

Housing Authority of the City of Freeport



**Welcome and thank you for applying,
Carefully read this check list of all required documents to be submitted.**

Caution! Your Application will not be complete until all information has been submitted for all members listed on the application.

Copies will not be accepted:

* 1, 2, and 3 are required for all or anyone person applying for Public Housing.

* 1) _____ Photo ID of everyone 18 years of age and older listed on this application

* 2) _____ Social Security Cards for all applying members listed on this application

* 3) _____ Birth Certificate for all applying members listed on this application

➤ *All members over the age of 18 must sign all forms.*

Head of House must provide the following

_____ Proof of Residency of Stephenson County-(Utility bill or Official document with current address)

_____ Proof of Veteran Status (Military discharge papers DD-214)

_____ Proof of Disability (Award letter) or letter from a Medical professional facility

_____ Proof of Social Security Benefits-(letter)

_____ Proof of any other source of Income

_____ Proof of Employment (4-current check stubs)

*Only if Job is local or transferable employment with local company. Example (CVS)

➤ If any you or any other family member applying on this application is receiving

➤ Disability pay or Social Security payments, and/or any other source of income.

➤ Verification letter must be included with your application.

Note: There is a Security Deposit of \$225.00 that must be paid to the Property Manager when signing the lease.

**Any further information or questions please call:
815-232-4171 (M-F)-(8:00a.m.-4:00p.m.)**



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Housing Authority of the City of Freeport
1052 West Galena Avenue
Freeport, IL 61032

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

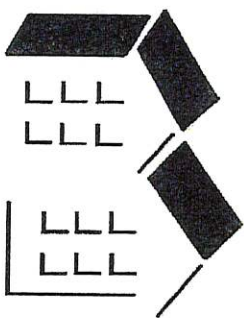
Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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. 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/office/pihprograms/iv/index.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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 _____



Housing Authority of the City of Freeport

→ Name of children who receive disability pay _____ SS- SSI-SSA- SSD Amount \$ _____
(circle)

→ You're Employer: _____ Address: _____ City _____ State _____
Pay per Hour \$ _____ How often paid Weekly _____ Bi-weekly _____ Monthly _____ Phone _____

Who else in this household is employed? Name: _____

→ Employer: _____ Address: _____ City _____ State _____

→ Pay Per Hour \$ _____ How often paid Weekly _____ Bi-weekly _____ Monthly _____ Phone _____

→ Have you filed bankruptcy in the past 7 years? Yes _____ No _____

If yes, has the bankruptcy been discharged? Yes _____ No _____ (If yes, provide discharge papers for file.)

→ Anyone listed on this application have any records of convictions, arrests, or evictions for suspected drug-related or violent criminal activity? No _____ Yes _____ If yes, List Name(s): _____

What for? _____

What Year? _____ State _____ County _____

→ Have you ever lived in Federally Assisted Housing before, including Section 8? Yes _____ No _____

Who was Head of House? _____ Where? _____ Date of Residence: _____

Is there any money owed to the agency? Yes _____ No _____ If yes, how much is owed \$ _____

Have you or anyone in your household ever been evicted from Public or any Federally Assisted Housing? Yes _____ No _____

→ 1st Adult / 2nd Adult Circle -- YES or NO --- Initial the questions you answered "YES" only!

Intl. ____/____ Yes - No Currently living in Stephenson County? (Photo I.D. or Drivers Licenses for file)

Intl. ____/____ Yes - No Are you currently working? (4-Check stubs or Income source for file)

Intl. ____/____ Yes - No Are you a full time student? (Credits of 12-fall/ 6-Summer) -- (Enrollment in G.E.D.)

Intl. ____/____ Yes - No Are you handicapped or disabled? (Must have Official Document of Disability for file)

Intl. ____/____ Yes - No Are you a Veteran? (Must have DD 214 Letter for file)

Intl. ____/____ Yes - No Are you elderly (at least 62 years of age) or near elderly (50 -61 years of age)?

Intl. ____/____ Yes - No Are you a U.S. Citizen? (Birth Certificate of all Applying and Social Security Card in file)

Intl. ____/____ Yes - No If No, do you have Citizenship or Eligible Immigrant criteria (INS papers/Green Card)

→ Need a handicap accessibly unit. Yes _____ No _____

→ Permanently in a wheelchair. Yes _____ No _____

→ Head of House Signature: _____ Date: ____/____/____

→ Other Adult Signature: _____ Date: ____/____/____

Notice: You are required to notify the Housing Authority of any changes. If we cannot contact you at the above address and or by phone, this will lead to removal or your name from the waiting list, and you will then have to re-apply.

To more quickly serve you and enter this application, Freeport Housing Authority will need copies of all household members' original social security cards, birth certificates and photo id of anyone 18 years and up on this application.

Thank you!

Housing Authority of the City of Freeport

PRELIMINARY NOTICE OF ELIGIBILITY AND PREFERENCE DETERMINATIONS

Name (Print)

Telephone Number

Street Address,

City,

State,

Zip Code

Points

Preference Category and Definition

30

Applicants who live/work/or are hired to work in Stephenson County, who are families with children (under the age of 18), and families whose head of house or spouse/cohead is disabled or age 62 or older, or who are veterans or active U.S. Servicepersons.

"Working is defined as any adult in the household is working 20 or more hours per week.

20

Other applicants who live/work/are hired to work in Stephenson County.

10

Applicants who do not live/work/are not hired to work in Stephenson County, who are families with children (under the age of 18), and families whose head of house or spouse/cohead is disabled or age 62 or older, or who are veterans or active U.S. Servicepersons.

5

Other applicants who do not live/work/or not hired to work in Stephenson County.

Based on the information you provided to us, we will make a preliminary determination of eligibility for public housing. Prior to receiving housing assistance, the Housing Authority of the City of Freeport will verify the information received. It is your responsibility to inform us of any changes in address or eligibility that could affect your assigned preference points.

However, qualifying for a preference does not guarantee your admission to public housing. **Negative records of the following could be grounds of being denied housing based on your stability as a resident for the following:**

Criminal activity, Inability to obtain Utility service, Fraud, Landlord Reference, and Etc.

We have no way of estimating how long it will be before your name comes to the top of the waiting list. You may check your status on the waiting list by calling the administration office at 815-232-4171.

You have the right to an explanation of the determination of your preference points and /or eligibility for admission. You may appeal any determinations according to our Admission Policy, a copy of which is available for your inspection at any of our offices.

By signing below I agree that I have received and read, all of the information in this document.

Head of House Signature

/ /
Date

Other Adult Signature

/ /
Date

Other Adult Signature

/ /
Date

Warning! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

DECLARATION OF SECTION 214 STATUSES

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, 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 choice.

I, _____ certify, under penalty of perjury
1/, that, to the best of my knowledge, I am lawfully within the United
States because (please put a check on the appropriate line):

___ I am a citizen by birth, a naturalized citizen or a national of the
United States; or

___ I have eligible immigration status and I am 62 years of age or
older. Attach evidence of proof of age; 2/ or

___ I have eligible immigration status as checked below (see information
sheet form for further explanations). Attach INS document(s)
evidencing eligible immigration status and signed verification
consent form.

___ Immigrant status under §§101(a) (15) or 101(a) (20) of the
Immigration and Nationality Act (INA); 3/ or

___ Permanent residence under _249 of INA; 4/ or

___ Refugee, asylum, or conditional entry status under __207, 208
or 203 of the INA; 5/ or

___ Parole status under __212 (d) (5) of the INA; 6/ or

___ Threat to life or freedom under _243 (h) of the INA; 7/ or

___ Amnesty under _245A, of the INA. 8/

(Signature of Family Member the Age of 18 or older)

(Date)

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

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

*Parent/Guardian must sign for family members under age of 18. DO NOT sign child's name.



Housing Authority of the City of Freeport

Phone: (815) 232-4171

Fax: (815) 599-8985

CONSENT

I/We the undersigned have applied for/reside in assisted housing. In order that the Housing Authority of the City of Freeport may establish/re-establish my/our eligibility for housing assistance, I/We hereby authorize, and direct any individual, Business, Organization, Federal, State or Local Agency to release to and/or verify for the Housing Authority of the City of Freeport all information deemed necessary to verify employment, income, assets, credit history, medical expenses, personal references, residences and rental activity, verification of handicap or disability, eligibility to obtain power or the status of my utility services.

INFORMATION COVERED

I/We further understand that verifications and inquiries that may be requested include, but are not limited to the following:

Identity and/or Marital Status
Credit and Criminal History
Medical Expenses & Allowances
Child Care Expenses

Residency and Rental History
Employment, Income, and Assets
Status of Utility Services
Full Time Student Certification

GROUPS OR INDIVIDUALS from which information requested may included, but are not limited to the following:

Courts and Post Offices
Medical Providers
Utility Companies
Past & Present Employers
State Unemployment Agencies
Veterans Administration
Previous Landlords (Including Public Housing Agencies)

Law Enforcement agencies
Retirement Systems
Credit Providers and Credit Bureaus
Welfare Agencies
Social Security Administrations
Banks and Other Financial Institutes

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the office of the Housing Authority of the City of Freeport. I/We understand that any information obtained with this release is confidential and may not be released without my/our permission except to other government entities such as other housing authorities, police officials, public assistance, etc. I/We do also understand that information obtained by this release is used to determine my/our eligibility for housing assistance and refusal to consent to the release of this information can result in denial of assistance.

Current Address	City,	State,	Zip Code
-----------------	-------	--------	----------

Head of Household Signature	Date
-----------------------------	------

Other Adult	Date
-------------	------



Housing Authority of the City of Freeport

Phone: 815-232-4171 Ext 1018

Fax: 815-599-8985

Rachel Greenwood, Property Operations Manager

Check

- ☐ GED
☐ College
☐ University
☐ Trade School
☐ High School
☐ Alternative High School

VIA: ☐ MAIL ☐ FAX ☐ PHONE

Dear Sir or Madam:

The person(s) named below have made application for federally assisted public housing. We are required to verify the student status of individuals in the family applying for admission to or living in federally assisted housing. We ask your cooperation in supplying information concerning the educational status of family members noted below. This information will be held in confidence for use only in determining the eligibility of the family.

Your prompt return of the information will be greatly appreciated by the Housing Authority and the family.

Certification of educational status. Using Name & Social Security, please provide information on educational status of the individual(s) noted below.

PRINT CLEARLY

NAME: _____ SOCIAL SECURITY NO. _____

ADDRESS: _____ YOUR PHONE NO.: _____

Name of School: _____ City _____ State _____ Phone: _____

✦ STOP- Below (To be filled out by the Facility Official - Only) DO NOT WRITE BELOW THIS LINE:

Student is: _____ FULL-TIME or _____ PART-TIME

No of Credit hours _____ Attendance active ____ Yes ____ No

Classes ____ Fall ____ Summer ____ Spring

University Student ____ Yes ____ No

College Student ____ Yes ____ No

GED classes ____ Yes ____ No

Trade School ____ Yes ____ No

High School ____ Yes ____ No

Alternative High-School ____ Yes ____ No

Graduated Date ____/____/____

Withdrawn Date ____/____/____

Comments: _____

Information provided by/Title: _____ Date: ____/____/____

Phone: (____) _____ Extension _____

**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.

Housing Authority of the City of Freeport

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

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

Protections for Applicants

If you otherwise qualify for assistance under **the Housing Authority of the City of Freeport** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **the Housing Authority of the City of Freeport** you may not be denied assistance, terminated from participation, or be evicted from your rental housing

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

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

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

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **the Housing Authority of the City of Freeport** 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

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

HACF 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.

HACF emergency transfer plan provides further information on emergency transfers, and HACF 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

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

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

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

Confidentiality

HACF 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.

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

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

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

VAWA does not limit HACF'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, HACF 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 HACF 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 HACF can demonstrate the above, HACF 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 [insert contact information for any intermediary, if applicable] or HUD Office – Chicago, phone number 312-353-5680..

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

For questions regarding VAWA, please contact Housing Authority of the City of Freeport at 815-232-4171.

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 VOICES Domestic Violence Program crisis line at 815-235-1641 or administration at 815-235-9421.

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 24-Hour Crisis Line, 815-232-7200 or the local police department. Call 911 for emergency help.

Victims of stalking seeking help may contact the local police department at 815-235-8222

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



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410