



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103
 513.732.6010 | Fax 513.732.6520
 www.clermontmha.org

PUBLIC HOUSING (PH) APPLICATION FOR RECERTIFICATION

Family Information

List all persons who live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name	Date of Birth	Sex	Last 4 of SS#	Relation	Disabled		Phone #	Email Address
						Person?	Student?		
H					Head				
2									
3									
4									
5									
6									
7									
8									

Family Income Information

List the source & amount of all income expected in the next 12 months for all family members. Include earnings & benefits received from TANF, VA, Social Security, SSI, SSDI, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week. If additional lines are needed, please add a sheet of paper.

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Month <input type="checkbox"/> Year

Family Asset Information

Do you or anyone in your household have any of the following, if so please list? If none, please enter N/A.

Type of Asset	Family Member	Date Opened	Date Closed	Last 4 of account #	Current Balance	Interest Rate
Savings						
Checking						
Certificate of Deposit						
Savings Bonds						
Annuity						
Life Ins.						



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Additional Questions

1. Do you own any real estate? Yes No
If yes, what is the address? _____
2. Have you sold any real estate in the past 2 years? Yes No
If yes, what is the address? _____
3. Do you or anyone in your household have any other income not already mentioned? Yes No
If yes, what is the income and amount. _____
4. Does anyone 18 years or older attend a school or training program full time? Yes No
If yes, which household member & name of school attending. _____
5. Is your household reporting zero income (no income being received by any household member)?
 Yes No If yes, Zero Income Questionnaire must be completed.
6. Are you or any member of the household subject to a lifetime sex offender registration requirement?
 Yes No

Optional Allowances

1. Do you have out of pocket child-care expenses for any child age 12 and under due to employment, unemployment and/or to further your education? Yes No
If yes, provider name and amount you pay? _____
2. Is the head of household or spouse age 62 or older or a person with a disability? Yes No
If yes, please continue to question 3. If no, skip to question #5.
3. Do you have on going out of pocket medical expenses that are not covered by insurance? Yes No
If yes, please provide receipts or printout of these expenses from the last 12 months.
4. Do you pay for any insurance (Medicare, supplemental, etc.) Yes No
If yes, what is the company name & amount of monthly premium? _____
Please provide receipts or printout of these expenses from the last 12 months.
5. Is any member of the household handicapped or disabled? Yes No
If yes, do you have any expenses (care attendant, equipment, etc.) that is paid out of pocket that would enable a family member to be employed? Yes No
What is the monthly amount? _____
Which member of the household is enabled to be employed based on this expense? _____

Emergency or Other Contact Information

1. Is there anyone that you would like us to contact in the event of an emergency or if we have been unable to reach anyone in your household after repeated attempts? Yes No
If yes, please provide name and phone number of your emergency contact.
Name: _____
Phone Number: _____



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2. Is there anyone that is not in your household that you would like to give our office permission to discuss your case with? ____ Yes ____ No

If yes, please provide name and phone number of the person you would like us to discuss your case with.

Name: _____

Phone Number: _____

By answering yes to the above questions and signing below, I hereby give consent for CMHA to discuss my case with the above regarding any matters that concerns my continued tenancy under CMHA's housing programs. This consent will remain in effect until I formally revoke it in writing and provide a copy to CMHA.

Applicant/Tenant Certification:

I/We certify that the information given to Clermont Metropolitan Housing Authority (CMHA) on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse/Cohead

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly 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 willingly 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 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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SELF DECLARATION OF ZERO (\$0) INCOME (ONLY FILL OUT IF HOUSEHOLD REPORTED ZERO INCOME)

Because you have reported zero (\$0) household income, Clermont Metropolitan Housing Authority (CMHA) is required to see what resources, *if any*, are being used to meet the family's current needs. Please note: CMHA **may not** make an adjustment to your rent until ALL questions have been answered.

Print Head of Household Full Name _____

Last 4 of Head of Household's SSN _____

1. When did your household income become zero (\$0) income? _____
2. Does your family have car payment(s)? yes no **How much is paid monthly?** _____
How does your family pay for gasoline? _____ **Estimated monthly amount \$** _____
How does your family pay for insurance? _____ **Estimated monthly amount \$** _____
How does your family pay for maintenance/tires? _____ **Estimated monthly amount \$** _____
If the family does not own a car, what is used for transportation? _____
How does your family pay for transportation? _____ **Estimated monthly amount \$** _____
3. Does your family pay a portion of the rent? yes no **How much is paid monthly?** _____
How does your family pay for this? _____
4. Does your family pay for any utilities? yes no **Estimated monthly amount \$** _____
How does your family pay for this? _____
5. Does your family have a home phone or a cell phone? yes no Which? home cell both
How does your family pay for this? _____ **How much is paid monthly?** _____
6. Does your family have internet, cable, digital, or satellite services? yes no
How does your family pay for this? _____
_____ **How much is paid monthly?** _____
7. Does your family have any rental agreements for furniture, appliances, and electronics? yes no
How does your family pay for this? _____
_____ **How much is paid monthly?** _____
8. How does your family purchase toiletries, paper products, cleaning supplies, laundry costs, etc.?
How does your family pay for these purchases and services? _____
_____ **Estimated monthly amount \$** _____



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9. Does your family have credit card payments? yes no
How does your family pay for these? _____ **How much is paid monthly?** _____
10. Does your family own any pets? yes no
If yes, how does your family pay for the expenses associated with owning a pet (food, vet bills, etc)?
_____ **Estimated monthly amount \$** _____
11. Does your family have entertainment expenses? yes no
If yes, how does your family pay for the expenses associated with entertainment (Amazon, Hulu, Netflix, vacations, church tithes, vape/cigarettes, alcohol, etc)? _____
_____ **How much is paid monthly?** _____
12. How does your family pay for shoes and clothing? _____
_____ **Estimated monthly amount \$** _____
13. Does any household member currently have income? yes no
If yes, list household member: _____ Source of income: _____
If yes, list household member: _____ Source of income: _____
If yes, list household member: _____ Source of income: _____

By signing below, I/we are agreeing that I/we **must** report to CMHA all sources of income for all household members in writing within thirty (30) calendar days. I/we understand my family **must** complete this Questionnaire whenever requested by CMHA for as long as my household income remains at \$0. I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance and/or lease, as permitted by Federal Regulations and/or State and Local law.

Signature of Head of Household

Date

Signature of Spouse/Cohead/Other Adult

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly 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 willingly 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 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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CHOICE OF RENT IN PUBLIC HOUSING Effective 10/1/99

The amount payable monthly by the family as rent to the Authority is the rent selected annually by the family from the options offered under the Authority rent policies. The options must include:

Option 1. Flat Rent:

Flat rents are intended as an incentive for residents to remain in public housing after they have attained a level of self sufficiency. A flat rent is the amount of tenant rent based the market value of the unit, as determined by the Authority. The flat rent is designed to encourage self-sufficiency and to avoid creating disincentives for continued residency by families who are attempting to become economically self-sufficient. An Authority must take reasonable steps to determine market value, and generally should use a comparability study. The comparability study would analyze relevant factors for the community in which the unit is located, including unassisted rents for housing of similar age, location, condition, amenities, design and size. The Authority must maintain records regarding the calculation and establishment of flat rents. The Authority may retain ceiling rents instead of flat rents for a period of free years from the effective date of the final rule. After this three year period, the Authority must adjust the ceiling rents to the same level as flat rents. The Authority has adopted the current Fair Market Rent as Ceiling Rents. For families who choose flat rents, the Authority must review the income of the family in accordance with the Authority' s established policies, at least once every three years. Accordingly, the Flat Rent for _____ bedroom unit is \$ _____.

Option 2. Income-Based rent:

An income-based rent is the amount of tenant rent based on the family' s income, as determined by the Authority, and the Authority's rent policies, which specify a percentage of family income. The Income Based rent, including any applicable utility allowance, must not exceed the total tenant payment For families who pay an Income-Based rent, the Authority must conduct a redetermination of family income and composition at least annually and must make appropriate adjustments in the rent and consultation with the family and upon verification of the information. At this time, the initial Income-Based rent for your _____ bedroom unit is \$ _____.

Changing Type of Rental Payment:

If the Authority determines that the family is unable to pay the flat rent because of financial hardship, the Authority must immediately switch the family's rental payment from Flat Rent to Income-Based rent. Financial hardship circumstances include situations in which the family: 1) Has experienced a decrease in income because of changed circumstances, loss or reduction of employment, death in the family, and reduction in or loss of earnings or other assistance. 2) Has experienced an increase in expenses, because of changed circumstances, for medical costs, child care, transportation, education, or similar items, 3) Such other situations determined by the Authority to be appropriate.

The CHOICE OF RENT IN PUBLIC HOUSING has been explained to me and:

As of this date: _____ I elect option 1. _____ 2. _____

RESIDENT NAME: _____

RESIDENT ADDRESS: _____



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CMHA Annual Lease Renewal

Tenant Name: _____

Address: _____

The new lease term begins on _____

Household members who will reside in this dwelling are as follows:

_____	_____
_____	_____
_____	_____
_____	_____

Your signature on this form indicates that you are bound to the terms of your original lease agreement and that you fully understand the terms and provisions of that agreement.

Resident _____

Date _____

Resident _____

Date _____

Resident _____

Date _____

CMHA Agent _____

Date _____



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Fraud Affidavit

Penalties for Fraud

FRAUD – Withholding information from this Agency OR providing false information to this Agency.

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent – retroactively, if applicable.

WARNING:

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States, as to any matter within its jurisdiction.

POLICE CHECK

1. Does any member of the family have a police record in the last 12 months (including traffic, civil and/or criminal) please mark “yes” even if there isn’t a conviction and/or case is still in court. Yes _____ No _____

If yes, complete the following:

Name _____ Date of Incident _____

Charged With: _____

2. Is any member of the family (applicant’s household) subject to a lifetime state sex offender registration program in any state? Yes _____ No _____

Resident Acknowledgement(s)

By signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information above:
2. That I understand what fraud is, and:
3. That I understand the penalties for committing fraud.

Signature of Applicant & Date

Signature of Spouse or Other Adult

Signature of Other Adult

Rev 09/2020

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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OXYGEN USE

Be advised that oxygen may be used by people living in this building and by people visiting.

If you are a resident and have oxygen in your apartment you must display a sign on your front door to advise people that oxygen is present.

RESIDENT

DATE

RESIDENT

DATE

HOUSING AUTHORITY

DATE



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PARKING REGISTRATION FORM

Name:

Address:

MAKE

MODEL

COLOR

LICENSE PLATE NUMBER

MAKE

MODEL

COLOR

LICENSE PLATE NUMBER

Resident Signature:

Resident Signature:

Date: _____



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EMERGENCY CONTACT FORM

Date: _____

Name
Address
City, State, Zip

Phone: _____

In any emergency, in which you are unable to accept your security or pet deposit, please designate:

Name: _____ Relationship: _____

Address: _____ Phone: _____

In the event of abandonment or your death, will the above-named individual be responsible for the removal of your belongings from the household?

Yes _____ No _____

If **no**, please stipulate your designated Recipient of your belongings:

Name: _____ Phone: _____

Authorization given by:

Name: _____ Date: _____



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NO SMOKING ADDENDUM

This No-Smoking Addendum is entered between CLERMONT METROPOLITAN HOUSING AUTHORITY (owner/agent) and _____ (tenant) on this ____ day of _____. This addendum is an integral part of the residential lease agreement entered between owner and tenant in respect of the premises a _____, This addendum went into effect August 1, 2018.

PURPOSE: Tenant acknowledges the following: Smoking increases the rise of fire; smoking is likely to damage the Tenant's premises; adverse health effects of secondhand smoke is likely to drift from one apartment to another; smoking increases the maintenance and cleaning costs of upkeep of units.

DEFINITION OF SMOKING: Smoking includes inhaling, exhaling, breathing, carrying or possession of any lighted cigarette, cigar, pipe, other product containing any amount of tobacco, or other similar lighted product.

NO SMOKING RULE: Smoking is not permitted inside the leased premises or anywhere within 25 feet of CMHA buildings.

COMPLIANCE: Landlord shall take reasonable steps to ensure compliance with the terms and provisions of this Addendum. Tenant shall inform family and guests of smoke free policy. Tenant shall promptly give Landlord notice of any incidents of smoking or migrating secondhand smoke.

THIRD-PARTY BENEFICIARIES: Tenants agree that other tenants at the complex are the third-party beneficiaries of this No Smoking Addendum and, accordingly, a tenant has the right to sue another tenant for an injunction to prohibit smoking or for damages. Any exercise of these rights shall not create a presumption that the Landlord breaches this Addendum.

DISCLAIMER: Tenant acknowledges the following: a) that the adoptions and/or enforcement of the smoke free policy shall not make the Landlord a guarantor of Tenant's health or of the smoke free condition of the Tenant's apartments and the common areas; b) the adoption and/or enforcement of the no smoking rule shall not, in any way, change the warranty of habitability, the covenant of quiet enjoyment, or other duty of care owed the Tenant; and c) that Landlord's ability to police, monitor or enforce the no smoking rule is dependent in significant part on compliance by the Tenant and the Tenant's guests. Landlord specifically disclaims any implied or express warranties that the building, common areas, or Tenant's premises will have any higher or improved air quality standards than any other rental property. Landlord cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke.

EFFECT OF BREACH OF NO SMOKING RULE: If tenant breaches the no smoking rule then owner/agent has the right to issue notice of termination on these grounds alone.

CMHA REPRESENTATIVE

TENANT

DATE

TENANT



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CLERMONT METROPOLITAN HOUSING AUTHORITY (CMHA) LEASE TERMINATIONS

The following statements are a partial listing of reasons why the lease could be terminated.

Termination of Lease by Tenant

- The tenant **must** give at least 30 calendar days advance written notice to the PHA of their intent to vacate.

Mandatory Termination of Lease by PHA

- The PHA **must** terminate the lease if any family member fails to sign and submit any consent form s/he is required to sign for any re-examination.
- The PHA **must** terminate the lease if: (1) a family fails to submit required documentation within the required timeframe concerning any family member's citizenship or immigration status; (2) a family submits evidence of citizenship and eligible immigration status in a timely manner, but USCIS primary and secondary verification does not verify eligible immigration status of the family, resulting in no eligible family members; (3) a family member, as determined by the PHA, has knowingly permitted another individual who is not eligible for assistance to reside (on a permanent basis) in the unit.
- The PHA **must** terminate assistance if a participant family fails to disclose the complete and accurate social security numbers of each household member and the documentation necessary to verify each social security number.
- The PHA **must** terminate the lease if the family fails to accept the PHA's offer of a lease revision to an existing lease, provided the PHA has done the following: The revision is on a form adopted by the PHA in accordance with 24 CFR 966.3 pertaining to requirements for notice to tenants and resident organizations and their opportunity to present comments; the PHA has made written notice of the office of the revision at least 60 calendar days before the lease revision is scheduled to take effect; the PHA has specified in the offer a reasonable time limit within that period for acceptance by the family.
- The PHA **must** immediately terminate the lease if the PHA determines that any household member has ever been convicted of the manufacture or production of methamphetamine on the premises of federally assisted housing.
- The PHA **must** immediately terminate assistance of a household member if it is discovered that a member of an assisted household was subject to a lifetime registration requirement at admission and was erroneously admitted after 6/25/2001.
- The PHA is prohibited from renewing the lease at the end of the 12-month lease term when the family fails to comply with the community service requirements.
- The PHA **must** immediately terminate the lease following the death of the sole family member.

Termination by PHA-Other Authorized Reasons

- The PHA **will** terminate the lease for drug-related criminal activity engaged in on or off the premises by the tenant, member of the tenant's household or guest, and any such activity engaged in on the premises by any other person under the tenant's control.
- The PHA **will** terminate the lease when the PHA determines that a household member is illegally using a drug or the PHA determines that a pattern of illegal use of a drug interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

- The PHA **will** terminate the lease when a covered person engages in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents (including PHA management staff residing on the premises) or by persons residing in the immediate vicinity of the premises.
- The PHA **will** terminate the lease if the PHA determines that a household member has engaged in abuse or pattern of abuse of alcohol that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
- The PHA **will** terminate the lease if the PHA determines that a household member has furnished false or misleading information concerning illegal drug use, alcohol abuse, or rehabilitation of illegal drug users or alcohol abusers.

Other Serious of Repeated Violations of Material Terms of the Lease-Mandatory Lease Provisions.

The PHA **will** terminate the lease for the following violations of tenant obligations under the lease.

- Failure to make payment due under the lease, including nonpayment of rent.
- Repeated late payment of rent or other charges. Three late payments within a 12-month period shall constitute a repeated late payment.

Failure to fulfill the following household obligations.

- Not to assign the lease or to sublease the dwelling unit. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
- Not to provide accommodations for boarders or lodgers.
- To use the dwelling unit solely as a private dwelling for the tenant and the tenant's household as identified in the lease, and not to use or permit its use for any other purpose.
- To abide by necessary and reasonable regulations promulgated by the PHA for the benefit and well-being of the housing project and the tenants which shall be posted in the project office and incorporated by reference in lease.
- To comply with all obligations imposed upon tenants by applicable provisions of building and housing codes materially affecting health and safety.
- To keep the dwelling unit and such areas as may be assigned to the tenant for the tenant's exclusive use in a clean and safe condition.
- To dispose of all ashes, garbage, rubbish, and other waste from the dwelling unit in a sanitary and safe manner.
- To use only in a reasonable manner all electrical, plumbing, sanitary, heating, ventilating, air conditioning and other facilities and appurtenances including elevators.
- To refrain from, and to cause the household and guests to refrain from destroying, defacing, damaging, or removing any part of the dwelling unit or project.
- To pay reasonable charges (other than for normal wear and tear) for the repair of damages to the dwelling unit, or to the project (including damages to project buildings, facilities, or common areas) caused by the tenant, a member of the household or a guest.
- To act, and cause household members or guests to act, in a manner which will not disturb other residents' peaceful enjoyment of their accommodations and will be conducive to maintain the project in a decent, safe, and sanitary condition.

Other Authorized Reasons for Termination (Other Good Cause).

The PHA **will** terminate the lease for the following reasons:

- Fugitive Felon or Parole Violator
- Persons subject to sex offender registration requirement.
- Discovery of facts after admission to the program that would have made tenant ineligible.

- Discovery of materially false statements or fraud by the tenant in connection with an application for assistance or with a re-examination of income.
- Failure to furnish such information and certifications regarding family composition and income as may be necessary for the PHA to make determinations with respect to rent, eligibility, and the appropriateness of the dwelling unit size.
- Failure to transfer to an appropriate size dwelling unit based on family composition, upon appropriate notice by the PHA that such a dwelling unit is available.
- Failure to permit access to the unit by the PHA after proper advance notification for the purpose of performing routine inspections and maintenance, for making improvements or repairs, or to show the dwelling unit for re-leasing, or without advance notice if there is reasonable cause to believe that an emergency exists.
- Failure to promptly inform the PHA of the birth, adoption, or court-awarded custody of a child. In such a case, promptly means within 10 business days of the event.
- Failure to abide by the provisions of the PHA pet policy.
- If the family has breached the terms of a repayment agreement entered into with the PHA.
- If a family member has violated federal, state, or local law that imposes obligations in connection with the occupancy or use of the premises.
- If a household member has engaged in or threatened violent or abusive behavior toward PHA personnel.
- Residents responsible for direct payment of utilities must abide by all regulations of the specific utility company, including regulations pertaining to advance payment of deposits. Failure to maintain utility services and keeping payments current during residency is a lease violation and grounds for eviction. The utility service must be in the name of an approved adult member of the household or is considered a lease violation and grounds for eviction.

Family Absence from Unit

- The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any PHA requested information or certification on the purposes of family absences.
- The family must promptly notify the PHA when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 10 calendar days. In such a case promptly means within 5 business days of the start of the extended absence.

By signing below, I acknowledge that I understand the reasons of why a lease may be terminated. Further, I understand that **any** failure by **any** family member to abide by these obligations may result in a termination of assistance for the entire household.

*All household members 18 years of age and older **must** sign that they understand these obligations.*

Head of Household Signature: _____ Date: _____

Co-Head/Spouse Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103
513.732.6010 | Fax 513.732.6520
www.clermontmha.org

EMPLOYMENT NEWS FOR RESIDENTS

The Clermont Metropolitan Housing Authority and HUD strongly support a policy of contracting and providing job opportunities to residents of Public Housing. The Housing Authority and its contractors will make a good faith effort to provide employment to public housing residents when possible.

So that the Authority can determine who may be interested in working, this **Skills Survey** should be completed. If you have skills in any of the following areas please indicate all that apply.

SKILLS SURVEY

- | | |
|--|--|
| <input type="checkbox"/> Supervisory/Management Skills | <input type="checkbox"/> Sales/Rental Skills |
| <input type="checkbox"/> Data Entry/Word Processing Skills | <input type="checkbox"/> Bookkeeping/Accounting Skills |
| <input type="checkbox"/> Office/Clerical/Filing Skills | <input type="checkbox"/> Painting Skills |
| <input type="checkbox"/> Roof Repair Skills | <input type="checkbox"/> Drywall/Plastering Skills |
| <input type="checkbox"/> Plumbing Skills | <input type="checkbox"/> HVAC Skills |
| <input type="checkbox"/> Janitorial/Cleaning Skills | <input type="checkbox"/> Carpentry Skills |
| <input type="checkbox"/> Cement Working Skills | <input type="checkbox"/> Electrical Skills |
| <input type="checkbox"/> General Maintenance Skills | <input type="checkbox"/> Grounds Maintenance Skills |
| <input type="checkbox"/> Other Skills _____ | |

Do you have a business that performs any of the work listed above? If so, the Authority could possibly be interested in having your business do work for the Authority.

If you have any interest in completing this **Skills Survey**, please complete the information and return to Susan Smith at the Authority's main office at 65 South Market Street, Batavia, OH 45103. The Authority shall keep this information on file for future use.

Name _____

Address _____

Phone _____

Date _____

Rev 02/08/2021



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Permission to Obtain Income / Benefit Information Via User Name & Password

*The below is an **optional** form that can be completed by the tenant or applicant to provide easier access to Clermont County Metropolitan Housing Authority (CMHA) from certain income sources. We understand that there may be instances when the tenant or applicant does not have access to a printer, fax machine, transportation, or email capability and by providing this information CMHA can verify the income source by using the log in information provided by the tenant or applicant.*

I, _____ (Tenant) give permission to Clermont Metropolitan Housing Authority to obtain my benefit / income information and payment history via the internet utilizing the website of the agency listed below. I understand that is optional and I am not required to complete this form. By completing this form, I understand that I still **must** notify CMHA if there is a change in my income so they know when the information needs to be accessed. I understand that in order to access this information, a User Name and Password will have to be established on the appropriate website. Additionally, I understand that the established User Name and Password will be kept on this form and in my file at CMHA in the event this information would need to be accessed again in the future by CMHA personnel. This information would be accessed for required verification purposes only.

Income Source/Agency:

Established User Name: _____

Established Password: _____

Person receiving benefit: _____

By signing below, this consent will remain in effect until I formally revoke it in writing and a provide a copy to CMHA.

Tenant Signature

Date

Rev 02/08/2021

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

Clermont Metropolitan Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Public Housing** 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 **Public Housing**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Public Housing**, 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.

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

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

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 **Public Housing** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

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

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

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

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

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

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

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

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

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

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking.

The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you

fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the **Cleveland HUD Field Office**.

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

For questions regarding VAWA, please contact **Tara Cox, Operations Manager**.

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 **Clermont County YWCA House of Peace, 1-800-540-4764 or 513-753-7281**.

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 **Clermont County YWCA House of Peace, 1-800-540-4764 or 513-753-7281**.

Victims of stalking seeking help may contact **Clermont County Sheriff's Office, 513-732-7500**.

Attachment: Certification form HUD-5382.

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

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

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

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

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

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

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

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

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

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

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

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.