

SCRANTON HOUSING AUTHORITY  
400 ADAMS AVENUE  
SCRANTON, PA 18510  
(570) 348 – 4400

TO COMPLETE AN APPLICATION WITH THE SCRANTON HOUSING AUTHORITY, PLEASE SUPPLY US WITH THE FOLLOWING:

1. SOCIAL SECURITY CARDS FOR EVERYONE IN THE HOUSEHOLD. NAMES ON CARDS MUST MATCH THE NAMES GIVEN ON YOUR APPLICATION.
2. CURRENT OFFICIAL STATE PHOTO ID OR DRIVER'S LICENSE OF EVERYONE IN THE HOUSEHOLD 18 YEARS OF AGE AND OLDER. IF NEEDED THE LOCATION OF THE PHOTO CENTER IS DUNMORE STATE POLICE BARRACKS, O'NEIL HIGHWAY, WED-FRI-SAT-8:30 TO 4:15 FOR DRIVER'S LICENSE. TUE-8:30 TO 4:15 AND THURS- 8:30 TO 6:00 FOR PHOTO IDS. MUST SHOW:
  - ORIGINAL DOCUMENTS OF BIRTH, TWO FORMS OF ADDRESS, AND PAYMENTS IN THE FORM OF PERSONAL CHECKS OR MONEY ORDERS. THE PHOTO CENTER NUMBER IS (570) 963- 4246.
- 3.- BIRTH CERTIFICATES, ADOPTION PAPERS, AND COURT-ORDERED CUSTODY AGREEMENTS, FOR CHILDREN UNDER 18 YEARS OF AGE. PROOF OF PREGNANCY WITH EXPECTED DUE DATE FROM THE DOCTOR.
- 4.- LANDLORD INFORMATION: A 10 YEARS HISTORY IS NEEDED NAME ADDRESS AND PHONE NUMBER.
- 5.- EVERYONE OVER 18 YEARS OLD MUST SIGN EVERY PAGE OF THE APPLICATION.
- 6-PROOF OF "ALL" INCOME FOR EVERYONE IN THE HOUSEHOLD: WAGES (LAST 4 PAY STUBS), COMPENSATION FOR PERSONAL SERVICES, SOCIAL SECURITY, CHILD SUPPORT, DISABILITY, SSI HAS \$ 22.10 PAID BY THE STATE DEPT. OF WELFARE AS WELL AS FOOD STAMPS, PAYMENTS FOR PERSONAL BUSINESS, CASH ASSISTANCE, UNEMPLOYMENT, ETC. OFFICIAL DOCUMENTS.
- 7.-PROOF OF ASSEST: SAVING AND OR CHECKING ACCOUNTS, CDS STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES PENSIONS, RETIREMENT FUNDS, IRAS, REALTY PROPERTY, AND BANK STATEMENTS ONLY IF YOU HAVE OVER \$ 2,000 IN THE BANK.

IT IS IMPORTANT FOR YOU TO "COMPLETE" THE APPLICATION BEFORE RETURNING IT TO THE SCRANTON HOUSING AUTHORITY APPLICATION DEPARTMENT AS WELL AS RETURNING THE ORIGINAL WITH ALL SHEETS ATTACHED.

DON'T RISK YOUR CHANCES FOR FEDERALLY ASSISTED HOUSING BY PROVIDING FALSE, INCOMPLETE, OR INACCURATE INFORMATION ON YOUR APPLICATION.

IF YOU DO NOT HAVE A MAILING ADDRESS: PLEASE GET IN TOUCH WITH THE COMMUNITY INTERVENTION CENTER AT ((570) 342-4298 AT 445 N 6<sup>TH</sup> AVENUE, SCRANTON PA 18503. THE SHA WILL NEED A COPY OF THE CIC "CONFIRMATION FORM" BEFORE ANY APPLICATION CAN BE PROCESSED.

YOU WILL BE PROVIDED WITH A "THINGS YOU SHOULD KNOW" DOCUMENT. PLEASE READ CAREFULLY. ALL INFORMATION COLLECTED IS HELD IN THE STRICTEST OF CONFIDENCE AND WILL ONLY BE USED TO ASSIST THE SHA IN PROCESSING YOUR APPLICATION.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE SCRANTON HOUSING AUTHORITY AT (570) 348 -4400 BETWEEN THE HOURS OF 8:00 AM AND 4:00 PM MONDAY TO FRIDAY.

FAX NUMBER: 570- 348-4451

APPLICATION # \_\_\_\_\_

SCRANTON HOUSING AUTHORITY

400 ADAMS AVE.

SCRANTON, PA 18510

(570) 348 -4400

REQUISITOS PARA COMPLETAR UNA APLICACIÓN CON LA AUTORIDAD DE LA VIVIENDA DE SCRANTON

1. TARJETA DE SEGURO SOCIAL DE TODOS LOS MIEMBROS DE LA FAMILIA, LOS NOMBRES EN LA TARJETA DEBEN COINCIDIR CON LOS NOMBRES MENCIONADOS EN SU SOLICITUD.
2. TODOS LOS MIEMBROS DE LA FAMILIA MAYORES DE 18 AÑOS DEBERÁN ENTREGAR IDENTIFICACIÓN OFICIAL CON FOTO O LICENCIA DE CONDUCIR. SI NECESITA LA UBICACIÓN DEL CENTRO DE FOTOGRAFÍA ES: DUNMORE STATE POLICE BARRACKS O'NEIL HIGHWAY; HORARIO DE ATENCIÓN MIÉRCOLES, VIERNES Y SÁBADO DE 8:30 AM – 4:15 PM PARA LA LICENCIA DE CONDUCIR JUEVES 8:30 AM – 6:00 PM. PARA IDENTIFICACIÓN CON FOTO SE REQUIERE CERTIFICADO DE NACIMIENTO ORIGINAL, DOS PRUEBAS DE SU DOMICILIO, LOS PAGOS SE PUEDEN REALIZAR CON TARJETA DE CRÉDITO, CHEQUE PERSONAL O GIRO POSTAL. NÚMERO DE TELÉFONO DEL CENTRO DE FOTOGRAFÍAS 570-963-4226.
3. CERTIFICADO DE NACIMIENTO, DOCUMENTOS DE ADOPCIÓN, ACUERDOS DE CUSTODIA ORDENADOS POR LA CORTE PARA NIÑOS MENORES DE 18 AÑOS. SI ESTAS EMBARAZADA, SE REQUIERE UNA CARTA FIRMADA POR EL DR. ESPECIFICANDO LA FECHA DE NACIMIENTO DEL BEBE.
4. TODOS LOS MAYORES DE 18 AÑOS DEBEN FIRMAR TODA LAS PÁGINAS DE LA APLICACIÓN.
5. INFORMACIÓN DEL PROPIETARIO: SE NECESITA UN HISTORIAL DE 10 AÑOS NOMBRE, DIRECCIÓN Y NÚMERO DE TELÉFONO.
6. SE REQUIERE LOS INGRESOS DE TODOS LOS MIEMBROS DE LA FAMILIA: SALARIOS (ÚLTIMOS 4 RECIBOS DE PAGO), DESEMPLEO, COMPENSACIÓN POR SERVICIOS PERSONALES, SEGURO SOCIAL, PROGRAMA DE SEGURIDAD DE INGRESO SUPLEMENTARIO (SSI), PRUEBA DE LOS \$22.10 ADICIONALES OTORGADOS POR EL DEPARTAMENTO DE ASISTENCIA PÚBLICA, NEGOCIOS PERSONALES, DINERO QUE USTED RECIBA A NOMBRE DE SUS HIJOS, ETC (DOCUMENTOS OFICIALES). ESTADO DE CUENTA BANCARIA SI TIENE MÁS DE \$ 2,000 EN EL BANCO.
7. PRUEBA DE ACTIVOS: CUENTAS DE AHORROS Y/O CHEQUES, ACCIONES DE CD, BONOS, FONDOS DE INVERSIÓN, PENSIONES, PLAN DE RETIRO TRADICIONAL, IRA, PROPIEDADES, ETC.

SI PAGAS LOS GASTOS DE CUIDADO DE NIÑOS LE PROPORCIONAREMOS UN FORMULARIO REQUIRIENDO SER COMPLETADO POR LA ORGANIZACIÓN DE CUIDADO INFANTIL.

ES IMPORTANTE QUE COMPLETE LA SOLICITUD ANTES DE RETORNARLA AL DEPARTAMENTO DE SOLICITUDES DE LA AUTORIDAD DE LA VIVIENDA DE SCRANTON. ASI COMO DEVOLVER EL ORIGINAL CON TODAS LAS HOJAS ADJUNTAS.

NO ARRIESGUE SU OPORTUNIDAD DE OBTENER UNA VIVIENDA DE ASISTENCIA FEDERAL AL PROPORCIONAR INFORMACIÓN FALSA, INCOMPLETA O INEXACTA EN SU APLICACIÓN.

SI NO TIENE UNA DIRECCIÓN DE CORREO POSTAL POR FAVOR PÓNGASE EN CONTACTO CON EL CENTRO DE INTERVENCIÓN COMUNITARIA (CIC) AL 570-342-4298 A LA DIRECCIÓN 445 N 6th AVE. SCRANTON PA 18503. ELLOS LE OTORGARÁN UNA CARTA CON LA AUTORIZACIÓN DE USAR ESA DIRECCIÓN LA CUAL SE ADJUNTARÁ UNA COPIA A SU SOLICITUD.

SI TIENE ALGUNA PREGUNTA, NO DUDE EN CONTACTAR A LA OFICINA DE LA AUTORIDAD DE VIVIENDA DE SCRANTON AL 570-34-4400, LUNES A VIERNES 8:00 AM – 4:00 PM.

NÚMERO DE FAX 570-348-4451

APLICACIÓN # \_\_\_\_\_





**ASSETS INFORMATION**

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER	BANK NAME	ACCOUNT TYPE	CURRENT BALANCE

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

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**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

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**COMMENTS/ADDITIONAL INFORMATION**

**APPLICANT CERTIFICATION:** I/We certify that the information given to the SCRANTON HOUSING AUTHORITY on household composition, income and family assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/we also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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

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

Representative of PHA: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION**

**Dear Sir or Madam:**

**The Scranton Housing Authority's Admission and Occupancy Policy obliges us to verify certain information about all members of families applying for admission to our developments. To comply with this requirement, we ask your cooperation in supplying information on the criminal record of any persons listed on your application or any persons that will be listed on your apartment lease. This information will be used only to determine whether the family can be accepted for admission.**

**Please indicate whether any family member has been arrested or convicted of any crime.**

<b>FAMILY MEMBERS NAMES</b>	<b>S.S. NUMBERS</b>	<b>ARRESTED OR TRIAL PENDING</b>	<b>CRIMINAL ACTION UNDERWAY</b>	<b>CONVICTED</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AUTHORIZED TO CONSENT TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING ANY CRIMINAL RECORDS FOR ANYONE LISTED ON MY APPLICATION.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to THE SCRANTON HOUSING AUTHORITY (the Authority) at application or reexamination. HUD will collect the information on FORM HUD-50058. The data it will collect includes name, sex, birth date, SOCIAL SECURITY NUMBER (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSNs of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. HOUSING ACT of 1937, as amended, 42 U.S.C. 1437 et. seq., and the HOUSING and COMMUNITY DEVELOPMENT ACT of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

SIGNATURE: I read the Federal Privacy Act Statement on \_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household or Spouse

\_\_\_\_\_  
**HAVE YOU OR ANY PERSON ON THIS APPLICATION LIVED IN PUBLIC HOUSING AND/OR ANY TYPE OF SUBSIDIZED HOUSING BEFORE?    \_\_\_ YES           \_\_\_ NO**

**IF YES: NAME:  
ADDRESS:  
CITY:  
DATE:**

\_\_\_\_\_  
**HEAD OF HOUSEHOLD OR SPOUSE**

\_\_\_\_\_  
**DATE**

SCRANTON HOUSING AUTHORITY  
400 ADAMS AVENUE  
SCRANTON, PA. 18510

QUESTIONNAIRE FOR PREFERENCE

PUBLIC HOUSING

DATE: \_\_\_\_\_

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

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

The Scranton Housing Authority will give priority in the selection of applicants from the public housing waiting list in the **following order**. Please check the preference that applies to your situation.

	Office Use Only <u>Wt</u>
_____ Applicant who is involuntarily displaced from his/her home as a result of fire, disaster or government action.	8
_____ Single or two parent household who resides in the City of Scranton where the head of household or spouse works or has been hired to work in the City of Scranton. Head of household or spouse must be employed a minimum of 30 hours per week.	7
_____ Head of household or spouse or sole member who is 62 years of age or older, or who receives Social Security, SSI or any benefits resulting from an individual's inability to work will be counted as the equivalent to the second preference.	7
_____ Head of household or spouse that has graduated from an education and/or training program that is designed to prepare individuals for the job market	6
_____ Applicant who is a victim of domestic violence.	5
_____ Applicant who is homeless.	4
_____ Applicant living in substandard housing.	3
_____ Applicant paying more than 50% of income for rent.	2
_____ No preference	1

All applicants will be selected by date and time of application according to the criteria herein stated.

Applicant must verify preference based on current status at initial lease up.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury (1\*), that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

\_\_\_\_\_ I am a citizen by birth, a naturalized citizen or a national of the United States; or

\_\_\_\_\_ I have eligible immigration status and I am 62 years of age or older. Attached is evidence of proof of age (2\*)

\_\_\_\_\_ I have eligible immigration status as checked below (see footnote for explanations) Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_ Immigrant status under Section 101 (a)(15) or 101 (a) (20) of the Immigration and Nationality Act (INA) (3\*) ; or

\_\_\_\_\_ Permanent residence under Section 249 of INA (4)\*; or

\_\_\_\_\_ Refugee, asylum, or conditional entry status under Section 207, 208, or 203 of the INA (5\*) or

\_\_\_\_\_ Parole status under Section 212 (d) (5\*) of the INA (6\*); or

\_\_\_\_\_ Threat to life or freedom under Section 243 (h) of the INA (7\*) or

\_\_\_\_\_ Amnesty under Section 245A of the INA (8\*)

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

\_\_\_\_\_ Check on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: INS/SAVE Primary Verification # \_\_\_\_\_ Date: \_\_\_\_\_

\* FOOTNOTES & INSTRUCTIONS MAY BE OBTAINED UPON REQUEST AT THE FRONT DESK

# SCRANTON HOUSING AUTHORITY

## TENANT SCREENING VERIFICATION

DATE:  
NAME:

DEAR SIR OR MADAM:

OUR POLICY OBLIGES US TO VERIFY CERTAIN INFORMATION ABOUT ALL MEMBERS OF FAMILIES APPLYING FOR HOUSING ASSISTANCE AT THE SCRANTON HOUSING AUTHORITY. TO COMPLY WITH THIS REQUIREMENT WE ASK FOR YOUR COOPERATION IN SUPPLYING INFORMATION ON THE TENANT HISTORY OF THE FAMILY LISTED ABOVE. THIS INFORMATION WILL BE USED ONLY IN DETERMINING WHETHER THE FAMILY CAN BE ACCEPTED FOR ADMISSION.

BELOW IS A RELEASE OF INFORMATION STATEMENT SIGNED BY THE APPLICANT.

YOUR PROMPT RETURN OF THIS INFORMATION WILL BE APPRECIATED. A STAMPED, SELF-ADDRESSED ENVELOPE IS ENCLOSED.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OCCUPANCY DEPARTMENT AT 348-4400.

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION:

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SIGNATURE

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DATE

May 1988  
P-88-2

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

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**Purpose:** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

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**Asking Questions** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is.

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**Completing the Application** When you give your answers to application questions, you must include the following information:

**Income**

- All sources of money you and any "adult" member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Earnings from second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets**

- All banks accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last (two) 2 years for less than its full value, such as your home to your children.

**Family/Household Members**

- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

**Recertifications**

- You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:
  - All income changes, such as pay increases or benefits, changes of job, loss of job, loss of benefits, etc., for all adult family/household members.
  - Any family/household member who has moved in or out.
  - All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application
- Do not pay any money to move up on the waiting list
- Do not pay for anything not covered by your lease
- Get a receipt for any money you pay
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

Signature \_\_\_\_\_

# SCRANTON HOUSING AUTHORITY

## NOTIFICATION OF RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT (VAWA) OF 2005

The Violence Against Women Act (VAWA) of 2005 is a federal law that protects victims of domestic violence, dating violence, or stalking. This law protects victims living in Public Housing and participants in the Section 8 Housing Choice Voucher Program.

VAWA also makes it illegal to reject an application for public housing or a Section 8 Voucher because the applicant or applicant family member is a victim of domestic violence.

However, being a current or former victim of domestic violence does not guarantee that you will receive public housing or a Section 8 Voucher. Applicants must meet other standard eligibility requirements.

Once an applicant meets the application requirements, and placed in our programs the VAWA Act protects victims and their immediate family members from being evicted based on incidents of actual or threatened domestic violence, dating violence, or stalking. The law says that incidents in public housing of such violence cannot be counted as a "serious or repeated violation of the lease" or "good cause" for evicting the victim.

Participants of public housing can be evicted if the victim engages in "criminal activity" or violates the lease unrelated to a domestic violence incident or the tenant poses an "actual and imminent" threat to other tenants.

Additionally, if a Section 8 Voucher Landlord proves that a participant that is a victim of domestic violence poses an "actual and imminent threat" to other persons on his property, the victim may be evicted.

All information will be held in the strictest of confidence.

If you feel as an applicant that you may be a victim of domestic violence, dating violence or stalking and/or live in public housing or participate in the Section 8 Voucher program and are at risk of being evicted please contact the site manager or Section 8 program supervisor to discuss your options.

As a victim you will be asked to show burden of proof by completing HUD-91066 form which will be provided to you upon your request as well as provide any relevant documentation you may have that will help your situation.

AFTER CAREFULLY READING THIS INFORMATION, PLEASE SIGN BELOW AND DATE. A COPY OF THIS FORM WILL BE GIVEN TO YOU.

\_\_\_\_\_  
Applicant / Program Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHA Signature

\_\_\_\_\_  
Date

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

**U.S. Department of Housing  
and Urban Development  
Office of Housing**

OMB Approval No. 2502-0204  
Exp. 03/31/2009

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by owners and management agents administering Section 8 project-based assistance under the United States Housing Act of 1937 (42 U.S.C. 1437) to request a tenant to certify that the individual is a victim of domestic violence, dating violence, or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Purpose of Form:** The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking (collectively "domestic violence") from being evicted or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit this certification form, or submit the information described below under "Alternate Documentation," which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form by the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

**Alternate Documentation:** In lieu of this certification form (or in addition to it), the following documentation may be provided:

(1) A federal, state, tribal, territorial, or local police or court record; or

(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE:**

1. Date written request is received from owner or management agent: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different): \_\_\_\_\_
4. Name(s) of other family members listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Name of the abuser: \_\_\_\_\_
6. Relationship of the abuser to the victim: \_\_\_\_\_
7. Date of incident: \_\_\_\_\_
8. Time of incident: \_\_\_\_\_
9. Location of incident: \_\_\_\_\_

{Page two must be completed and attached to this form.}



## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

## SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 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.