

### **What are assistance animals?**

Assistance animals include service and companion animals that perform tasks or provide support to assist people with physical or mental disabilities in daily living activities under fair housing laws. These animals are **not** considered to be pets, and are **not** subject to pet fees or "no pet" policies. They do **not** have to be certified or licensed by any government or training program.

### **What kinds of assistance animals are there?**

The most recognizable assistance animals are those that assist people with obvious physical disabilities, such as guide or seeing-eye dogs. Other common assistance animals include hearing animals, mobility animals and seizure response animals. However, companion or emotional support animals also qualify as assistance animals under the Federal Fair Housing Act. Companion animals can help persons with psychological disabilities alleviate symptoms such as depression, anxiety, and stress thereby enhancing the person's ability to live independently and enjoy their home.

### **Are dogs the only animals that can be assistance animals?**

No. Any animal prescribed by a doctor or other medical professional to assist a person with a disability can be an assistance animal.

### **How do I request an accommodation?**

Though not required, it is recommended the request for an accommodation is in writing. The requester should keep a copy of the request and any supporting attachments. An individual is not required to disclose the disability to the housing provider, but may be asked to provide information to show a connection between the nature of the disability and the requested accommodation. The individual should also describe the specific policy or rule which limits the opportunity for the individual to live in or fully enjoy the housing. The individual then needs to state the specific change in the policy he or she is requesting.

### **Where can I find more information?**

If you have additional questions about reasonable modifications or reasonable accommodations, or if you would like assistance in requesting a reasonable modification or accommodation, please contact the Fair Housing Center office.

## **SIGNS OF POSSIBLE DISCRIMINATION AGAINST PERSONS WITH DISABILITIES**

- Refusing to rent or sell to you because of your disability or a relative's disability
- Being charged extra fees, such as a higher deposit, or higher rent
- Being told the unit just rented, even though it has an "available unit" sign
- Refusal to allow assistance animals because of a "no pets" policy
- Refusal to permit reasonable modifications, such as wheelchair ramps or grab bars
- Being asked for a medical history to prove you have a disability or to prove you can live independently
- Being told you won't be safe, neighbors won't want you there, or the neighborhood is not "right" for you
- Terms, conditions, or availability change between phone contact and an in-person visit
- Filling out an application and waiting an unreasonable time for a decision

## CONFIDENCIALIDAD

Cualquier información proporcionada conforme a la Ley de Violencia en Contra de las Mujeres (VAWA, por sus siglas en inglés), no será incorporada a ninguna base de datos compartida, ni proporcionada a cualquier entidad relacionada, excepto hasta el punto en que la divulgación sea requerida o consentida por la persona, por escrito; requerida para usarla en el procedimiento de desalojo de un abusador, acechador o perpetrador de violencia doméstica; o de otra manera, que sea requerida por la ley correspondiente.

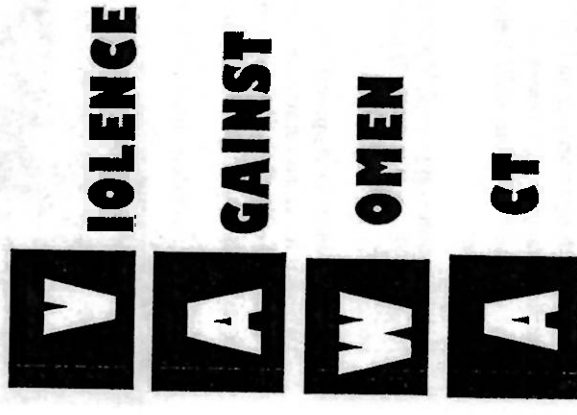
## LEYES ESTATALES Y LOCALES

Algunos estados han aprobado leyes que afectan a los solicitantes, arrendatarios, dueños y arrendadores, que son más rigurosas que los requisitos de la Ley de Violencia en Contra de las Mujeres (VAWA). Muchos estados tienen pendientes leyes relacionadas a esto. Podría usted revisar en su estado y/ o ciudad, para saber cuáles son las leyes estatales y locales más actualizadas para proteger a las víctimas de violencia doméstica, violencia de pareja o acecho.



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# la Ley de Violencia en Contra de las Mujeres



Lo Que los Solicitantes,  
Arrendatarios, Dueños y  
Arrendadores, Necesitan  
Saber

Aplicable a los Programas de  
Asistencia para Vivienda Pública y  
de Ayuda para Renta de la Sección 8

*En vigencia a partir del 5 de enero de 2006*

Este folleto cumple con los requisitos de la Ley federal de  
Violencia en Contra de las Mujeres.

## WHERE TO MAIL YOUR FORM OR INQUIRE ABOUT YOUR CLAIM

**For Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and Vermont:  
NEW ENGLAND OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Thomas P. O'Neill, Jr. Federal Building  
10 Causeway Street, Room 321  
Boston, MA 02222-1092  
Telephone (617) 994-8320 or 1-800-827-5005  
Fax (617) 565-7313 • TTY (617) 565-5453  
E-mail: [Complaints\\_office\\_01@hud.gov](mailto:Complaints_office_01@hud.gov)

**For New Jersey and New York:  
NEW YORK/NEW JERSEY OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
26 Federal Plaza, Room 3532  
New York, NY 10278-0068  
Telephone (212) 264-1290 or 1-800-496-4294  
Fax (212) 264-9829 • TTY (212) 264-0927  
E-mail: [Complaints\\_office\\_02@hud.gov](mailto:Complaints_office_02@hud.gov)

**For Delaware, District of Columbia, Maryland,  
Pennsylvania, Virginia, and West Virginia:  
MID-ATLANTIC OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
The Wanamaker Building  
100 Penn Square East  
Philadelphia, PA 19107  
Telephone (215) 656-0663 or 1-888-799-2085  
Fax (215) 656-3419 • TTY (215) 656-3450  
E-mail: [Complaints\\_office\\_03@hud.gov](mailto:Complaints_office_03@hud.gov)

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Missis-  
sippi, North Carolina, South Carolina, and Tennessee:  
SOUTHEAST/CARIBBEAN OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Five Points Plaza  
40 Marietta Street, 16th Floor  
Atlanta, GA 30303-2808  
Telephone (404) 331-5140 or 1-800-440-8091  
Fax (404) 331-1021 • TTY (404) 730-2654  
E-mail: [Complaints\\_office\\_04@hud.gov](mailto:Complaints_office_04@hud.gov)

**For Illinois, Indiana, Michigan, Minnesota,  
Ohio, and Wisconsin:  
MIDWEST OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Ralph H. Metcalfe Federal Building  
77 West Jackson Boulevard, Room 2101  
Chicago, IL 60604-3507  
Telephone (312) 353-7776 or 1-800-765-9372  
Fax (312) 886-2837 • TTY (312) 353-7143  
E-mail: [Complaints\\_office\\_05@hud.gov](mailto:Complaints_office_05@hud.gov)

**For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:  
SOUTHWEST OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
801 North Cherry, 27th Floor  
Fort Worth, TX 76102  
Telephone (817) 978-5900 or 1-888-560-8913  
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595  
E-mail: [Complaints\\_office\\_06@hud.gov](mailto:Complaints_office_06@hud.gov)

**For Iowa, Kansas, Missouri and Nebraska:  
GREAT PLAINS OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Gateway Tower II  
400 State Avenue, Room 200, 4th Floor  
Kansas City, KS 66101-2406  
Telephone (913) 551-6958 or 1-800-743-5323  
Fax (913) 551-6856 • TTY (913) 551-6972  
E-mail: [Complaints\\_office\\_07@hud.gov](mailto:Complaints_office_07@hud.gov)

**For Colorado, Montana, North Dakota, South Dakota,  
Utah, and Wyoming:  
ROCKY MOUNTAINS OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
1670 Broadway  
Denver, CO 80202-4801  
Telephone (303) 672-5437 or 1-800-877-7353  
Fax (303) 672-5026 • TTY (303) 672-5248  
E-mail: [Complaints\\_office\\_08@hud.gov](mailto:Complaints_office_08@hud.gov)

**For Arizona, California, Hawaii, and Nevada:  
PACIFIC/HAWAII OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
600 Harrison Street, Third Floor  
San Francisco, CA 94107-1300  
Telephone (415) 489-6524 or 1-800-347-3739  
Fax (415) 489-6558 • TTY (415) 436-6594  
E-mail: [Complaints\\_office\\_09@hud.gov](mailto:Complaints_office_09@hud.gov)

**For Alaska, Idaho, Oregon, and Washington:  
NORTHWEST/ALASKA OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Seattle Federal Office Building  
909 First Avenue, Room 205  
Seattle, WA 98104-1000  
Telephone (206) 220-5170 or 1-800-877-0246  
Fax (206) 220-5447 • TTY (206) 220-5185  
E-mail: [Complaints\\_office\\_10@hud.gov](mailto:Complaints_office_10@hud.gov)

*If after contacting the local office nearest you, you still have ques-  
tions — you may contact HUD further at:*  
U.S. Dept. of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 7th Street, S.W., Room 5204  
Washington, DC 20410-2000  
Telephone (202) 708-0836 or 1-800-669-9777  
Fax (202) 708-1425 • TTY 1-800-927-9275

To file electronically, visit: [www.hud.gov](http://www.hud.gov)

# HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano    Oficina de Derecho Equitativo a la Vivienda  
U.S. Department of Housing and Urban Development    Office of Fair Housing and Equal Opportunity

**Instructions:** (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

Your Name \_\_\_\_\_  
Your Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Best time to call \_\_\_\_\_ Your Daytime Phone No \_\_\_\_\_ Evening Phone No \_\_\_\_\_

## Who else can we call if we cannot reach you?

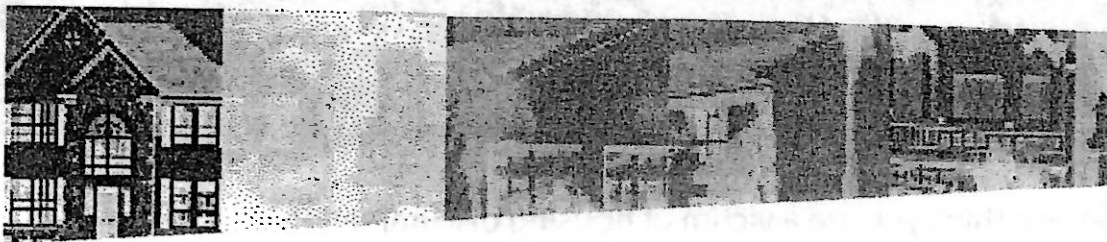
Contact's Name \_\_\_\_\_ Best Time to call \_\_\_\_\_  
Daytime Phone No \_\_\_\_\_ Evening Phone No \_\_\_\_\_  
Contact's Name \_\_\_\_\_ Best Time to call \_\_\_\_\_  
Daytime Phone No \_\_\_\_\_ Evening Phone No \_\_\_\_\_

## What happened to you?

How were you discriminated against?

For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

State briefly what happened.



## It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

## If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

Detach here. Fold and close with glue or tape (no staples)

### Keep this information for your records.

Date you mailed your information to HUD: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address to which you sent the information:

Office \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

If you have not heard from HUD or a State or local fair housing agency within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint. See address and telephone listings on back page.





<b>Privacy Act Statement</b>	<p>The Department of Housing and Urban Development (HUD) is authorized to collect this information under Section 501 of the Rehabilitation Act, as amended. The information provided by you will be used primarily to facilitate the processing of your request. Additional uses of the information may be to disclose information to: appropriate Federal, State or Local agencies when relevant to civil, criminal or regulatory investigations or prosecutions, when necessary to adjudicate a claim for benefits or to comply with a law governing the reporting of communicable diseases to Federal agencies in connection with a decision in hiring, retention or the granting of a security clearance; and to Federal agency, court or a party in litigation when HUD is a party to the proceedings or is served with a subpoena. Furnishing of the information is voluntary; failure to fully complete this form may make it impossible for the Department to process the request.</p>
<b>Notice To The Employee With A Disability</b>	<p>If your accommodation request is denied, you have a right to file either an Equal Employment Opportunity (EEO) Discrimination Complaint or a Grievance under the negotiated Union/Management Agreement procedures.</p>
<b>Completion Instructions</b>	<p><b>Requester Section and Requester Comment Section</b> - to be completed by the employee or on behalf of the employee. Describe the medical condition/limitation and state the reason the accommodation is needed. Identify suggested accommodation or state if an appropriate accommodation is not known. Provide alternative accommodation(s) where possible. Explain what medical documentation is provided (attached) to support the request. If none is considered necessary, so indicate. Include, in the Requester Comment Section, any additional recommendation or comments. This section should also be completed when the form is initiated on behalf of the employee.</p> <p><b>Receiving Official Section</b> - to be completed by person who receives the request. Indicate date request received; recommended action; justification for recommendation; and signature and date. In the event that the recommended action is disapproved, the comments portion should address one of the following:</p> <ul style="list-style-type: none"> <li>◆ Employee does not have a disability.</li> <li>◆ Employee has a disability, but no accommodation is needed.</li> <li>◆ The requested accommodation would impose an undue hardship on the Agency.</li> <li>◆ There is a more appropriate accommodation available.</li> </ul> <p><b>Concurrence/Approval Section</b> - to be completed by the management official who reviews the request. (e.g., Immediate supervisor, manager, Principal Organization Head, Disability Program Manager (based on Reasonable Accommodation Committee) In the event that the recommended action is disapproved, HUD Form 11600, Denial of Reasonable Accommodation Request, must be completed and forwarded to the Disability Program Manager/Reasonable Accommodation Committee for review. The comments/justification should address the following:</p> <ul style="list-style-type: none"> <li>◆ Date Request Received</li> <li>◆ Recommended Action</li> <li>◆ Recommended Action</li> <li>◆ Adequacy of Medical Documentation</li> <li>◆ Signature and Date</li> </ul> <p><b>Final Decision Section</b> - to be completed by the Decision Maker on the request. e.g., Immediate supervisor, , manager, Principal Organization Head. In the event that the final action is approved, identify selected reasonable accommodation in the comments section. In the event that the recommended action is disapproved, HUD Form 11600, Denial of Reasonable Accommodation Request, must be completed and forwarded to the Disability Program Manager/Reasonable Accommodation Committee for final review.</p> <p><b>Funds Availability Section</b> - to be completed by the Office of the Chief Financial Officer.</p>
<b>Form Distribution</b>	<p>Copies of this form should be retained, after completion, by the following:</p> <ul style="list-style-type: none"> <li>◆ Employee</li> <li>◆ Originating Office's Administrative Office (if involved in the process)</li> <li>◆ Disability Program Manager (original and supporting documentation, if any)</li> <li>◆ Office of the Chief Financial Officer (Funds Availability Approval Office)</li> </ul> <p>(Attach additional pages, if necessary)</p>

\* If disapproved, complete HUD Form 11600.

Form HUD-1000

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note.** **ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.