name: _____

Building Address: _____

Unit Number if assigned: _____

I hereby grant disclosure of the information requested below from _____
Name of Educational Institution

Applicant/Resident Signature

Date

Printed Name

Student ID#

Return Form to:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Print your name: _____

Tel. #: _____

Title: _____

Educational Institution: _____

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

EXAMPLE

Notice to Applicants and Residents of Housing Programs Covered by the Violence Against Women Act (VAWA)

To applicants and residents:

A federal law was reauthorized on March 7, 2013 and provided new housing protections for individuals who are victims of domestic violence, dating violence, sexual assault or stalking. The name of the law is the Violence Against Women Act, or "VAWA." This notice is being provided to you because you are an applicant or resident of a program covered under VAWA and you have (a) been admitted to housing under one of the covered programs; (b) been denied residency in housing under one of the covered programs; (c) been notified of eviction or termination of assistance from housing covered by VAWA; or (d) requested an emergency transfer due to your belief that you are at risk of further violence or have been sexually assaulted on the premises within the last 90 days.

Programs covered under VAWA include:

- Public housing;
- Section 8 Housing Choice Voucher program;
- Section 8 Project-based housing;
- Section 202 housing for the elderly;
- Section 811 housing for people with disabilities;
- Section 236 multifamily rental housing;
- Section 221(d)(3) Below Market Interest Rate (BMIR) housing;
- HOME program;
- Housing Opportunities for People with Aids (HOPWA);
- McKinney-Vento Act Programs;
- Rural Development (RD) multifamily housing programs; and
- Low-Income Housing Tax Credit (LIHTC) program.

Along with this notice, VAWA requires owners and landlords of the above housing programs to provide a form on which you can certify that you are a victim of domestic violence, dating violence, sexual assault or stalking. This notice further explains your rights under VAWA.

Protections for Victims

If you are eligible for any of the housing programs listed above, a housing provider cannot refuse to admit you or rent to you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault or stalking that are caused by a member of your household or a guest cannot be the reason for evicting you or terminating assistance if you were a victim of the abuse.

Reasons You Can Be Evicted

A housing provider can still evict you if it can show there is an actual and imminent (immediate) threat to other tenants, housing authority staff or employees on the property if you are not evicted. Also, the housing provider may evict you for serious or repeated lease violations that are not related to the

domestic violence, dating violence, sexual assault or stalking against you. The housing provider cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing provider may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the unit. If the housing provider chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing provider must follow federal, state, and local eviction procedures.

In addition, any tenant remaining in the unit has the opportunity to establish eligibility for the applicable housing program. If no tenant can establish eligibility, then the housing provider must give the tenant reasonable time to find new housing or to establish eligibility under another program covered by VAWA.

Moving to Protect Your Safety and Emergency Transfers

If you have a Section 8 voucher, the housing authority may permit you to move and still keep your rental assistance, even if your current lease has not yet expired. The housing authority may require that you be current on your rent or other obligations under the Section 8 program. The housing authority may ask you to provide proof that you are moving due to incidents of abuse.

In addition, you can request an emergency transfer from your housing provider if you believe that you will face imminent harm from further violence by remaining in the unit or you are a victim of sexual assault and the assault occurred on the property within 90 days of the transfer request.

Proving that You are a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

The housing provider can ask you in writing to prove or "certify" that you are a victim of domestic violence, dating violence, sexual assault or stalking. The housing provider must request certification in writing and give you at least 14 business days to provide this proof. The housing provider may – but is not required to – extend this deadline. There are three ways that you can prove that you are a victim:

1. Complete the certification form given to you by the housing provider. This form will ask for your name, the name of the perpetrator (if known and safe to provide), and a description of the incident(s).
2. Provide a statement from a victim service provider, attorney, mental health professional or medical professional who has helped you address incidents of domestic violence, dating violence, sexual assault or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury;" or

3. Provide a police, administrative or court record that demonstrates that you have experienced domestic violence, dating violence, sexual assault or stalking.

If you fail to provide one of these documents within 14 business days, your landlord may move forward with the eviction process, and a housing authority may move forward with termination of your rental assistance.

Conflicting Proof

If a housing provider receives conflicting information regarding the incident(s) of domestic violence, dating violence, sexual assault or stalking, then you may be required to provide any above-mentioned documentation from a third-party, such as a statement from a victim service provider or medical professional.

Confidentiality

The housing provider must keep confidential any information you submit about the violence against you, unless:

- You give written permission to the housing provider to release the information;
- Your housing provider needs to use the information in an eviction proceeding, such as to evict your abuser; or
- A law requires the housing provider to release the information.

The housing provider can only disclose information about the violence in the above instances and you must be informed of any and all disclosures. You should inform the housing provider if your safety will be placed at risk if the housing provider discloses the information about the violence against you.

VAWA and Other Laws

VAWA does not limit the housing provider's duty to honor court orders about access to or control of the property. This includes orders issued to protect the victim and orders dividing property among household members in cases where a family breaks up.

For Additional Information

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-7233 or 1-800-787-3224 (TTY).

Definitions

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines "domestic violence" as felony or misdemeanor crimes of violence committed by:

- A current or former spouse or intimate partner of the victim;
- A person with whom the victim shares a child;
- A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner;

- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies; or
- Any other person who committed a crime against an adult or youth victim who is protected under the domestic or family violence laws of the jurisdiction.

VAWA defines "dating violence" as violence committed by a person:

- Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- The existence of such relationship is determined based on the following factors:
 - Length of the relationship;
 - Type of relationship; and
 - Frequency of interaction between the persons involved in the relationship.

VAWA defines "sexual assault" as any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

VAWA defines "stalking" as engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- Fear for his or her safety or others; or
- Suffer substantial emotional distress

EXAMPLE

Emergency Transfer Plan Violence Against Women Act (VAWA)

A tenant(s) who is an actual or imminent victim of domestic violence, dating violence, sexual assault, or stalking, shall be permitted to transfer to another available and safe dwelling unit within the property when a transfer is requested by tenant, and

1. tenant reasonably believes that he or she is threatened with imminent harm from further violence if tenant remains within the same dwelling;
2. in the case of a Tenant who is a victim of sexual assault, the sexual assault occurred on the premises during the 90-day period preceding the request for transfer;
3. if requesting a transfer to a different building in the property, the income of the tenant, on the most recently completed Tenant Income Certification, did not exceed 140% of the maximum qualifying income for a new household of the same size as the tenant's on the date of the completed Tenant Income Certification.

If the income of the tenant exceeds the income reflected in 3 above, tenant will be allowed to terminate the lease in order to move to a safer environment, without the penalties outlined in the lease for early termination of lease. Tenant remains responsible for any damage to the unit beyond normal wear and tear.

Management will not reveal the location of the new dwelling unit to the perpetrator of an actual or imminent act of violence.

EXAMPLE

Violence Against Women Act (VAWA) Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking

The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

The victim must complete and submit this form within 14 business days of receiving it. If the victim does not complete and return this form by the 14th business day or by an extension of the date provided by management, the victim cannot be assured of receiving VAWA protections.

Confidentiality: Any information submitted to management under the VAWA, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking will be maintained in confidence and may not be entered into any shared database or disclosed to any other entity or individual, except as requested or consented to by the individual in writing, required for use in an eviction proceeding, or otherwise required by law.

To be completed by the victim of Domestic Violence, Dating Violence Sexual Assault or Stalking:

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

***Note:** The victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator’s Relationship to Victim: _____

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or
Stalking Occurred:** _____

Location of Incident(s): _____

Description of Incident(s):

Describe the incident(s): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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I certify under penalties of perjury that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking, which is grounds for protection under VAWA. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Date _____

CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

You must supply additional information to verify all 'Yes' answers.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages, bonus, commissions, tips, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-employment (includes Uber/Lyft, online sales, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities, insurance policies, stocks, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Worker's Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pensions, IRA, 401K |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from rental property |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest/dividends from assets, including bank accounts |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No | Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work for cash (babysitting, lawncare, etc.) |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any other source (if yes, explain below)
_____ |

B. Mark the ONE statement that applies to you:

- I do not expect to have any source of income in the next 12 months.
- I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have circled N for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following:

(write N/A if the cost does not apply to your household)

Rent (including garage rent, if applicable) _____

Utilities _____

Food _____

Clothing _____

School supplies _____

Cell phone or phone _____

TV (cable, dish, satellite) and/or internet _____

Medical care _____

Medications & prescriptions: _____

Personal care products (shampoo, toothpaste, etc.) _____

Vehicle expenses (car payments, insurance, fuel, etc.) _____

Payments on credit card balances _____

Other expenses not listed above _____

Additional comments _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A)	(B)	(A*B)		(A)	(B)	(A*B)
Source	Cash	Int.	Annual	Source	Cash	Int.	Annual
	Value*	Rate	Income		Value*	Rate	Income
Savings Account(s)	\$ _____	%	\$ _____	Checking Account(s)***	\$ _____	%	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	%	\$ _____
Certificates of Deposit	\$ _____	%	\$ _____	Money Market Funds	\$ _____	%	\$ _____
Stocks	\$ _____	%	\$ _____	Bonds	\$ _____	%	\$ _____
IRA Account(s)	\$ _____	%	\$ _____	401(k)/403(b) Account(s)	\$ _____	%	\$ _____
Keogh Account(s)	\$ _____	%	\$ _____	Trust Funds	\$ _____	%	\$ _____
Equity in Real Estate	\$ _____	%	\$ _____	Land Contracts	\$ _____	%	\$ _____
Lump Sum Receipts	\$ _____	%	\$ _____	Capital Investments	\$ _____	%	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	%	\$ _____	GoFundMe/Crowdsourcing	\$ _____	%	\$ _____
Life Insurance (Excluding Term)	\$ _____	%	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	%	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	%	\$ _____	Explanation _____			
Other (list):	\$ _____	%	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

- *Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- **Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.
- ***Checking Account cash value should be the average in the checking account over the last six (6) months
- ****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

- 2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$_____ (enter the difference between FMV and the amount you received).
- 3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- 4. I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$_____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant Date Signature of Applicant/Tenant Date

Signature of Applicant/Tenant Date Signature of Applicant/Tenant Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).