



Housing Authority of Thurston County
1206 12th Avenue SE • Olympia, WA. 98501
Tel: (360) 753-8292 • Fax: (360) 586-0038
www.hatc.org

Annual Recertification Checklist

- ☐ Annual Questionnaire - All sides of the form must be completed in black or blue ink. Everyone who is over 18 or will be 18 within the next four months must sign all forms.
- ☐ Authorization for Release of Information - Everyone who is over 18 or will be 18 within the next four months must sign all forms.
- ☐ Authorization to Release Information - All household members must be listed and everyone who is over 18 or will be 18 within the next four months must sign all forms.
- ☐ All employers for all working household members (including those under 18) are listed. Copies of two months current, consecutive paystubs for each job must be provided.
- ☐ Verifications of all regular benefits from VA, L&I, Unemployment, etc. are enclosed. Verifications must be dated within the last 60 days.
- ☐ A Zero Income form must be completed by all adults who have no income. (Form available at the front desk.)
- ☐ A Gift Affidavit must be completed (notarized) by all persons who regularly contribute to your household (i.e. household goods, money or bills paid.)
- ☐ Bank/Credit Union Verifications - If your ongoing assets exceeds \$999.99 per month, please submit all asset verifications and three (3) months of recent bank statements. Or, if bank statements are not available, printouts from the bank must be stamped and signed by bank official.
- ☐ Out-of-Pocket childcare costs are identified on the questionnaire with the name, address, phone and fax numbers of provider(s).
- ☐ Medical Supplement A is filled out if the head of household or spouse is elderly or disabled and has paid out-of-pocket medical expenses exceeding 3% of monthly income. (e.g. \$750 x 3% = \$22.50.) Please submit copies of receipts for medical expenses. We will not return originals.
- ☐ Please provide picture identification for household members turning 18 within the next year e.g. Washington state driver's license, Washington state ID card, Military ID card, United States Passport, or Immigration and Naturalization Card.

Fill out, sign, and return all forms and verifications to the Housing Authority within ten (10) days.



A public corporation dedicated to improved housing in Thurston County.

INSPECTION NOTICE

The Housing Authority of Thurston County is inspecting your unit every 2 years under the Housing Choice Voucher and Project-Based Voucher Programs. Martin Terrace and Fleetwood Apartments are still inspected every year. Both you and your landlord are responsible for making sure your unit remains in good condition whether we inspect your unit every year or every 2 years.

You are responsible for making sure that your unit remains in good condition at all times.

- Report all repair issues to your landlord in writing as soon as you notice the need for the repair. (Examples: leaking pipes, non-working outlet, roof leak, septic problems, broken handrail, etc.)
 - **Steps 1 – Write your landlord a letter.**
 - Describe the problem that needs fixing
 - Include your name, and unit's address and apartment number.
 - Try to deliver the letter personally or mail it "certified mail," or "return receipt" at the post office. This will make it easier for you to prove your landlord got your letter.
 - Make a copy of the letter to keep for yourself.
 - **Step 2 – Wait for your landlord to fix the problem.**
 - After you give your landlord the letter, s/he has a certain number of days to start the repairs based on the Washington State Tenant/Landlord Act. The number of days depends on the problem.
 - If you have no hot or cold water, heat, or electricity, or there is a life threatening problem, your landlord has 24 hours to start repairs. [RCW 59.18.070(1)]
 - If your refrigerator, stove, oven, or plumbing fixture is broken, the landlord has 72 hours to start repairs. [RCW 59.18.070(2)]
 - For all other repairs, the landlord has ten days to fix the problem. [RCW 59.18.070(3)]
- Not reporting repair problems quickly can increase the cost of the repair and create an unsafe living condition for you and your family.
- If you report your repair issues in writing to your landlord and they don't respond as required under the Washington State Tenant/Landlord Act, notify your Housing Specialist by sending them a copy of the written repair request. Tell your Housing Specialist about not getting a response from your landlord.
- The Housing Authority can do special inspections at any time and require that any safety and health items be repaired.



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ANNUAL HEAD-OF-HOUSEHOLD DECLARATION

There has been no change in my household income.

INCOME CHANGE

New Income Source(s) and Amount(s) _____ Increase

Prior Income Source(s) and Amount(s) _____ Decrease

Effective Date of Change _____

Explain Change in Detail: _____

*No changes can be made without verification.

CHANGE IN HOUSEHOLD MEMBERS

(check one)

- ☐ Add a Person
☐ Delete a Person

| | | |
|-------|---------------|-------------------|
| _____ | _____ | _____ |
| Name | Date of Birth | Social Security # |
| _____ | _____ | _____ |

Relationship to Head-of-Household

Date of Addition or Deletion

- ☐ I would like to add someone to the household. I have completed the Personal Declaration form, Authorization for the Release of Information forms (2), Addendums C and D, and provided copies of all new members' Social Security Cards, current Picture ID and Birth Certificates. I have attached a notice from the landlord that they have approved this person to be added to my lease.
- ☐ I understand that the person may not move into my unit until approved by the Housing Authority.

PLEASE ALLOW AT LEAST 30 DAYS FOR YOUR REQUEST FOR A CHANGE IN TENANT RENT SHARE TO BE PROCESSED AFTER ALL INFORMATION HAS BEEN PROVIDED.

Signature of Head-of-Household

Date

Print Name of Head-of-Household

Phone number



HATC Use Only Initials _____ Mailed/Faxed _____

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AUTHORIZATION TO RELEASE INFORMATION

The undersigned applicant has applied for rental assistance or is a participant in a rental assistance program. HUD requires the Housing Authority to verify all information that is used in determining this person's eligibility. The applicant/participants listed below consents to the release of information as indicated by their or their legal guardian's signature(s).

To be completed by applicant/participant: Print legal name, birth date, and Social Security of everyone at your address, including you.

| Name of Family Member (first & last) | Birth Date | Social Security |
|--------------------------------------|------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I/We do hereby authorize the Housing Authority of Thurston County and its staff or authorized representative to contact any employers, financial institutions, agencies, school, law enforcement agencies, offices, groups, organizations, medical providers, individuals, or child care providers to obtain and verify any information or materials which are deemed necessary to determine my and my family's eligibility for federally-funded rental assistance programs.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

This authorization expires 15 months after the date signed

The Housing Authority of Thurston County is a public corporation dedicated to improved housing in Thurston County. As an equal opportunity housing provider, the Housing Authority of Thurston County provides housing opportunities regardless of race, color, national origin, religion, sex, physical or mental disability, familial status or any other classification protected by applicable federal, state, or local law.



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. 1/31/2014

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.



HATC Use Only: Initials: _____ Mailed/Faxed: _____

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PERSONAL DECLARATION – ANNUAL RECERTIFICATION/INTERIM

PLEASE ANSWER ALL QUESTIONS ACCURATELY **(IN BLACK OR BLUE INK, NO PENCIL)**, WITH COMPLETE INFORMATION AND SIGN WHERE ASKED.

PLEASE INDICATE YES OR NO. DO NOT USE N/A. **INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.**

| | | | | | |
|--------------------------------|------|-------|-----|------------------------------|--|
| Tenant's Name | | | | Phone # (Home, Work or Cell) | |
| Street Address | City | State | Zip | Message Phone # | |
| Mailing Address (if different) | City | State | Zip | Email | |

FAMILY COMPOSITION

Please list **YOURSELF** and **all persons living/staying in home at least 50% of the time**, including your live-in, full-time care provider (if applicable). List legal names of everyone living at your address including you. We request that you voluntarily show your race or ethnic background. (Your race will not be used in considering your eligibility for housing assistance.) Please choose from the most accurate groups: White (W), African American/Black (B), American Indian/Alaskan Native (N), Asian (A), Hawaiian Native or Other Pacific Islander (P)

If you need additional space in any of the sections/questions, using the same format, write or type the information on a separate piece of paper. Please indicate the section or question you are referring to, and sign and date it.

| ADULTS (legal name) (18 or over) | DATE OF BIRTH | Disabled | Hispanic | Race | RELATION TO HEAD OF HOUSEHOLD | SEX (M/F) | SOCIAL SECURITY NUMBER |
|-------------------------------------|---------------|----------|----------|------|-------------------------------|-----------|------------------------|
| 1. | | [] | [] | | Head of Household | | |
| 2. | | [] | [] | | | | |
| 3. | | [] | [] | | | | |

| CHILDREN (name as it appears on SS card) | DATE OF BIRTH | Disabled | Hispanic | Race | RELATION TO HEAD OF HOUSEHOLD | SEX (M/F) |
|---------------------------------------------|---------------|----------|----------|------|-------------------------------|-----------|
| 1. | | [] | [] | | | |
| 2. | | [] | [] | | | |
| 3. | | [] | [] | | | |
| 4. | | [] | [] | | | |
| 5. | | [] | [] | | | |
| 6. | | [] | [] | | | |

Are any family members temporarily absent? [] YES [] NO

Expected date of return: _____

If yes, list the family members and where they are currently residing (address) and why. _____

Please list any changes that have taken place in your family composition and/or income since the last annual re-examination: _____

I would like to add/remove the following family member(s):

Effective Date:

| NAME OF FAMILY MEMBER | AGE | SEX (M/F) | RELATION TO HEAD | DATE OF BIRTH | SOCIAL SECURITY # | ADD | REMOVE |
|-----------------------|-----|-----------|------------------|---------------|-------------------|-----|--------|
| | | | | | | [] | [] |
| | | | | | | [] | [] |
| | | | | | | [] | [] |

I understand that an additional family member may not be added to the lease until the request has been reviewed and formally approved by both the Housing Authority of Thurston County and the Landlord.

Head of Household signature

Date

If you cannot read this form in English, please contact the Housing Authority to have it interpreted for you.

Si usted no puede leer esta forma en ingles, por favor entre en contacto con Housing Authority hacerla traduser para usted.

FAMILY INCOME SUMMARY:

A. Please mark Yes or No to declare if any family member currently receives, has applied for or expects to receive income from each source within the next twelve months. Please list all family members with each type of income.

| Income Source: | Yes | No | Name of Family Member | Amount of Gross Income | Name, Address, Phone Number and Fax Number of Employer or source of income |
|---------------------------------------------------------------------------------------------------------|-----|-----|-----------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employment/ Wage Please attach two months of current, consecutive pay stubs for each job. | [] | [] | | \$_____ per: | |
| | [] | [] | | \$_____ per: | |
| Tips or bonus pay | [] | [] | | \$_____ per: | |
| Work Study Wages | [] | [] | | \$_____ per: | |
| Education Grants | [] | [] | | \$_____ per: | |
| Self-Employment Income | [] | [] | | \$_____ per: | Business Name: _____ Please complete a Self-Employment Income Report form and provide copies of your business tax return and business bank statements |
| Unemployment Benefits | [] | [] | | \$_____ per: | |
| Worker's Comp. (L&I) | [] | [] | | \$_____ per: | |
| Child Support Income-Support Enforcement | [] | [] | | \$_____ per: | Case #'s |
| Child Support Income-Received From Paying Parent | [] | [] | | \$_____ per: | List Paying parent(s) name, phone number and address |
| Alimony | [] | [] | | \$_____ per: | |
| Social Security (Retired, Survivor, or Disability Benefits) | [] | [] | | \$_____ per: | |
| | | | | \$_____ per: | |
| S.S.I. (Supplemental Security Income) | [] | [] | | \$_____ per: | |
| | | | | \$_____ per: | |
| SSP (DSHS) | [] | [] | | \$_____ per: | |
| Public Assistance (TANF) | [] | [] | | \$_____ per: | DSHS Tribal TANF SPIPA (Please check one) |
| GAU, GAX or ABD (DSHS) | [] | [] | | \$_____ per: | |

| | | | | | |
|-------------------------------------------------------------------------------|-----|-----|--|------------------|--------------------------------------------------|
| Food Stamps | [] | [] | | \$ _____ per: | |
| Veteran's Benefits | [] | [] | | \$ _____ per: | |
| Military Allotment | [] | [] | | \$ _____ per: | |
| Retirement Pension | [] | [] | | \$ _____ per: | |
| Insurance Benefits | [] | [] | | \$ _____ per: | |
| Death Benefits | [] | [] | | \$ _____ per: | |
| Adoption Assistance Income | [] | [] | | \$ _____ per: | |
| Foster Care Income | [] | [] | | \$ _____ per: | |
| Rental Income or Other Property Income | [] | [] | | \$ _____ per: | |
| Interest Income | [] | [] | | \$ _____ per: | |
| Tribal Income (i.e. Per Capita Income) | [] | [] | | \$ _____ per: | List Tribal name, phone number and address: |
| Panhandling | [] | [] | | \$ _____ per: | |
| Gifts, or Regular contributions of household goods, money or bills paid | [] | [] | | \$ _____ per: | List contributor name, phone number and address: |
| Other Income (Income not listed above) | [] | [] | | \$ _____ per: | |

B. Are any family members who are under age 18 employed? [] **YES** [] **NO**
If yes, please include their employment information above and list their name(s) and date of birth below:

C. Is any household member serving in the Military? [] **YES** [] **NO**
If yes, please provide below the name of the family member(s) and the military branch they are serving with. Any pay earned by a family member serving in the Armed Forces, due to exposure to hostile fire, will not be used in determining your household's income.

D. Is any family member (18 years or older) in your household claiming **NO INCOME**? [] **YES** [] **NO**
If yes, state the name of the family member(s) claiming **NO INCOME** and have each adult claiming no income complete a **Zero Income form**. (Zero Income forms are available at the front desk.)

E. Have any adult (over 18) household members worked for pay within the last 12 months?
If yes, list family member(s), place(s) of employment and months worked: [] **YES** [] **NO**

F. Does anyone outside of your household pay for any of your bills or give you money? [] **YES** [] **NO**
If yes, please state their name, address and phone number of the individual or agency below.
(Gift affidavit forms for regular contributions are available at the front desk, must be notarized.)

G. Is anyone in your household taking part in a **job-training program for pay**? [] **YES** [] **NO**
If yes, please provide in the space below the name of the family member(s) receiving training and the name of the training program. Also include the mailing address, phone number and the name of the agency representative that we may contact.

JOB-TRAINING PROGRAMS

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Family Member & Training Program | Complete Mailing Address & Phone Number Of Training Agency & Name Of Agency Representative |
| <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Family Member's Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Training Program</div> | <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Mailing Address</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> Representative Name Phone </div> |

RESOURCES & ASSETS

Net Family Assets includes interests, dividends, and other net income of any kind from real or personal property. cash, travelers' checks, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds certificates of deposit, and personal property such as coin collections, gems, jewelry, or antiques used for investment. (If uncertain about whether something is considered an asset, please contact your specialist to have your questions answered.)

Where the family has Net Family Assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

I/We own or have a share in one or more of the following (including household minors). If answer is **YES** to any of the following items, you may be asked to complete additional forms and/or provide statement copies. If your total assets exceeds \$999.99, please attach all asset verifications, including copies of three (3) recent, consecutive bank statements. Only printouts with bank certification will be accepted, if you do not have your statements.

| Resources: | Yes | No | Name(s) on Account(s) | Cash Value | Bank or Credit Union Name & Address |
|-----------------------------------------------|-----|-----|-----------------------|------------|-------------------------------------|
| Checking Account(s) | [] | [] | | \$ | |
| | | | | \$ | |
| Savings Account(s) | [] | [] | | \$ | |
| | | | | \$ | |
| Certificate of Deposit (CD) | [] | [] | | \$ | |
| Money on hand (cash) | [] | [] | | \$ | |
| Trust or Annuity Account | [] | [] | | \$ | |
| Retirement Fund, IRA, KEOGH, PERS, SERS, etc. | [] | [] | | \$ | |
| Stocks/Bonds/Mutual Funds | [] | [] | | \$ | |
| Life Insurance (Whole Life) | [] | [] | | \$ | |
| Personal property held as investment assets | [] | [] | | \$ | |
| Property on which you are not living | [] | [] | | \$ | |
| Real Estate Sales Contract | [] | [] | | \$ | |
| Other Resources | [] | [] | | \$ | |

H. Have you or any household member disposed of any asset within the last two years? [] YES [] NO

If yes, please list. You may be asked to complete additional forms and/or provide verification.

- I.** Does any adult in your household (Over 18 or will be 18 within the next four months) attend school or college? ☐ **YES** ☐ **NO**
If yes, please provide the requested information below and attach a copy of recent Financial Aid Award letter and current class schedule. If additional space is needed, write information on a separate sheet of paper.

| SCHOOLS OR COLLEGES | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| FAMILY MEMBER'S NAME & FULL OR PART-TIME | NAME OF SCHOOL OR COLLEGE, MAILING ADDRESS, PHONE NUMBER, & FAX | AMOUNT OF GRANT |
| <u>Family Member's Name</u> Please select one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | <u>Name of School or College</u> <u>Address</u> <u>Phone</u> <u>Fax</u> | \$ <u>Amount of Grant (Financial Aid)</u> AND \$ <u>Work Study</u> |
| <u>Family Member's Name</u> Please select one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | <u>Name of School or College</u> <u>Address</u> <u>Phone</u> <u>Fax</u> | \$ <u>Amount of Grant (Financial Aid)</u> AND \$ <u>Work Study</u> |

- J.** Do you pay childcare for any family member under age thirteen (13) or disabled, to allow you to work or go to school? **If yes**, complete the following: ☐ **YES** ☐ **NO**

| CHILDCARE | | |
|-----------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| NAME OF FAMILY MEMBER | NAME, MAILING ADDRESS OF CHILDCARE PROVIDER, PHONE NUMBER, & FAX | AMOUNT PAID TO PROVIDER BY FAMILY |
| <u>Child's Name</u> | <u>Name of Provider</u> <u>Address</u> <u>Phone</u> <u>Fax</u> | \$ <u>(Co-pay)</u> <u>Hours per:</u> <input type="checkbox"/> Week <input type="checkbox"/> Month |
| <u>Child's Name</u> | <u>Name of Provider</u> <u>Address</u> <u>Phone</u> <u>Fax</u> | \$ <u>(Co-pay)</u> <u>Hours per:</u> <input type="checkbox"/> Week <input type="checkbox"/> Month |

- K.** Have you or any family member of your household ever used any other names (including maiden name) or Social Security numbers other than the one you are currently using? **If yes, please explain.** ☐ **YES** ☐ **NO**
-
- L.** Do you owe any money to any Housing Authority for a damage claim or other purposes? ☐ **YES** ☐ **NO**
If yes, please explain.
-
- M.** Have you or any member of your household been charged with felonious use, sale or distribution of an illegal drug or other criminal activity that will show up on a Housing Authority background check?
If yes, please provide an explanation including charges, dates of charges, pending court action and any corrective actions taken. ☐ **YES** ☐ **NO**
-
- N.** If head of household or spouse is elderly or disabled, do you pay out-of-pocket medical expenses that exceed 3% of your income for the household? (Insurance, office visit or care attendant co-pays, prescriptions & prescribed over-the-counter medicines or equipment, medically related travel expenses, service animal expenses) ☐ **YES** ☐ **NO**
If yes, please request & complete Medical Supplement A.

| EMERGENCY CONTACTS In case of an emergency, please list persons we may notify: | | | |
|------------------------------------------------------------------------------------------|--|----------------------|--|
| Name: | | Relationship: | |
| Address: | | Home Phone: | |
| | | Work Phone: | |
| Name: | | Relationship: | |
| Address: | | Home Phone: | |
| | | Work Phone: | |

I understand that:

- A. The information I/we have supplied is subject to verification by state and federal officials or agencies to decide if I/we are eligible for assistance provided by the Housing Authority.
- B. No additional household members (except children born to me or adopted) may join my household unless and until the owner of the rental unit and the Housing Authority have approved the additional member in writing.
- C. I have a duty to report within ten days if any member of the household leaves.
- D. Failure to promptly report household changes (within ten days) may result in a delay of benefits.
- E. False information and statements are grounds for termination of housing assistance.
- F. I will be required to make retroactive payment for overpaid assistance if I fail to notify the Housing Authority of household changes within ten (10) days.
- G. I understand that I may report decreases in income or increases in deductible expenses to the Housing Authority during the year and request a re-evaluation of the amount of the assistance.
- H. I have received a copy of the "Family Obligations Under the Section 8 Rental Assistance Programs" and understand my obligations as a participant in the program. (Form provided at move-in.)
- I. I have rights under the Violence Against Women Act as described in the attached flyer. (The VAWA information form is also available upon request.)
- J. I understand that no one can use my address as a mailing address, unless they are an approved household member.

Declaration and signature:

I/We have read (or had explained to me/us) and understand the information in this document. I/We declare under penalty of perjury, information I/we have supplied for the Housing Authority is true, correct, and complete to the best of my/our knowledge. I/We understand that I/we will be terminated and criminally prosecuted if benefits are distributed because of willfully false statements made by me/us or willfully failing to report information to the Housing Authority.

Authorization to discuss my housing participation:

I/We do hereby authorize the Housing Authority of Thurston County and its staff to speak with the person or agency listed below to assist with the Recertification or moving process. This person or agency (example: BHR, Community Resources, KOKUA, a family member, refugee center, etc.) assisted me with paperwork, etc., and/or has knowledge of my circumstances:

| | |
|---------------------|-------------------------------|
| Name: _____ | Relationship to family: _____ |
| Phone Number: _____ | Agency: _____ |
| Name: _____ | Relationship to family: _____ |
| Phone Number: _____ | Agency: _____ |

Authorization and signature of all adult household members:

Everyone who is over 18 or will be 18 within the next four months must sign all forms.
Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of housing benefits as well an overpayment recovery.

| | |
|--------------------------------------------------|--------------------------------------------|
| _____ Signature of head of household and date | _____ Signature of other adult and date |
| _____ Signature of other adult and date | _____ Signature of other adult and date |

REMINDERS:

Did you complete all sections of this form?
(Incomplete forms will be returned for completion.)

Did all adult household members sign this form?
(Everyone who is over 18 or will be 18 within the next four months must sign all forms.)

Did you enclose verification of all income, assets, etc.?

Please mail or hand-deliver this form, please do not fax.

Head of Household's Name:**THIS FORM IS FOR ELDERLY/DISABLED HEAD OF HOUSEHOLD, SPOUSE, OR PARTNER ONLY**

Elderly and disabled participants who are the head of household, spouse, or partner are entitled to certain benefits regarding medical expenses (NOTE: medical can include chiropractors, naturopaths, dentists, eye care, etc).

In order to be eligible for this benefit, you must meet one of the following definitions.

Elderly: A person at least 62 years of age.

Disabled: A person who: **a.** has a disability as defined in section 223 of the Social Security Act, **b.** has a physical, mental, or emotional impairment that: **(I)** is expected to be of long-continued and indefinite duration, **(II)** Substantially impedes his/her ability to live independently; and **(III)** is of such a nature that ability to live independently could be improved by more suitable housing conditions, and **c.** has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

1. Is the head of household, spouse or co-head elderly or disabled? ☐ YES ☐ NO
If **YES**, please continue completing this form
If **NO**, STOP. Do not complete this form.
2. Do you pay medical expenses out-of-pocket for any household member? ☐ YES ☐ NO
If **YES**, please continue completing this form
If **NO**, STOP. Do not complete this form.
3. Do you expect to pay more than 3% of your gross annual income for medical expenses? ☐ YES ☐ NO
If **YES**, please provide requested information in the table below.
If **NO**, STOP. Do not complete this form.

4. Do you pay for any medical, dental, or optical insurance for any family member? ☐ YES ☐ NO
If you pay for Medicare, please include below.
If **YES**, please list and provide verification of each premium.

| Family Member | Provider's Name, Mailing Address, Phone Number & Fax Number | Policy # | Premium |
|----------------------|-------------------------------------------------------------|----------|------------------------------------|
| | Insurance Provider's Name | | \$ |
| Family Member's Name | Address | Policy # | Premium |
| | | | Monthly <input type="checkbox"/> |
| | | | Quarterly <input type="checkbox"/> |
| | Phone _____ Fax _____ | | Annually <input type="checkbox"/> |
| | Insurance Provider's Name | | \$ |
| Family Member's Name | Address | Policy # | Premium |
| | | | Monthly <input type="checkbox"/> |
| | | | Quarterly <input type="checkbox"/> |
| | Phone _____ Fax _____ | | Annually <input type="checkbox"/> |

5. Do you have a spenddown for Medicaid? ☐ YES ☐ NO
If **YES**, Please provide your letter of verification from DSHS. Amount \$_____.

6. Do you pay prescription costs for any family member not covered by insurance? ☐ YES ☐ NO
If **YES**, complete area below and submit 12 month pharmacy printout.

| Family Member | Pharmacy Name, Mailing Address, Phone Number & Fax Number | Amount Spent |
|----------------------|-----------------------------------------------------------|------------------|
| | | Average \$ Spent |
| Family Member's Name | Pharmacy Name | \$_____/mo. |
| | Address | |
| | | |
| | Phone Number Fax Number | |
| | | Average \$ Spent |
| Family Member's Name | Pharmacy Name | \$_____/mo. |
| | Address | |
| | | |
| | Phone Number Fax Number | |

7. Are you making regular payments to any doctor or medical facility for any family member? ☐ YES ☐ NO
Have you paid out of pocket to visit your medical provider within the last twelve months? ☐ YES ☐ NO
Do you expect to have future ongoing medical expenses with a specific provider? ☐ YES ☐ NO
If **YES**, please complete below and submit verification(s).

| Family Member | Doctor/Medical Facility Name, Mailing Address, Phone Number & Fax Number | Payment Amount |
|----------------------|--------------------------------------------------------------------------|------------------|
| | | \$_____/mo. |
| | Doctor/Medical Facility Name | \$ |
| Family Member's Name | Address | Balance owed |
| | | Co-pay per visit |
| | Phone Fax | \$_____. |
| | | \$_____/mo. |
| | Doctor/Medical Facility Name | \$ |
| Family Member's Name | Address | Balance owed |
| | | Co-pay per visit |
| | Phone Fax | \$_____. |
| | | \$_____/mo. |
| | Doctor/Medical Facility Name | \$ |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 8. | Do you currently pay or anticipate paying for a care attendant? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES , please provide verification of your need for the care attendant, receipts and list the amount you pay. | | \$ |
| 9. | Do you currently pay or anticipate paying for medical equipment? (i.e. a wheelchair) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES , please provide verification of your need for the medical equipment, receipts and list the amount you pay. | | \$ |
| 10. | Do you currently pay for unreimbursed, prescribed over-the-counter medicines? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES , please provide verification from your medical provider of your need for the over-the counter medicines, receipts and list the amount you pay. | | \$ |
| 11. | Do you currently pay for unreimbursed medically related travel expenses? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES , please provide documentation of your mileage, receipts and list the amount you pay. | | \$ |
| 12. | Do you currently pay for unreimbursed service animal (dog or miniature horse) related expenses? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES , please provide documentation from your medical provider of your need for a service animal, receipts and list the amount you pay. | | \$ |

I hereby declare that the information provided by me in this form is truthful to the fullest extent of my knowledge and belief. I understand that the Housing Authority of Thurston County will verify this information. I hereby give my permission to the Housing Authority of Thurston County to contact any individual or facility specifically indicated in this form or on any attached documentation for the purpose of verifying the validity of the information that I have provided. Such authorization lasts for a period of 120 days from the date signed below. I understand that false, misleading or incomplete information may be considered fraud and serve to disqualify me and my family from obtaining or maintaining our housing assistance.

Signature of head of household

Date

If you need additional room on any of the boxes on this form, please attach on a separate piece of paper.

Please note: If you do not include all of the current contact information (including name, address, phone number & fax number) for your insurance provider, medical provider, pharmacy or care attendant, HATC may not be able to verify and/or include your medical deductions when calculating your tenant rent share.

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| |
|-------------------------------------------------------------------------------------------|
| NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT, FORM HUD-5380 |
|-------------------------------------------------------------------------------------------|

Housing Authority of Thurston County

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

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

Protections for Applicants

If you otherwise qualify for assistance under the housing choice voucher program, project-based voucher program, or the moderate-rehabilitation program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under housing choice voucher program, project-based voucher program, or the moderate-rehabilitation program, you may not be denied assistance, terminated

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.

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from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under housing choice voucher program, project-based voucher program, or the moderate-rehabilitation program, solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

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

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

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Moving to Another Unit

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

1. You are a victim of domestic violence, dating violence, sexual assault, or stalking.

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

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

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

▪ **OR**

▪ **You are a victim of sexual assault, and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

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

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

- A complete HUD-approved certification form given to you by the PHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

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- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the PHA has agreed to accept.

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

If the PHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the PHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the PHA does not have to provide you with the protections contained in this notice.

Confidentiality

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

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

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

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

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

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

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

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

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

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

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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 HUD Seattle Regional Office, 909 1st Avenue, #200, Seattle, WA 98104, (206) 220-5101.

For Additional Information

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

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

For questions regarding VAWA, please contact the Housing Authority of Thurston County at 360-753-8292.

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 Thurston County's domestic violence shelter, SafePlace, 24-hour hotline 360-754-6300, safeplace@safeplaceolympia.org.

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 SafePlace, 24-hour hotline 360-754-6300, safeplace@safeplaceolympia.org.

Victims of stalking seeking help may contact SafePlace, 24-hour hotline 360-754-6300, safeplace@safeplaceolympia.org.

Attachment: Certification form HUD-5382

TENANT COPY

**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**

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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.

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Resource List for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Get Help Now

If you need help, contact a domestic violence program or call a confidential domestic violence hotline.

Hotlines

- The National Domestic Violence Hotline, 24 hours every day, 800-799-7233 or 800-787-3224 (TTY)
- Teen Dating Violence Hotline, LovelsRespect.org – call, chat, or text, 24 hours every day, 866-331-9474
- The StrongHearts Native Helpline, 9am-5:30 pm M-F, 844-762-8483
- The National Domestic Violence Hotline Deaf Services, 855-812-1001(videophone) or 800-787-3224 (TTY) anytime. Live Chat every day 7 am – 2 am.
- Washington State Domestic Violence Hotline, 8am-5pm every day, 800-562-6025
- SafePlace provides free and confidential services to people who have experienced all forms of domestic and sexual violence and abuse. Their 24-hour/7 days a week HelpLine, 360-754-6300, can connect you with resources both locally (Thurston County) and throughout the United States, someone to help you plan for your safety, as well as someone to listen and help you process your experience. Trained advocates are there to provide immediate support regardless of where you are with your survivorship. They can assist with immediate domestic violence, and sexual assault crisis needs, legal advocacy, support groups, safety planning, services are also provided in Spanish (Servicios En Español).

What to expect if you call a hotline

- Direct connection to the domestic violence program near you.
- Help to find resources in your area including safe shelter, advocacy, counseling, and legal assistance.
- Crisis assistance, emotional support, and safety planning.
- Access to hotline advocates in 170 languages through interpreter services.

What to expect if you call a program

- A caring listening ear. All programs have people who can listen and help you sort out options.
- Advocacy services. Most programs have specially trained advocates who can help with welfare, CPS, disability services, immigration, housing, employment protections, and more.
- Emergency Shelter. Many programs offer shelter or safe homes. Transitional housing. Some programs have longer-term housing for survivors.
- Support groups. Some programs run groups for children, youth, and adults.
- Legal advocacy. Most programs offer information about protection orders and other civil matters. Most do not provide legal counsel but can refer you to free or low-cost attorneys.
- Crisis services. Many programs offer 24-hour crisis services.

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What to expect if you go to a shelter

Every shelter is different, but usually, you can expect that:

- Shelters are free—no fees are charged to stay.
- Most shelters have shared kitchens, common areas, and bathrooms.
- If you have children, you will probably all share one bedroom.
- If you are alone, you may have to share a room.
- You are responsible for taking care of your own children.
- All shelters must welcome service animals. However, most shelters cannot accommodate pets. They will work with you to make arrangements to have your pets cared for elsewhere.
- Shelters have laundry facilities and supply linens (sheets, towels, and blankets).
- They usually have emergency food, clothing and toiletries available for the first few days of a stay.
- Shelters can be stressful—this is group living with others who are experiencing tough times.
- You will be asked to honor the privacy of other residents by not discussing their names or situations with anyone else.
- Shelters are concerned about everybody's safety, so you may be asked to keep the location a secret.
- Visitors are generally not allowed.
- Some shelters have computers you can use to check your email and access online resources.
- Some shelters offer free cell phones for 911 calls only.

What to expect if you call a legal advocate

When you talk to a legal advocate, you can expect that:

- Services are offered free of charge
- Legal advocates are not attorneys and will be unable to give legal advice
- Advocates can offer a range of services that might include:
 - Accompanying you to court
 - Helping you fill out paperwork
 - Helping you understand the civil or criminal process
 - Outlining or prioritizing the legal options that are available
 - Informing you about what actually goes on in court
 - Preparing you for a hearing or trial, and giving support before, during and after referring you to low or no-cost lawyers

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.

(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.

