

If you need an alternate form of communication or if you need assistance with completing your application, please let us know and we will be happy to assist you. (Ex. Different language, large format, audio, sign language, or general assistance)

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Read and sign the warning before completing this application!!

# WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant misrepresented the facts upon which his/her rent is based on, that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of false statement, failure to disclose information, impersonation or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama 1975)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTENTION APPLICANTS: YOU MUST HAVE WITH YOU WHEN YOU TURN IN YOUR APPLICATION THE FOLLOWING INFORMATION FOR ANYONE LISTED ON THE APPLICATION. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RETURNED!**

**Documents to bring with you:**

1. Picture ID/Drivers Licenses for all adults
2. Social Security Cards for everyone in the household
3. Birth Certificates for everyone in the household
4. Marriage Certificate, Legal Separation Papers, Final Divorce Decree
5. Social Security or SSI Awards Letters dated\*\* **within last 60 days\*\***
6. Final Custody Papers, Child Support Orders/Check stubs or printouts
7. Alimony check stubs or printout for last 6 months
8. Veteran's benefits award letter
9. Pension or Retirement Check stubs
10. Paycheck Stubs (Last 4 )
11. Latest (2) Bank Statements (Checking, Savings, and/or CD)
12. Food stamps/ AFDC/TANF Letter from DHR
13. Assets and the value of each
14. Student Loans, Grants, scholarships (proof of)
15. Medical cost Pharmacy printout, paid doctor bills, copays (if 62 or older and/or disabled)
16. Unemployment Check Stubs
17. Childcare receipts



**Phil Campbell Housing Authority**

**P.O. Box 811 / 19 Stalcup Circle**

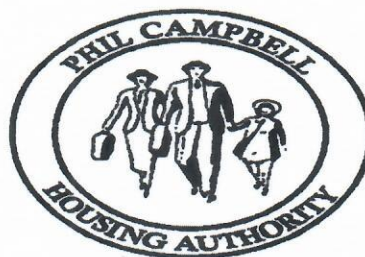
**Phil Campbell, AL 35581**

**Phone: (205)993-4844**

**Fax: (205)993-4924**

**Email: pcha@centurytel.net**

**Office Hours: Monday through Friday from 8:00 a.m. to 4:30 p.m.**



## **WAITING LIST APPLICATION COVER LETTER**

Dear Future Tenant:

Thank you for applying for Public Housing or Section 8 at the Phil Campbell Housing Authority. Please take a few minutes to read over our requirements for filling out and returning our waiting list application. All interested individuals have the right to complete and submit an application. Included in this cover letter is information regarding the policies of eligibility and our procedures for selecting tenants. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns please give me a call at the phone number above. More information is contained in our Admissions and Continued Occupancy Policy which is available in the lobby of the front office.

### **FILLING OUT THE APPLICATION**

Your household must submit a waiting list application which each adult must sign and date on behalf of the household, for each program you wish to apply to. All waiting list applications must be completed in its entirety for all household members. The application must be filled out in ink. Use the legal name for each person who will reside in the rental unit exactly as it appears on their Social Security Card. All persons 18 and over must sign the application certifying the information to them is correct. Do not leave any section of the application blank. If a question does not apply, please write "No" or "None" in those spaces. If you make a mistake, do not use white out, please cross-out and initial next to the item crossed-out, showing you corrected this. We provide reasonable accommodations for persons with disabilities in completing our application documents or returning your application to us for processing. Applicants with disabilities will be given assistance, if requested, with the completion of the application at the PHA's office at the address above. We support the federal protections in the Violence Against Women Act (VAWA) during application and tenancy. Please let us know if you would like more information.

Your waiting list application and all documents that pertain to your household (list provided within), can be brought to, mailed, emailed, or faxed to the property. Once the application has been received, it will be reviewed. If your application is complete, and you have all necessary documents, your application will be date and time stamped received, and processed for eligibility. **\*Note\* An application is considered incomplete if all documents that pertain to your household are not included.** Incomplete applications will be returned to you or the address listed on your application, with a list of items needing completion.

### **APPLICATION SCREENING**

Once your completed application is received, we will begin the certification process to verify all income/assets and expenses, etc. and provide any further requirements that may affect your qualification, such as student status and citizenship review. Background screenings will be performed on all adult members to determine such things as acceptable prior rental and criminal history, public records and credit history (poor credit history is not a major factor in application review). The property (not the applicant) will pay for the cost of the



screening. If you are denied based on your screening criteria, you will be notified in writing and given the option to appeal the decision. The screening of your application normally will be completed within one week, dependent on the inquiries to landlords. Public Housing and Section 8 Housing is for low-income individuals and families: working and non-working people: and people with both physical and mental disabilities.

### **OCCUPANCY STANDARDS AND INCOME LIMITS**

This Public Housing property offers 1, 2, and 3 bedroom units as well as handicapped accessible units for individuals and families. Various unit sizes are available through our local Section 8 owners. Occupancy standards comply with federal, state, and local laws and will be utilized to place applicants on the appropriate waiting lists for initial move-in based on unit size/number of bedrooms, compared to household size. Approved live-in-aides or need for a larger unit due to a reasonable accommodation may be allowed exceptions to the property's occupancy standard.

Number of Occupants per Bedroom	1 Bedroom	2 Bedroom	3 Bedroom
MAXIMUM Number of Occupants	2	4	6

Income limits for Public Housing and Section 8 are set by HUD and adjusted annually. These income limits are available at our office.

### **THE WAITING LIST**

Applicants are chosen off our waiting list in chronological order, based on preferences and based on the date and time their submitted application was received, processed and determined eligible in accordance with the criteria associated with this property. Once you have been placed on the waiting list it will be important that you update us with any changes in your household, such as your address, phone number, household size, members, or income. We may send you an application status update letter (at your last known address), when needed, asking for your continued interest in remaining on our waiting list. If we do not hear back from you within the requested time frame, we may have to remove your name from the waiting list, so please keep us informed of changes.

### **WHEN AN APARTMENT BECOMES AVAILABLE**

At the time a unit becomes available it is our policy to generate a waiting list report showing the eligible applicants, based on preference, for that particular unit size, which will be contacted in order starting at the top. If we have trouble contacting you, we may skip over or withdraw your application based on our policies in our Admissions and Continued Occupancy Policy.

Once you have been contacted, you must accept the vacancy offered within seven working days of the date the offer is communicated by first class mail (or the method of communication designated by an applicant with disabilities) and have the utilities connected, or be removed from the waiting list. All adults expected to reside in the unit must be present to participate in the move-in appointment and must sign all releases and documents required.

### **THE MOVE-IN**

When we have accepted you as a new tenant and your household has completed the Housing Authority "briefing" and the unit has passed inspection (Section 8 only), the manager will be able to provide you with your rent amount at this time. Payment toward your security deposit and/or pet deposit will be required at this time. We know moving is expensive. To make this process easier, we allow the security deposit to be broken

down into payments of \$50, until the full amount of \$250 is paid. If your move in date is other than the 1<sup>st</sup> of the month, your rent will be prorated for that month only. You will need to accompany an employee of the housing authority to conduct a walk-thru move-in inspection of your new apartment and sign accepting the condition of the unit (Public Housing only).

All adults will be required to sign a lease, household rules, household eligibility certification and other property policies and addendums, before receiving the keys to your unit.

If you have any questions regarding completing the application, the status of your application, the property, or regulations, please do not hesitate to call.

Sincerely,

Joanne Holifield  
Executive Director

The Phil Campbell Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities. The person named above has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504. We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.





Date Received: \_\_\_\_\_

Public Housing \_\_\_\_\_

Time Received: \_\_\_\_\_

Application No: \_\_\_\_\_

Section 8 \_\_\_\_\_

### HOUSING ASSISTANCE APPLICATION

#### PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Legal Name of Head of Household: \_\_\_\_\_
2. Social Security # \_\_\_\_\_ Alien Registration # \_\_\_\_\_
3. Current Address: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Previous Address: \_\_\_\_\_
6. Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_
8. Citizenship: Are you a citizen of the United States? (Yes/No) \_\_\_\_\_
9. Racial Group      ( ) White      ( ) Black/African American ( ) American Indian/Alaska  
                                 ( ) Asian      ( ) Other
10. Ethnicity              ( ) Hispanic ( ) Non Hispanic/Latino
11. \_\_\_\_\_

**The following preferences are available to qualifying families at this time, in this order. Please check if you qualify for any of these preferences.**

( ) Disabled

( ) Working Preference/ Elderly (Families where the head, spouse, or sole member is employed **OR** a family where the head, spouse, or sole member is age 62 or older.

12. Do you or any member of your household claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) \_\_\_\_\_ If yes, please describe:

13. Marital Status of Head of Household: Married \_\_Single\_\_Widow(er)\_\_\_\_Divorced\_\_\_\_

14. Current Spouse Name: \_\_\_\_\_

15. List Names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

Contact Name:	Contact Name:
Address:	Address:
Phone #:	Phone #:
Relationship:	Relationship:



16. 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 the Head of Household? \_\_\_\_
17. Do you currently owe money to any Public or Assisted Housing Agency? (Yes/No) \_\_\_\_
18. If yes, amount: \_\_\_\_ Name of Agency: \_\_\_\_  
 Address of Agency: \_\_\_\_
19. Have you ever used a name other than the one you are using now? (Yes/No) \_\_\_\_  
 If yes, please explain: (maiden name, previous marriages, etc.) \_\_\_\_
20. Have you ever used a social security number other than the one you listed on page 1 of this form? (Yes/No) \_\_\_\_ If yes, what was the other number? \_\_\_\_
21. LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT:

Print Full Name(s)	Relation to Head	Birth Date	Race	Age	Sex	Social Security Number	Birth Place	U.S. Citizen? (Y/N)
	HEAD							

If there are additional household members, check here \_\_\_\_ & attach a separate page with the application.

22. Does anyone in the household require a handicapped accessible unit? (Yes/No) \_\_\_\_
23. Are any family members temporarily absent from the home? (Yes/No) \_\_\_\_  
 If yes, state the reason they are absent: \_\_\_\_

**Note:** The HA will count a child who is temporarily away from the home because the child has been placed in foster care for six months or less, is away at school or other situations that can be documented.

24. Full-Time Students: List the household member name, and school name, address, and telephone # of all household members who are attending school full-time:

1. Name of Household Member	
School Name:	
School Address:	
2. Name of Household Member	
School Name:	
School Address:	
3. Name of Household Member	
School Name:	
School Address:	



25. For all household members that are not United States citizens, provide the following:

1. Name of Household Member	
Alien Registration #:	
2. 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**

1. Have you or any household member ever been **arrested or convicted** of any drug-related or criminal activity? (Yes/No) \_\_\_\_ If so, please provide the following information: When: \_\_\_\_\_ Reason: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_
2. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? (Yes/No) \_\_\_\_ If yes, provide the following information: When: \_\_\_\_\_ Reason: \_\_\_\_\_  
Household Member: \_\_\_\_\_
3. Name of Public/Assisted Housing: \_\_\_\_\_
4. Have you or any household member ever been convicted of the manufacture or production of methamphetamine on the premises of Public or Assisted Housing? (Yes/No) \_\_\_\_ Household Member: \_\_\_\_\_
5. Are you or any household member subject to lifetime registration as a sex offender? (Yes/No) \_\_\_\_ If yes, please provide name of Household Member \_\_\_\_\_
6. Are you or any household member persons who abuse or show a pattern of abuse of alcohol? (Yes/No) \_\_\_\_ If yes, please provide the following:  
Household Member \_\_\_\_\_ Is household member currently enrolled in a treatment program? (Yes/No) \_\_\_\_ If yes, please describe: \_\_\_\_\_

## PART C: INFORMATION

**This part applies to all the household members, including minors.**

1. 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 Number
a.		
b.		
c.		
d.		



2. Any household member work for someone who pays cash? (Yes/No) \_\_\_\_\_  
If yes, please provide the following information:

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

3. Does any household member receive unemployment benefits; workers compensation or severance pay? (Yes/No) \_\_\_\_\_ If yes, provide the following:

Household Member Name: \_\_\_\_\_

Type of benefit: \_\_\_\_\_ Amount: \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

4. Does any household member receive child support from the child support recovery unit? If yes, provide the following:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		
b.		
c.		
d.		

5. Does any household member receive child support directly from the absent parent? (Yes/No ) \_\_\_\_\_ If so, please provide the following:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		
b.		
c.		
d.		

6. Does any household member receive alimony? (Yes/No) \_\_\_\_\_ If yes, provide the following: Household Member Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Former Spouse Name: \_\_\_\_\_
7. Does any household member receive public assistance (TANF)? (Yes/No) \_\_\_\_\_ If yes, please provide the following: Household Member Name: \_\_\_\_\_
8. Does any household member receive food stamps? (Yes/No) \_\_\_\_\_ If yes, please provide: Amount: \_\_\_\_\_ Case Number: \_\_\_\_\_ County: \_\_\_\_\_



9. Does any household member receive Social Security or SSI benefits: (Yes/No) \_\_\_\_\_  
If yes, please attach a copy of the current award letter to this application and provide:  
Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_ SSN: \_\_\_\_\_
10. Does any household member receive income from a pension or annuity? (Yes/No) \_\_\_\_\_  
If yes, please provide: Household Member Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type of Pension/Annuity: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Address of Pension/Annuity: \_\_\_\_\_
11. Does any household member receive regular contributions from organizations or individuals not living in the unit? (Yes/No) \_\_\_\_\_ If so, provide: Household Member Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Address of Contributing Individual/Organization: \_\_\_\_\_
12. Does any household member receive income from assets including interest on checking or savings accounts, interest & dividends from certificate of deposit, stocks or bonds, or income from a rental property? (Yes/No) \_\_\_\_\_ If yes, provide: Household Member Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Type of Asset \_\_\_\_\_  
Amount of Income/Interest received \_\_\_\_\_
13. Does any household member(s) own a business or are self-employed? (Yes/No) \_\_\_\_\_  
If yes, please provide: Household Member Name: \_\_\_\_\_  
Business Name and Address: \_\_\_\_\_
14. Does any household member(s) receive any type of military pay/allotment (including Coast Guard, National Guard, and Reserve Units)? (Yes/No) \_\_\_\_\_ If yes, please provide the following: Household Member Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Source of Pay/ Allotment: \_\_\_\_\_
15. Does any household member(s) receive money to pay bills from someone outside of your household? (Yes/No) \_\_\_\_\_ If yes, please provide: Household Member Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Name and Address of Party Paying the Bills: \_\_\_\_\_

#### **PART D: ASSETS**

1. Where do all household members bank? Provide ALL information below:

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



## Asset Self-Certification

For households whose combined net assets are \$50,000 or less. Complete only ONE form per household; include assets of children, except foster children. Also exclude assets held by foster adults or live-in aides. **Do not leave blanks. Use N/A if a box is not applicable.**

**Applicant / Tenant:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

1) ☐ I/we do not have any assets at this time. If checked, skip to #3 below. **OR** 2) ☐ I/we have the following assets.

### Non-Necessary Personal Property

Note: Be sure to include the value of any cash or other asset in a safe deposit box or any other means of storage.

\* Cash value is market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.

Non-necessary personal property (examples RVs, ATVs, boats, antique cars, stamp collections, etc)				Cash Value*	Interest	Annual Income	
Description:				\$		\$	
Description:				\$		\$	
Type of Asset	Cash Value*	Interest	Annual Income	Type of Asset	Cash Value*	Interest	Annual Income
Cash on hand	\$		\$	Money Market accounts current balances	\$		\$
Checking current balances	\$		\$	Life Insurance current cash value (exclude term life)	\$		\$
Savings current balances	\$		\$	Cryptocurrency (Bitcoin, etc.)	\$		\$
Debit cards (not linked to above accounts)	\$		\$	Stocks/Bonds current balance	\$		\$
Annuities current balances	\$		\$	CD/Money Market current balances	\$		\$
Brokerage accounts current account balance (mutual funds, etc.)	\$		\$	Trust accounts current balances (if under control of the household)	\$		\$
Internet based assets current balance (Cash App, Venmo, PayPal, ApplePay, etc.)	\$		\$	Lump sums not included in accounts listed (i.e. lottery/inheritance, etc.)	\$		\$
Other   Description	\$		\$	Vehicles not used for regular transport. (RVs, Campers, etc.)	\$		\$
<b>[A] Total cash value of non-necessary personal property:</b>					<b>[B] Total Income:</b>		

**Important Note |** if the above total value [A] is \$50,000 or less, it is not added into the Total Net Assets Section [E] below. However, total income from non-necessary personal property above is added to total income [F] below.

### Real Property

Description of property	Cash Value	Income
<b>[C] Total real property value:</b>	\$	<b>[D] Total Income from real prop:</b> \$

### Total Net Assets and Income

<b>[E] Tax Return.</b> Have you received a tax return or refundable tax credit in the last 12 months that was deposited into an account listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Value of credit _____	\$	Subtract tax return/credit (if any) from total net assets. See formula for [F].	
<b>[F] Total Net Assets:</b> (Total real property [C] + non-necessary personal property [A] (if [A] exceeds \$50,000) – [E] tax return/refundable credit)	\$	<b>[F] Total Asset Income: [B]+[D]</b>	\$

3) ☐ Yes ☐ No Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). If "No", sign & date below. If "Yes", complete # 4, then sign & date below.

4) Date of disposal 1: \_\_\_\_\_ Difference FMV & Amt. Rcvd.: \_\_\_\_\_ Date of disposal 2: \_\_\_\_\_ Difference FMV & Amt. Rcvd.: \_\_\_\_\_

**Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.**

Applicant/Tenant	Date	Applicant/Tenant	Date	Applicant/Tenant	Date
<b>PENALTIES FOR MISUSING THIS VERIFICATION</b>					
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.					



## PART E: Expenses

1. Does any household member have expense for child care of a child aged 12 or younger?

Minor's Name	Childcare Provider Name / Address	Provider's Telephone Number	Monthly Cost

Is any portion of your child care expenses reimbursed from an outside agency or person? (Yes/No) \_\_\_\_\_

2. Indicate the dollar monthly expenditure for your household below:

Rent	Phone	Medical	Child Care
Electric	Car Payment(s)	Cable/Internet	Credit Card
Water	Car Ins.	Insurance	Loans
Food	Gas for Car	Rentals	Other

Indicate in the space if any of the above that are delinquent or not paid current? \_\_\_\_\_

3. 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 yes, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone Number
a.		
b.		

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 Part E only of the Head of Household or Spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

4. Do you have Medicare? (Yes/No) \_\_\_\_\_ If yes, what is your monthly premium? \_\_\_\_\_



5. Do you pay for any other kind of medical insurance? (Yes/No) \_\_\_\_\_ If yes, provide:

Policy Number:	Policy Number:
Insurance Agent's Name:	Insurance Agent's Name:
Name of Insurance Company:	Name of Insurance Company:
Address:	Address:
Telephone Number:	Telephone Number:
Monthly Premium Amount:	Monthly Premium Amount:

6. Do you have any outstanding medical bills that you are paying? (Yes/No) \_\_\_\_\_ If yes, provide:

Name of Provider:	Address of Provider:	Telephone Number:

7. Do you expect to incur any additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) \_\_\_\_\_ If yes, list anticipated medical expenses not covered : \_\_\_\_\_

#### PART F: UNIT INFORMATION

1. Name, Address, and Telephone number of your current landlord? \_\_\_\_\_
2. What is the total monthly rent of your unit? \_\_\_\_\_  
What amount do you pay for monthly rent? \_\_\_\_\_
3. Indicate the type of housing you currently occupy: House \_\_\_\_\_ Apartment \_\_\_\_\_  
Mobile Home \_\_\_\_\_ Other \_\_\_\_\_
4. In your opinion is your present home decent, safe, and sanitary? (Yes/No) \_\_\_\_\_ If no, why not? \_\_\_\_\_



### **APPLICANT/PARTICIPANT CERTIFICATION**

I certify that the information given to the Phil Campbell Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses is accurate and complete. I understand that false statements or information is punishable under Federal law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition and characteristics, drug and criminal activity, income, assets, and expenses of any household member(s) to the Phil Campbell Housing Authority (PHA) within ten (10) days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing to the Phil Campbell Housing Authority (PHA) within ten (10) days of the change. Further, I understand that no one is permitted to move into my unit without prior written approval from Phil Campbell Housing Authority (PHA) and/or my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy, or rent reduction by false information, impersonation, failure to disclose or other frauds, and any act of assistance to such attempt is a crime under:

**WARNING: 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 OF AGENCY OF THE UNITED STATES.**

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

Signature of Spouse/Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

#### **DO NOT WRITE IN THIS SPACE – FOR PHA ONLY:**

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

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



## Reasonable Accommodation

The Housing Authority of the City of Phil Campbell, Alabama (HA) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of HA's programs, services and activities.

Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a HA policy, HA will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the HA may make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration, or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

HA will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located at 19 Stalcup Circle, Phil Campbell, Alabama 35581, and in the management office of the public housing development. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the HA's Section 504/ADA Coordinator.

A person with a disability may request a reasonable accommodation at any time during the application process, residency in public housing, or participation in the Housing Choice Voucher and Moderate Rehabilitation Programs of HA. The individual, HA staff or any person identified by the individual, must submit all requests in writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

Are you are a person with a disability who needs a reasonable accommodation?

\_\_\_\_\_ Yes   or   \_\_\_\_\_ No

---

Signature

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Signature

---

Date



**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**  
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

**Phil Campbell Housing Authority**  
**P.O. Box 811**  
**Phil Campbell, AL 35581**

**Contact: Joanne Holifield or Michaela Gable**  
**Phone: (205)993-4844**  
**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.



**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



**Phil Campbell Housing Authority**  
**P.O. Box 811**  
**Phil Campbell, AL 35581**  
**(205)993-4844**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Phil Campbell Housing Authority, any information or material needed to complete and verify my application for participation and/or other housing assistance programs. 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 program rules and policies.

**INFORMATION COVERED**

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to : (1) Identity and marital status, (2) Employment Income and Assets, (3) Medical or Childcare Allowances, (4) Child Support, (5) Credit and Criminal Activity, and (6) Residences and Rental Activity.

I understand that this authorization cannot be used to obtain any information that is not pertinent to my eligibility for and continued participation in, a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups of individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous landlords (including Public Housing Agencies), State Unemployment Agencies, Social Security Administration, Courts and Post Offices, Medical and Childcare Providers, Schools and Colleges, Veterans Administration, Law Enforcement Agencies, Retirement Systems, Support and Alimony Providers, Banks and Other Financial Institutions, Past and Present Employers, Credit Providers and Credit Bureaus, Department of Human Resources, and Utility Companies.

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of the adverse information found, and a chance to disprove that information. HUD may in the course of its duties, exchange automated information with Federal, State, or Local Agencies, including but not limited to: State Employment Agencies, Department of Defense. Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

**CONDITIONS**

I understand and agree that a photocopy of this authorization may be used for purposes stated above. This authorization will stay in effect as long as I am an applicant/tenant of the Housing Authority.

Head of Household: _____	SSN: _____	Date: _____
Spouse/Co-Head: _____	SSN: _____	Date: _____
Adult Member: _____	SSN: _____	Date: _____
Adult Member: _____	SSN: _____	Date: _____



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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.



## DECLARATION OF SECTION 214 STATUS

1<sup>st</sup> Adult

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

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

- ☐ I am a citizen by birth, naturalized citizen or national of the United States. OR:
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age). OR:
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA OR:
- ☐ Permanent residence under #249 of INA OR:
- ☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA OR:
- ☐ Parole status under #212(d)(f) of the INA OR:
- ☐ Threat to life of freedom under #243(h) of the INA OR:
- ☐ Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

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

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See next page for footnotes and instructions]



DECLARATION OF SECTION 214 STATUS

2<sup>nd</sup> Adult

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

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

- ☐ I am a citizen by birth, naturalized citizen or national of the United States. OR:
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age). OR:
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA OR:
- ☐ Permanent residence under #249 of INA OR:
- ☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA OR:
- ☐ Parole status under #212(d)(f) of the INA OR:
- ☐ Threat to life of freedom under #243(h) of the INA OR:
- ☐ Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

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

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See next page for footnotes and instructions]



The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status]. . Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



## Certification of Receipt

I, \_\_\_\_\_ do hereby certify that I  
have personally received a copy of HUD Forms 5380, 5381, 5382, and  
5383 pertaining to the Violence Against Women Act .

\_\_\_\_\_  
Signature of Tenant or Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative



**Phil Campbell Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Phil Campbell Housing Authority** 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 Public Housing or Section 8 Programs of the **Phil Campbell Housing Authority**, 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.

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

<sup>2</sup> 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.



## **Protections for Tenants**

If you are receiving assistance under the Public Housing or Section 8 Programs of the **Phil Campbell Housing Authority**, 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 Public Housing or Section 8 Programs of the **Phil Campbell Housing Authority**, 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**

**Phil Campbell Housing Authority** 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 **Phil Campbell Housing Authority** chooses to remove the abuser or perpetrator, **Phil Campbell Housing Authority** 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, **Phil Campbell Housing Authority** 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, **Phil Campbell Housing Authority** must follow Federal, State, and local eviction procedures. In order to divide a lease, **Phil Campbell Housing Authority** 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, **Phil Campbell Housing Authority** 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, **Phil Campbell Housing Authority** 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.**

**Phil Campbell Housing Authority 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.**

**Phil Campbell Housing Authority's emergency transfer plan provides further information on emergency transfers, and Phil Campbell Housing Authority 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**

**Phil Campbell Housing Authority 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 **Phil Campbell Housing Authority** must be in writing, and **Phil Campbell Housing Authority** 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. **Phil Campbell Housing Authority** 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 **Phil Campbell Housing Authority** as documentation. It is your choice which of the following to submit if **Phil Campbell Housing Authority** 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 **Phil Campbell Housing Authority** 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 **Phil Campbell Housing Authority** has agreed to accept.

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

If **Phil Campbell Housing Authority** 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), **Phil Campbell Housing Authority** 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, **Phil Campbell Housing Authority** does not have to provide you with the protections contained in this notice.

### **Confidentiality**

**Phil Campbell Housing Authority** 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.

**Phil Campbell Housing Authority** must not allow any individual administering assistance or other services on behalf of **Phil Campbell Housing Authority** (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.

**Phil Campbell Housing Authority** must not enter your information into any shared database or disclose your information to any other entity or individual. **Phil Campbell Housing Authority**, however, may disclose the information provided if:

- You give written permission to **Phil Campbell Housing Authority** to release the information on a time limited basis.
- **Phil Campbell Housing Authority** 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 **Phil Campbell Housing Authority** or your landlord to release the information.

VAWA does not limit **Phil Campbell Housing Authority**'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, **Phil Campbell Housing Authority** 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 **Phil Campbell Housing Authority** 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 **Phil Campbell Housing Authority** can demonstrate the above, **Phil Campbell Housing Authority** 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 **HUD's Birmingham Field Office at 205-731-2617.**

#### **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, **Phil Campbell Housing Authority** must make a copy of HUD's VAWA regulations available to you if you ask to see them.



For questions regarding VAWA, please contact **Phil Campbell Housing Authority at 205-993-4844.**

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 **Safeplace at 1-800-550-9215.**

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 **Rape Response at 256-765-0025**

Victims of stalking seeking help may contact **National Center for Victims of Crime's Stalking Resource Center at 855-4-VICTIM (855-484-2846).**

**Attachment:** Certification form HUD-5382

**Phil Campbell Housing Authority**

**Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence,  
Sexual Assault, or Stalking**

**Emergency Transfers**

**Phil Campbell Housing Authority** is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> **Phil Campbell Housing Authority** allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The ability of **Phil Campbell Housing Authority** to honor such request, for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether **Phil Campbell Housing Authority** has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model

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<sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> 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.



emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that Phil Campbell Housing Authority is in compliance with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify Phil Campbell Housing Authority's management office and submit a written request for a transfer to **The Phil Campbell Housing Authority, P.O. Box 811, Phil Campbell, AL 35581** or at the **Phil Campbell Housing Authority Office located at 19 Stalcup Circle, Phil Campbell, AL 35581**. Phil Campbell Housing Authority will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under **Phil Campbell Housing Authority**'s program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

### **Confidentiality**

**Phil Campbell Housing Authority** will keep confidential, any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives **Phil Campbell Housing Authority** written permission to release the information, on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about **Phil Campbell Housing Authority**'s responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### **Emergency Transfer Timing and Availability**

**Phil Campbell Housing Authority** cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. **Phil Campbell Housing Authority** will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If



a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred.

**Phil Campbell Housing Authority** may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If **Phil Campbell Housing Authority** has no safe and available units for which a tenant who needs an emergency is eligible, **Phil Campbell Housing Authority** will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, **Phil Campbell Housing Authority** will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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>.

**Attachment:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

### **Local Organizations**

For questions regarding VAWA, please contact **Phil Campbell Housing Authority at 205-993-4844**.

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 **Safeplace at 1-800-550-9215**.

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 **Rape Response at 256-765-0025**.

Victims of stalking seeking help may contact **National Center for Victims of Crime's Stalking Resource Center at 855-4-VICTIM (855-484-2846)**.



**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):

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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.



**EMERGENCY TRANSFER  
REQUEST FOR CERTAIN  
VICTIMS OF DOMESTIC  
VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

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

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

**Purpose of Form:** If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

**The requirements you must meet 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. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

**(2) You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

**(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 submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.



**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. 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 or an emergency transfer to you. 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 PERSON REQUESTING A TRANSFER**

1. Name of victim requesting an emergency transfer: \_\_\_\_\_

2. Your name (if different from victim's) \_\_\_\_\_

3. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

4. Name(s) of other family member(s) who would transfer with the victim: \_\_\_\_\_

5. Address of location from which the victim seeks to transfer: \_\_\_\_\_

6. Address or phone number for contacting the victim: \_\_\_\_\_

7. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

8. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

9. Date(s), Time(s) and location(s) of incident(s): \_\_\_\_\_

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. \_\_\_\_\_

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: \_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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) \_\_\_\_\_



Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

#### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

#### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

#### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hpi/programs/shiptiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date