



WESTBROOK HOUSING'S AFFORDABLE HOUSING PRE-APPLICATION

Thank you for choosing Westbrook Housing. Please refer to the list of affordable housing choices on the back page of this application packet to select the property, or properties, to best match your housing needs. You may select as many as you would like.

- Complete this application by printing clearly and signing every place indicated.
- Incomplete applications will be returned to you unprocessed.
- Use a separate sheet of paper if needed.
- All of our buildings are located in Westbrook Maine.
- All of our buildings have community rooms and off-street parking.
- If you need assistance completing this application, please call for an appointment and we will be happy to assist you.
- **SMOKING IS NOT PERMITTED IN ANY OF OUR BUILDINGS.**
- One small pet (cat or dog) is allowed.
- Return completed applications to Westbrook Housing at the address listed below.
- There is a waiting list at all properties.
- Please visit our website at www.westbrookhousing.org for additional information about our properties.

If anyone in your household is a person with disabilities who requires accommodation to fully use Westbrook Housing's programs and services, please call Mary Bouvier at (207) 854-9779.

Questions? Call (207) 854-9779, or email info@westbrookhousing.org.

Rev. 07/13/2020



WESTBROOK HOUSING
LIZA HARMON DRIVE, WESTBROOK, MAINE 04092 ~ (P) 207.854.9779 (F) 207.854.0962
WWW.WESTBROOKHOUSING.ORG ~ INFO@WESTBROOKHOUSING.ORG



Section 1001 of title 18 of the United States code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the United States government as to any matter within its jurisdiction. I further authorize the housing authority of the City of Westbrook to verify income, and credit references as deemed necessary by the housing authority. I also authorize the housing authority to check and review police reports and criminal records together with the records of federal and state governmental agencies to determine the applicant's and tenant's suitability for housing. We also authorize the housing authority to obtain credit reports and to verify previous landlord references to determine suitability for housing and rent payment history. We also authorize the housing authority to obtain other sources of information determined necessary to verify the accuracy of the foregoing. Pursuant to title 30-a m. r. s. a. § 4706(3), the disclosure of the foregoing information and data constitutes a waiver of the confidentiality provisions of the Maine housing authorities act.

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Mary Bouvier at 854-9779

WHICH WAITING LIST(S) ARE YOU ELIGIBLE FOR? SELECT A BUILDING AND AN APARTMENT SIZE.

Each building has a waiting list. To be added to a waiting list, you must meet its eligibility requirements: age, income, and/or disability status. **Our buildings are smoke-free.**

PLEASE CIRCLE ANY AND ALL BUILDINGS YOU WANT TO BE ON THE WAITING LIST FOR; PLEASE ALSO LET US KNOW WHAT SIZE APARTMENT YOU WANT TO APPLY FOR. See exterior photos and addresses on the next page.

Applicants must be 55 years of age or older Vouchers accepted (HCV/Section 8 BRAP, VASH, etc.)	Maximum Income • \$42,180 (1 person) • \$48,180 (2 people)	Larrabee Commons 27 Liza Harmon Drive	1 bedroom \$941-1,129 <i>Utilities included</i>	
	Maximum Income • \$42,780 (1 person) • \$48,900 (2 people)	Presumpscot Commons 765 Main St	1 bedroom \$764-1,146 <i>Utilities included</i>	2 bedroom \$917-1,375 <i>Utilities included</i>
	Maximum Income • \$35,650 (1 person) • \$40,750 (2 people)	Mill Brook Estates 300 East Bridge St	1 bedroom \$955 <i>Utilities included</i>	
	Maximum Income • \$42,180 (1 person) • \$48,180 (2 people)	Spring Crossing 19 Ash St	1 bedroom \$941-\$1,129 <i>Utilities included</i>	2 bedroom \$1,128-1,354 <i>Utilities included</i>
	Maximum Income • \$42,180 (1 person) • \$48,180 (2 people)	Malcolm A Noyes Apts 290 East Bridge St	1 bedroom \$941-1,129 <i>Utilities included</i>	





Larrabee Commons – 27 Liza Harmon Drive



Presumpscot Commons – 765 Main Street



Millbrook Estates – 300 East Bridge Street



Spring Crossing - 19 Ash Street



Malcom A. Noyes – 290 East Bridge Street

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APPLICATION FOR AFFORDABLE FAMILY HOUSING

DATE: _____

TELEPHONE NUMBER: _____

CURRENT ADDRESS: _____

MAILING ADDRESS: _____

CURRENT LANDLORD NAME AND PHONE NUMBER: _____

PREVIOUS ADDRESS: _____

PREVIOUS LANDLORD NAME AND PHONE NUMBER: _____

EMAIL ADDRESS: _____

HAVE YOU LIVED IN ANY OTHER STATES BESIDES MAINE, IF SO WHICH OTHER STATES? _____

Please check if the following apply:

- Homeless
- Veteran (Please check if you or a member of your household is a veteran)
- Rental Subsidy (Please check if you have a Section 8/HCV, BRAP, or VASH voucher and circle which one)
- Handicapped Unit (Please check if you require a handicapped unit)

HOUSEHOLD MEMBERS: You must list information for ALL family members (please include yourself).

NAME	SEX	DATE OF BIRTH	SOC SECURITY NUMBER	PLACE OF BIRTH

GENERAL DISCLOSURES: Please answer every question truthfully and completely.

Do you have a pet? If yes, what kind? _____

Are you a Full Time Student? If yes, where? _____

Do you owe money to any Housing Authority or Agency? If yes, which one? _____

Have you lived in any building that was infested with bed bugs in the last 12 months? _____

Have you, or anyone in your household, EVER been convicted of ANY criminal activity? _____

If yes, please explain: _____

Victims of Domestic Violence will not be denied housing if they have a criminal conviction directly related to a domestic violence situation, which includes assault, dating violence, sexual assault, or stalking.

Please indicate if this applies to any household member:

Are you or anyone in your household required to report as a Registered Sex Offender in any state?

NOTE: If we cannot reach you, we will drop your name from the waiting list. For that reason, when you change your telephone number or address, you must inform us -preferably in writing.

Race and Ethnicity – Head of Household only. (Not mandatory, for HUD

statistics only) Check All that Apply:

Check one:

- White
- Black/African American
- Asian
- Native American/Other Pacific Islander

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Language _____
- Nationality _____

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Mary Bouvier at 854-9779.

WARNING! Title 18, Section 1001 of the US Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the US or the Department of Housing and Urban Development is guilty of a felony.

By signing this application, I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation in all Westbrook Housing programs.

I understand that this application does not obligate me to the Manager/Owner in any way. I further understand that the information herein is to be treated as confidential.

I hereby authorize Westbrook Housing to process this application and verify the information I have provided with the sources necessary to determine my eligibility. This includes authorizing Westbrook Housing to check and review police reports and criminal records together with the records of federal and state governmental agencies to determine the applicant's suitability for housing. I also authorize Westbrook Housing to obtain credit reports and to verify previous landlord references to determine suitability for housing and rent payment history. I also authorize Westbrook Housing to obtain other Title 30-AM, R.S.A. 4706(3), the disclosure of the foregoing information and data constitutes a waiver of the confidentiality provisions of the Maine Housing Authorities Act.

I do hereby attest that all the information I provided is true and correct.

Applicant Signature

Date

Co-Head/Spouse/Other Adult Signature

Date

If you need assistance in filling out this application, please contact Westbrook Housing at (207) 854-9779.

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.

**EXHIBIT 16-1: SAMPLE NOTICE OF OCCUPANCY RIGHTS UNDER THE
VIOLENCE AGAINST WOMEN ACT, FORM HUD-5380**

Westbrook Housing

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 the housing choice voucher program 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 the housing choice voucher program, 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 the housing choice voucher program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing 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 the housing choice voucher program 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.

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.

Removing the Abuser or Perpetrator from the Household

The PHA 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 the PHA chooses to remove the abuser or perpetrator, the PHA 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, the PHA 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, the PHA must follow federal, state, and local eviction procedures. In order to divide a lease, the PHA 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, the PHA 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, the PHA 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.

The PHA 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.

The PHA's emergency transfer plan provides further information on emergency transfers, and the PHA 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

The PHA 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 the PHA must be in writing, and the PHA 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. The PHA 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 the PHA as documentation. It is your choice which of the following to submit if the PHA 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 the PHA 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 the PHA has agreed to accept.

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

If the PHA 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), the PHA 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, the PHA does not have to provide you with the protections contained in this notice.

Confidentiality

The PHA 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.

The PHA must not allow any individual administering assistance or other services on behalf of the PHA (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.

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

- You give written permission to the PHA to release the information on a time limited basis.
- The PHA 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 the PHA or your landlord to release the information.

VAWA does not limit the PHA'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, the PHA 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 the PHA 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 the PHA can demonstrate the above, the PHA 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:

Boston Regional Office of FHEO
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
(617) 994-8300 (800) 827-5005 TTY (800) 877-8339

For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

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

For questions regarding VAWA, please contact the **Housing Choice Voucher Department** at (207) 854-9779 or HCVTeam@westbrookhousing.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).

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 Services** (Cumberland County) at (207) 874-1973 or (800) 537-6066 or **Caring Unlimited** (York County) at (207) 490-3227 or (800) 239-7298.

Attachment: Certification Form HUD-5382

**EXHIBIT 16-2: CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION,
FORM HUD-5382**

**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.