

Office Use ONLY

Date _____

Received: _____

Time: _____

POCAHONTAS PUBLIC HOUSING AGENCY

BLACK RIVER AREA DEVELOPMENT CORPORATION

Equal Opportunity Employer

1403 Hospital Drive, Pocahontas, AR 72455

(870) 892-4547 870-892-0707 fax

**HOUSING CHOICE VOUCHER PROGRAM / TENANT BASED RENTAL ASSISTANCE APPLICATION**

APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

1. List the Head of Household and all other members who will be living in the unit.

Full Name	Relationship to Head of Household	Race	Birth Date	Age	Gender	Social Security #

2. Is any member of your household disabled? ____ YES ____ NO If yes, whom? _____

3. Please identify any special housing needs your household has: _____

4. Do you or have you ever lived in public/subsidized housing? ____ YES ____ NO

If yes, When & Where? _____

5. Have you ever been evicted from public/subsidized housing? ____ YES ____ NO

If yes, When & Where? _____

6. Have you ever participated in the TBRA Program? ____ YES ____ NO

7. Have you or any other person residing in your household ever been arrested for illegal use of a controlled substance or activities related to abuse of alcohol? ____ YES ____ NO

If yes, who? _____ When? _____

8. Name and address of current landlord: _____

Phone Number: _____

9. How much per month are you now paying for rent? _____

10. Do you wish to be moved? ____ YES ____ NO If yes, why? _____

11. Are you being evicted? ____ YES ____ NO If yes, why? _____

12. Do you anticipate any additional members coming to live with you? ____ YES ____ NO

If yes, please explain: _____

INCOME AND ASSEST INFORMATION Does any member of your household:

- ☐ YES ☐ NO 1. Is any member of your household employed, full-time, part-time, seasonally?
☐ YES ☐ NO 2. Does any member of your household expect to work for any period in the next 12 months?
☐ YES ☐ NO 3. Does any member of your household work for someone who pays him or her in cash?
☐ YES ☐ NO 4. Is any member of your household on leave of absence from work due to layoff, medical, maternity, or military leave?
☐ YES ☐ NO 5. Does any member of your household now receive, or expect to receive unemployment benefits?
☐ YES ☐ NO 6. Does any member of your household now receive, or expect to receive child support?
☐ YES ☐ NO 7. Is any member of your household entitled to child support that he/she is not receiving?
☐ YES ☐ NO 8. Does any member of your household now receive, or expect to receive alimony payments?
☐ YES ☐ NO 9. Is any member of your household entitled to alimony payments that he/she is not receiving?
☐ YES ☐ NO 10. Does any member of your household receive, or expect to receive social security benefits?
☐ YES ☐ NO 11. Does any member of your household receive, or expect to receive AFDC income?
☐ YES ☐ NO 12. Does any member of your household receive, or expect to receive income from a pension or annuity?
☐ YES ☐ NO 13. Does any member of your household receive any cash contributions from individuals not living in the unit, or, from other agencies/sources?
☐ YES ☐ NO 14. Does any member of your household receive income from assets, including interest on checking or saving accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property?
☐ YES ☐ NO 15. Does any member of your household receive financial aid from attending a college or university?
☐ YES ☐ NO 16. Does anyone outside of your household pay for any of your bills, or, give you or a member of your household money? If yes, explain: _____
☐ YES ☐ NO 17. Have you, or any other member of your household, used any name(s) or social security number (s) other than the one you are currently using? If yes, explain: _____

Household Member Name	Source of Income	Monthly Income

ASSETS

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

Household Member	Bank Name	Type of Account	Account Number	Balance

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

3. Do you own a home or other real estate: ☐ YES ☐ NO

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

If yes, what is the current market value of the real estate or assets? \$ _____

EXPENSES

 YES NO

1. Do you have any expenses for child care of a child aged 12 or younger?

If yes, Amount \$ _____

_____ YES _____ NO

2. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

ELDERLY FAMILIES ONLY

 YES NO

1. Do you have Medicare?

 YES NO

2. Do you have any other kind of medical insurance?

 YES NO

3. Do you have any outstanding medical bills that you are presently making payments on?

APPLICANT CERTIFICATION

I/we certify that the information given to Pocahontas Public Housing Agency/BRAD on household composition, income, net family assets, and allowances and deductions 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 of information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date _____

Signature of Spouse/Other Adult

Date _____

Signature of PHA Representative

Date _____

NOTE TO APPLICANTS: If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 424-8590.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

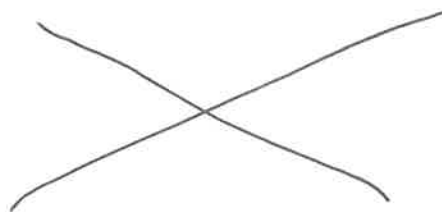
OMB CONTROL NUMBER: 2501-0014

exp 07/31/2021

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Pocahontas Public Housing Agency
1403 Hospital Drive
Pocahontas, AR 72455
Amanda Trevillion, Housing Director
(870) 202-1363

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



POCAHONTAS PUBLIC HOUSING AGENCY
BLACK RIVER AREA DEVELOPMENT CORPORATION
1403 Hospital Drive, Pocahontas, AR 72455
(870) 892-4547 ext#1363
870-892-0707 fax



NOTICE TO THE APPLICANT

**THIS IS NOT AN EMERGENCY PROGRAM. THERE IS NO IMMEDIATE ASSISTANCE
REGARDLESS OF YOUR CIRCUMSTANCES.**

You have completed an application for the Housing Choice Voucher Program. Filling out this application places you on the **WAITING LIST** to receive future rental assistance. **YOU WILL NOT RECEIVE ANY ASSISTANCE AT THIS TIME.** Once we reach your name on the waiting list, you will be notified by mail that we have an opening for you on our program. The length of time you remain on the waiting list will depend on the length of the list. It is your responsibility as the applicant to keep all information and addresses current. If we mail you correspondence and you do not respond, you will be removed from the waiting list.

HOW THE PROGRAM WORKS:

1. When your name comes up on the waiting list, we will notify you by mail at the address on your application. We will ask you to come to our office for an interview.
2. At the interview, we will verify all the information about your family and income to determine if you are eligible for the program. To be eligible for the program you must meet the term of family and meet the income guidelines that are in effect at the time of your interview.
3. If you are determined eligible for the program, you will be given a voucher which explains to you and any landlord you wish to rent from that if you find an appropriate unit, the PHA will be able to assist you with your rent according to your income. (WE CANNOT ASSIST YOU WITH YOUR RENT UNTIL YOUR NAME COMES UP ON THE WAITING LIST, EVEN IF YOU ALREADY HAVE A RENTAL UNIT.)
4. Once you find housing and the owner is willing to rent it to you, the PHA will do an inspection and determine if the rent is reasonable through this program and if the unit passes housing quality standards.
5. If the unit passes, or once the unit is brought up to pass the inspection, the PHA will sign a contract with the landlord and you will sign a lease. You will be responsible for a portion of the rent calculated using a HUD formula (basically 30% of your adjusted income) and the PHA will pay the balance of the rent to your landlord.

NOTE You must NOT receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Thank you for your interest in the Housing Choice Voucher Program. Please keep this page for your information and return the completed application to the address at the top of the page.

Thank you,
Amanda Trevillion
Housing Director



POCAHONTAS PUBLIC HOUSING AGENCY



BLACK RIVER AREA DEVELOPMENT CORPORATION

1403 Hospital Drive, Pocahontas, AR 72455

(870)0892-4547 ext.# 1363

870-892-0707 fax

HOME Tenant Based Rental Assistant (TBRA) is a rental subsidy program to help an eligible tenant with Rent. TBRA programs directly assist individual households to make housing affordable. The Section 8 Rental Voucher Program are forms of TBRA. HOME funded TBRA programs work in a similar manner.

Eligible Units must meet Section 8 Housing quality standards. Inspections are made at initial occupancy and annually during the length of the contract. Units may be publicly or privately owned, but TBRA may not be used in units that receive another form of rent subsidy (i.e. public housing or Section 8 Substantial Rehabilitation). Units must also meet lead-based paint requirements.

Subsidy contacts cannot exceed one year. But assistance on behalf of a tenant can be extended for an additional one-year period under subsequent allocations if the Arkansas Development Finance Authority (ADFA) continues to administer a tenant based rental assistance program. However, the TBRA program is meant for temporary assistance only, and is not a life long commitment to assist a family with their housing cost. The owner which in general have the effect of waiving a tenant's right in advance.

The Rental Voucher Program model assumes a fixed assistance payment. The maximum HOME subsidy is calculated and the tenant pays the difference between the subsidy and the approved rent for the unit. Using Rental Voucher method, ADFA first establishes a Rent Standard for the program as a whole.

To decide the amount of the Payment Standard, ADFA may compare the Fair Market Rent (FMR) to the cost including utilities of housing in the area. The Payment Standard are based upon the Section 8 FMR.

When the family finds an acceptable unit and the landlord is willing to participate in the program, the tenant submits a Request for Unit Approval for using TBRA in the unit. The Public Housing Authority (PHA) must inspect the unit to assure that it meets Housing Quality Standard (HQS) and lead based paint requirements. After the PHA has inspected and accepted the unit the owner and the tenant enter into a lease. To cover the special requirements of the HOME Program, the PHA provides a lease addendum to be used in the conjunction with the owner's lease. The PHA and the owner enter into a agreement in which the owner agrees to comply with the HOME rules and the PHA agrees to make its share of the payment.

HOME TBRA units must be inspected annually to assure that the units meet HQS. In addition, the PHA should inspect units as a result of complaints by either the owner or the tenant. If ADFA of the PHA finds a unit that does not meet HQS, the owner must be given a reasonable period pf time to make the needed repairs. Generally allowing 24 hours for HQS violations that are an imminent health or safety threat and up to 30 days for other HQS problems. If the owner does not need to make repairs, ADFA can first abate payments until the correction are made and if the owner continues to fail to comply, cancel that TBRA.

ADFA is not partly to the lease. Therefore, ADFA is not generally involved in tenant/landlord disputes unless the dispute relates to one of the owners or tenant's obligations to ADFA. ADFA shall terminate the tenant's assistance if the owner for cause evicts the tenant, The PHA can be a valuable source of information regarding all phases of processing information about the rental market and the interest of owners in participating in the program.

Tenant Based Rental Assistance:

- 1. We will need Social Security Cards and Birth Certificates for all household members. We will also need each household member's birth date and relationship to the Head of Household.**
- 2. INCOME AND ASSETS:** Any earned income of any household member 18 years of age or older, including full-time students, must be verified. We will need to know if you receive INCOME from any of the below:
 - a) Employment Signed employment verification form
 - b) Child Support (Must bring in original court order) If you are currently not receiving Child Support, but an order has been issued, you must bring in a 6-month printout from the OCSE showing all payments received for the past 6 months. If an order has not been issued we will need documentation from the OCSE showing not current order.
 - c) Alimony A copy of the current court order
 - d) Unemployment Compensation must bring in the original letter from the Employment Office stating your Weekly Benefit Amount
 - e) Worker's Compensation Statement from employer
 - f) TEA/TANF Must bring in a letter stating monthly amount received.
 - g) NOTE: Once you are under lease, if your TEA or TANF is lowered or stopped for non-compliance of TEA requirements, we will still include the original monthly amount received as income.
 - h) SSI/SS: Most recent original Award Letter (all pages)
 - i) Pensions: Award Letter
 - j) Self-Employment: (Verification of businesses expenses, income, ect.)
 - k) Education Grants or Scholarships: Proof of Award Amount
 - l) Income from Assets: Interest, dividends and other income from assets.
 - m) Contributions from friends or relatives: Name, address, and phone number of person making cash or material contributions. If you have no income from the above sources, you must provide proof of how you pay your bills.

INFORMATION WILL ALSO BE NEEDED ON ASSETS SUCH as the FOLLOWING:

1. Cash in Saving or Checking Accounts.
 2. Saving Certificates
 3. Money Market Funds & other investment accounts
 4. Stocks/Bonds/War Bonds
 5. Contracts for DEEDS and Mortgages
 6. Equity in Rental property and other capital investments
 7. Life Insurance Policies
- 3. ELDERLY, DISABLED OR HANDICAPPED:** To qualify as an elderly household, the head of household or spouse must be 62 years of age or older. You must bring proof of disability from Social Security. Medical deductions are allowable only for households that qualify as elderly and may include the following:
 - 1) Outstanding medical bills with proof of regular payment
 - 2) Medical Insurance-verification of payment
 - 3) Prescriptions-proof of payment (printout from pharmacy)
 - 4. CHILD CARE EXPENSES:** Child care expenses can only be taken for amounts paid for the care of children under the age of 13 that permits a parent to work or attend school. We must have the childcare provider's name, address and business phone number. (We will not accept written statements hand-delivered by the tenant. They must be third-party verifications)
 - 5. STUDENTS OVER 18 YEARS OF AGE:** If any member of your household is 18 years of age or older and a full-time student, we will need to see his/her current registration. If the student is accepted, but has not enrolled, bring a letter of acceptance from the educational institution.

NOTICE: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department of agency of the U.S. as to any matter within its jurisdiction.



Notice of Right to Reasonable Accommodation

If you have a disability and as a result of your disability you need:

**A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Housing Choice Voucher Program, or*

**A change in the way we communicate with you or give you information,*

You may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability and if your request is reasonable (does not pose "an undue financial or administrative burden"), we will try to grant your request.

We will give you an answer within 10 calendar/working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information if you think that will help.

If you need help filling out a Request for a Reasonable Accommodation form or if you want to give us your request in some other way, we can help you.

You can get a Request for a Reasonable Accommodation form at the Pocahontas Public Housing Agency Office (1403 Hospital Drive; Pocahontas, or by phone at (870) 892-4547.

Note: All information you provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the Housing Choice Voucher Program.

Pocahontas Public Housing Agency/BRAD

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Pocahontas Public Housing Agency/BRAD** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **Pocahontas Public Housing Agency/BRAD**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Pocahontas Public Housing Agency/BRAD**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Pocahontas Public Housing Agency/BRAD** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for

documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a

victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning

household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

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

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **US Housing & Urban**

**Development Little Rock Field Office; 425 W Capitol Ave #1000; Little Rock, AR 72201
501-324-5931.**

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Amanda Trevillion at 870-202-1363 or by email at amanda.trevillion@bradcorp.org**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Family Crisis Center of Northeast Arkansas Hotline 870-933-9449 or Toll Free at 866-982-9575.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Family Crisis Center of Northeast Arkansas Sexual Assault Line 870-933-9449 or Toll Free at 866-982-9575.**

Victims of stalking seeking help may contact **Family Crisis Center of Northeast Arkansas Hotline 870-933-9449 or Toll Free at 866-982-9575.**

Attachment: Certification form HUD-5382 [form approved for this program to be included]

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The 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. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.