



BOND COUNTY HOUSING AUTHORITY

220 East Winter Ave.
Greenville, IL 62246
618-664-2321 * FAX 618-664-3366

"The Ways of The Past May Not Build A Better Future"

DO NOT MAIL

This information is to assist you in preparing for your intake interview to apply for Public Housing with the Bond County Housing Authority.

After completing and gathering the following information, please call us at 618-664-2321 to set up an appointment.

PLEASE NOTE: As of July 30, 2018, all Bond County Housing Authority properties will be "SMOKE FREE" per HUD regulations.

Bring the following documentation with you when you come in for your interview:

1. Completed Application and all applicable forms (attached)
2. **Certified** Birth Certificates and Social Security Cards for each member who will reside in the household. Photo ID for all household members over 18.
3. Check all income information that applies to you below. You **MUST** provide the Names & Address along with the amount received from all that apply to you!

<input type="checkbox"/> Wages	<input type="checkbox"/> Overtime Pay	<input type="checkbox"/> Commissions
<input type="checkbox"/> Fees	<input type="checkbox"/> Bonuses	<input type="checkbox"/> Tips
<input type="checkbox"/> Dividends	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Interest Income
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSD	<input type="checkbox"/> Annuities
<input type="checkbox"/> Pensions	<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Worker's Comp.	<input type="checkbox"/> Severance Pay
<input type="checkbox"/> SSI	<input type="checkbox"/> General Assistance	<input type="checkbox"/> TANF
<input type="checkbox"/> Military Pay	<input type="checkbox"/> Relocation Payments	

4. Assets: Name and Addresses of bank or financial institutions where you have checking accounts, savings accounts, CD's or any other investments including stocks or bonds, IRA's, etc. Provide a copy of the most recent statement from each.
5. Proof of value for ALL real estate: Provide appraisal and proof of any money owed. If Contract for Deed (contract).
6. Child Care Expenses: Name and address of childcare provider. We can only count if paid by you and any agency or person does not reimburse you.
7. Complete Landlord names and addresses for the last **5 years**, as well as accurate addresses where you resided during the same time period.



8. Documentation supporting name changes; i.e. marriage certificates, divorce decrees, as well as child custody documentation, death certificate for deceased spouse.

If Handicapped, Disabled or Elderly

1. Medical - Names & Addresses of all Medical providers for proof of out-of-pocket expenses.
2. Medical Insurance - Payment Verification
3. Prescriptions - Name & Address of pharmacy for verification purposes

Please be aware that ALL above documentation, which pertains to your situation, MUST be received at the time of application. If not, your appointment will be rescheduled.

EVERY adult member (anyone over 18) of the household MUST be present at the time of the interview.

Please call for an appointment when you have all of your documentation needed to process your application. If you have any questions, please feel free to call.

Wren Rickerson
Bond County Housing Authority
Intake/Application Processor
618-664-2321 ext. 5

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE:

The Bond County Housing Authority may use this authorization, and the information obtained with it, to administer and enforce program rules and policies. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), in administering and enforcing such program rules and policies.

CONSENT:

I authorize the release of any information (including documentation and other materials) pertinent to the eligibility of my application for participation in and/or to maintain my continued assistance under the Low-Income Public Housing Program. I authorize the Bond County Housing Authority, HUD, to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize the Public Housing Authority (PHA) to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered-Inquiries may be made, but not limited to:

Child Care Expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment, Income, Pensions, and Assets	Residences and Rental History
Federal, State, Tribal or Local Benefits	



Individuals or Organizations that may release information:

Any individual or organization, including any governmental organization, may be asked to release information. For example: information may be requested from, but not limited to:

Banks and Other Financial Institutions

Courts

Law Enforcement Agencies

Credit Bureaus

Employers - Past & Present

Previous Landlords (including Public Housing / Section 8 Agencies)

Schools and Colleges

U.S. Social Security Administration

U.S. Department of Veteran's Affairs

Utility Companies

Department of Human Services

Providers of, but not limited to:

Alimony

Child Care

Child Support

Credit

Handicapped Assistance Expenses

Medical Care

Pensions/Annuities

Computer Matching Notice and Consent:

I agree that Bond County Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management

U.S. Social Security Administration

U.S. Department of Defense

U.S. Postal Service

State Employment Security Agencies

State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Public Housing Agency and will stay in effect for one year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect. If I do not sign this authorization, I understand that my housing assistance eligibility may be denied or terminated.

Applicant Signature: _____ Date: _____

Other Adult Household Member Signature: _____ Date: _____



In the Spring of 1996 Congress passed a bill entitled "One Strike and You're Out" now "Criminal Activity Policy". One of the purposes of the bill is to help create a safe and peaceful housing environment.

Under the terms of this bill, the PHA may deny eligibility or terminate the lease for the alcohol abuse, drug use or drug related or criminal activity involving the resident, members of the resident's household, guests, or any one under the resident's or the resident's household member's control. Arrest or conviction is not necessary in order to terminate the lease, and proof of a violation beyond a reasonable doubt is not required. Residents are responsible for the activities of visitors to their households in addition to the household itself.

Drug related activity occurring on or off of PHA property is a reason for eviction. Drug related activity is illegal manufacture, sale, distribution, use, possession, storage, service, delivery or cultivation of a controlled substance with the intent to manufacture or sell, distribute, or use a controlled substance (as defined in Section 102 of the Controlled Substances Act). Criminal activity is criminal activity that threatens the health and safety of persons or right to the peaceful enjoyment of the premises and PHA property, which would include crimes of violence (e.g. murder, battery, rape, child abuse, spousal abuse, stalking and assault); crime against property (e.g. burglary, larceny, and robbery); crimes which impose financial cost (e.g. arson, vandalism and graffiti); or crimes that involve disturbing the peace. Alcohol abuse is the abuse of alcohol on PHA property, including in the dwelling unit or within fifty yards of any PHA property. Alcohol abuse can include consumption by minors, aiding or abetting the consumption of alcohol by minors, violation of laws and ordinances related to alcohol consumption or possession, public drunkenness, consumption of alcohol outside of the dwelling unit or on PHA common areas or the violation of other laws, ordinances, PHA rules and regulations or the terms of the lease in which the consumption of alcohol occurred or played a part (such as disturbing the peace or vandalism).

The Applicant/Resident is responsible for compliance under this section and can be found in violation of this section regardless of whether the Applicant/Resident personally engaged in the prohibited activity or had knowledge of the specific instance of the prohibited activity. Applicants/Residents are not entitled to a grievance hearing for violations of this section. If evicted or denied because of any of the above, Applicant/Resident may not reapply for housing for a period of three (3) years.

The above is in relation to the bill "One Strike and You're Out" has been explained to me in full. In signing I am stating that I will abide by this policy or face denial or eviction.

Applicant Signature: _____

Other Household Adult Signature: _____

Witness Signature: _____



Rental Application:

Part A: Household Composition and Characteristics

Applicant's Full Name: _____

Date of Birth: _____ Age: _____ Sex (M or F): _____ SSN#: _____

Alien Registration #: _____ Drivers License/ID #: _____

Current Address: _____

City: _____ State/Zip: _____

Phone #: _____ Email: _____

Are you a citizen of the United States? ☐ Yes ☐ No

Please provide the following information for all members of your household:

HH Mbr #	Name	Relationship To Head	Marital Status	Birth Date	Age	Social Security #	Student (Y/N)	Race Code	Ethnicity Code	Disabled (Y/N)
1		HEAD								

Select as many codes as appropriate to best indicate your race: 1=White, 2=Black/African American, 3=American Indian/Alaska Native, 4=Asian, 5=Native Hawaiian/Other Pacific Islander
Ethnicity: 1 = Hispanic or Latino 2 = Not Hispanic or Latino

Please indicate any preferences you are claiming. You will be required to provide documentation that you qualify for each preference claimed:

Preference	Points	Claim?
Homeless/Displaced	20	
Domestic Violence	20	
Veteran	20	
Working/Disabled	15	
Resident of Bond County	15	
Education	10	
Prior Education	5	



Do you expect any additions to the household in the next twelve (12) months? ☐Yes ☐No

*If yes, please explain: _____

Are there any family members temporarily absent from the home? ☐Yes ☐No

*If yes, state the reason for the absence: _____

Have you or any household member ever used a name other than the one you are using now?

For example: Previous married, maiden or adopted names: ☐Yes ☐No

*If yes, please explain: _____

Have you ever had a social security number other than the one listed above? ☐Yes ☐No

*If yes, what is the other number? _____

Do you or any household members require a wheelchair accessible unit? ☐Yes ☐No

Do you or any household members require a live in attendant? ☐Yes ☐No

*If you circled yes on one of the above questions, please fill out the Request for Accommodations Form

Marital Status of Head of Household:

Married: _____ Single: _____ Widow(er): _____ Divorced: _____

Marital Status of other Household adults:

Married: _____ Single: _____ Widow(er): _____ Divorced: _____

Current Spouse's Name: _____

List names, addresses and telephone numbers of two (2) relatives or friends who generally know how to contact you:

1. Contact Name:	2. Contact Name:
Address:	Address:
Phone Number:	Phone Number:

Do you require any reasonable accommodations for a physical disability?

☐Yes ☐No * If yes, please specify needs: _____

Have you or any household member ever received any type of housing assistance? ☐Yes ☐No

*If yes, provide: Household Member Name: _____

Public/Assisted Housing Agency: _____

Agency Address: _____

What Year(s): _____

Who was Head of Household? _____

Do you currently owe any money to any Public or Assisted Housing Agency? ☐Yes ☐No

*If yes, how much is owed? _____

Name of Public/Assisted Housing Agency: _____

Address of Agency: _____



For all household members that are not current United States citizens, provide the following information:

Name of Household Member:	
Alien Registration #:	
Name of Household Member:	
Alien Registration #:	

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug related or violent criminal activities.

Are you any member of your family currently using an illegal substance? ☐Yes ☐No

Have you or any household member ever been arrested and/or convicted of any crime other than traffic violations? ☐Yes ☐No

*If yes, provide the following information:

When: _____ Reason: _____

Have you are any household member ever been evicted from Public or Assisted Housing? ☐Yes ☐No

*If yes, provide the following information:

When: _____ Reason: _____

Name of Household Member: _____

Name of Public/Assisted Housing: _____

Have you or any household member ever been convicted of the manufacture or production methamphetamine (or speed)? ☐Yes ☐No *If yes, provide the following information:

When: _____ Name of Household Member: _____

Are you or any household member subject to lifetime registration as a sex offender? ☐Yes ☐No

*If yes, provide the following information:

Name of Household Member: _____

Do you or any household member abuse or show a pattern of abuse of alcohol? ☐Yes ☐No

*If yes, please provide the following information:

Name of Household Member: _____

Is Household Member currently enrolled in a treatment program? ☐Yes ☐No

*If yes, please describe: _____

Is any household member currently enrolled in a treatment program? ☐Yes ☐No

*If yes, please describe: _____



PART C: INCOME INFORMATION (This section applies to all household members, including minors)

Have any ADULT household members been employed in the previous twelve (12) months? ☐Yes ☐No

*If Yes, provide the name of the household member, the name of the employer and the dates as to when the employment occurred:

Does any household member work full time, part-time or seasonally – including wages, fees, tips, bonuses, money for services? ☐Yes ☐No

*If Yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone #
a.		
b.		
c.		
d.		

Does any Household Member work for someone who pays cash? ☐Yes ☐No

*If Yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone #
a.		
b.		

Does any Household Member receive Unemployment Benefits, Workers Compensation or severance pay?

☐Yes ☐No *If Yes, please provide the following:

Household Member Name: _____

Type of Benefit: _____ Amount \$: _____

Employer Name/Address: _____

Does any Household Member receive Child Support from the Child Support Recovery Unit? ☐Yes ☐No

*If Yes, please provide the following:

Minor's Name	Name of Absent Parent	Dollar Amt Receiving
a.		
b.		

Does any Household Member receive Child Support directly from the absent parent? ☐Yes ☐No

*If Yes, please provide the following:



Minor's Name	Name of Absent Parent	Dollar Amt Receiving
a.		
b.		
c.		

If not currently receiving Child Support, is any Household Member entitled to it? ☐Yes ☐No

*If yes, provide the amount you are entitled to receive: \$ _____

Is any Household Member entitled to receive or currently receiving alimony payments? ☐Yes ☐No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Former Spouse name: _____

Does any Household Member receive Public Assistance (TANF), Medical Card or Food Stamps? ☐Yes ☐No

*If Yes, please provide Household Member name: _____

Does any Household Member receive Social Security or SSI Benefits? ☐Yes ☐No

*If Yes, attach a copy of the award letter to this application and provide the following:

Household Member name: _____ Amount: \$ _____

Social Security number that benefits are received under: _____

Does any Household Member receive Veteran's Benefits? ☐Yes ☐No

*If Yes, attach a copy of the award letter to this application and provide the following:

Household Member name: _____ Amount: \$ _____

Claim Number benefits are received under: _____

Does any Household Member receive income from a Pension or Annuity? ☐Yes ☐No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Type of Pension or Annuity: _____ Claim #: _____

Address of Pension or Annuity: _____

Does any Household Member receive regular contributions from organizations or from individuals not living in the Unit? ☐Yes ☐No *If Yes, please provide the following:

Household Member Name: _____ Amount: \$ _____

Name/Address of Contributing Organization or Individual: _____

Did any Household Member file a Federal Income Tax Return last year? ☐Yes ☐No

*If Yes, please attach a copy of the tax return to this application)



Does any Household Member receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from any rental property? ☐Yes ☐No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Type of Assets: _____

Does any Household Member own a business or are Self-Employed? ☐Yes ☐No

*If Yes, please provide the following:

Household Member name: _____

Business name/address: _____

Does any Household Member receive any type of Military pay/allotment (including the Coast Guard, National Guard and Reserves Units)? ☐Yes ☐No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Source of Pay/Allotment: _____

Does any Household Member receive money to pay bills from someone outside of your Household? ☐Yes ☐No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Name/Address of party paying the bills: _____

PART D: ASSETS

Does any Household Member own or have an interest in any property (real estate, mobile home and/or land)? ☐Yes ☐No *If Yes, please provide the following:

Household Member name: _____

Real Estate Address: _____

Value of Real Estate: \$ _____ Mortgage/Outstanding loan balance: \$ _____

Has any Household Member sold or given away any property (real estate, mobile home and/or land) in the last two (2) years? ☐Yes ☐No

*If Yes, please describe: _____

Has any Household Member disposed of any other assets in the last two (2) years (For example, given money away to relatives, set up Irrevocable Trust Accounts)? ☐Yes ☐No

*If Yes, please describe the asset: _____

Date of Disposition: _____ Amount disposed: \$ _____

Does any Household Member own any stocks or bonds? ☐Yes ☐No

*If Yes, please describe: _____



Where do all Household Members bank? Please provide all of the information below:

Household Member Name	Name/Address of Bank	Type of Account	Account Number
a.			
b.			
c.			
d.			

Does any Household Member have any savings certificates, money market funds or trust funds? ☐Yes
☐No

*If Yes, please describe: _____

Does any Household Member have any type of retirement account (Company, IRA, Keogh)?

☐Yes ☐No *If Yes, please describe: _____

Does any Household Member have any inheritances, lottery winnings or lump sum payments? ☐Yes

☐No *If Yes, please describe: _____

Does any Household Member have any Life Insurance policies? ☐Yes ☐No

*If Yes, please provide the following:

Household Member Name	Insurance Agency Name/Address	Policy Number	Amount or Cash Value
a.			
b.			
c.			

PART E: EXPENSES

Does any Household Member have expenses for child care for a child aged 12 or younger? ☐Yes ☐No

*If Yes, please provide the following:

Minor's Name	Childcare Provider Name/Address	Provider Phone #	Monthly Cost paid by you for Care
a.			
b.			
c.			



d.			
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Is any portion of your child care expenses reimbursed from an outside agency or person? ☐Yes ☐No

Indicate the monthly dollar amount spent for your household below:

Rent: \$	Phone: \$	Medical: \$	Credit Card: \$
Electric: \$	Car Payment: \$	Cable/Satellite: \$	Credit Card: \$
Gas: \$	Car Insurance: \$	Other Insurance: \$	Loan: \$
Water: \$	Child Care: \$	Rentals: \$	Loan: \$
Other: \$			

Are any of these accounts delinquent or not paid current? ☐Yes ☐No

*If Yes, please explain: _____

Do you pay a care attendant or for any equipment for any Household Member(s) with disabilities that is necessary to permit that person or someone else in the Household to work? *Yes No

If you pay a Care Attendant, please provide the following:

Attendant's Name	Attendant's Address	Attendant's Phone #
a.		

What is the monthly cost to you for the care attendant and/or the equipment? \$_____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part ONLY if the Head of Household or spouse is 62 years of age or older, or if the Head of Household or spouse is a person with a disability.

Do you have Medicare? ☐Yes ☐No

*If Yes, what is your monthly premium? \$_____

Do you pay for any other kind of medical insurance? ☐Yes ☐No

*If Yes, please provide the following:

	Policy Number:	Policy Number:
Insurance Agents Name:		
Insurance Company Name:		
Address:		
Phone #:		
Monthly Premium Amt:	\$	\$



Do you have any outstanding medical bills that you are paying? ☐Yes ☐No

*If Yes, please provide the following:

Name of Provider	Provider Address	Provider Phone #
a.		
b.		

Do you expect to incur additional medical expenses in the next twelve (12) months that will not be covered by insurance? ☐Yes ☐No

*If Yes, list anticipated medical expenses not covered below:

PART F: UNIT INFORMATION

Do you rent or *own? _____ Number of bedrooms in current unit: _____

*If owned, do you receive monthly rental income from the property? \$ _____

Name, address and telephone number of your current landlord: _____

Name, address and telephone number of your prior landlord if you have resided at your current residence less than five years: _____

What is the total monthly rent of your unit? \$ _____

What amount do you pay monthly for rent? \$ _____

Indicate the type of housing you currently occupy: House _____ Apartment _____

Mobile home: _____ Other (specify): _____

In your opinion is your present home decent, safe and sanitary? ☐Yes ☐No

*If No, why not? _____

PART G: VEHICLE INFORMATION (IF APPLICABLE)

List any cars, trucks or other vehicles owned. Parking permits will be provided for one (1) vehicle per licensed driver in the household. Maximum of two (2) permits allowed unless approved by Management:

Type of Vehicle: _____ License Plate #: _____

Year/Make of Vehicle: _____ Color: _____

Type of Vehicle: _____ License Plate #: _____



Year/Make of Vehicle: _____ Color: _____

APPLICANT/PARTICIPANT CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable under Federal Law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

I certify that the information given to the Bond County Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets and expenses, is accurate and complete. I understand that I am required to report in writing all changes in household composition, income, assets and expenses of any household member(s) to the Bond County Housing Authority (PHA) within thirty (30) days of the change. I understand that all changes in household composition due to birth, adoption or court ordered custody must be reported in writing to the Bond County Housing Authority (PHA) within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Bond County Housing Authority (PHA). I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under: **TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Household Adult: _____ Date: _____

DO NOT WRITE IN THIS SPACE – FOR BOND COUNTY HOUSING AUTH. ONLY:

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse and myself.

BCHA Representative: _____ Date: _____

Time: _____



NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban
Development
OMB Approval No. 2577-0286
Expires 06/30/2017

BOND COUNTY HOUSING AUTHORITY

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 **Bond County Housing Authority LIPH 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 **BCHA Low Income Public Housing 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 **BCHA Low Income Public Housing 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 **BCHA Low-Income Public Housing 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.

Removing the Abuser or Perpetrator from the 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.



BCHA 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 BCHA chooses to remove the abuser or perpetrator, BCHA 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, BCHA 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, BCHA must follow Federal, State, and local eviction procedures. In order to divide a lease, BCHA 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, BCHA 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, BCHA 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.

BCHA 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.

BCHA's emergency transfer plan provides further information on emergency transfers, and BCHA 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

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

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

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

Confidentiality

BCHA 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.

BCHA must not allow any individual administering assistance or other services on behalf of BCHA (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.



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

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

VAWA does not limit BCHA'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, BCHA 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 BCHA 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 BCHA can demonstrate the above, BCHA 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 violation of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **HUD – Region V, Chicago, IL.**

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.hud.gov/offices/pih/pha/vawa.pdf>.

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 **Wren Rickerson**.

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 **Local Department of Human Services Office**.

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 **Local Police or Sheriff Dept.**
Victims of stalking seeking help may contact **Local Police or Sheriff Dept.**

Attachment: Certification 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.

