

**ITHACA HOUSING AUTHORITY**  
**800 South Plain Street**  
**Ithaca, NY 14850**  
**(p) 607-273-8629 (f) 607-273-5738**

**PUBLIC HOUSING WAITING LIST APPLICATION**

**OFFICE USE ONLY:**

**Date Received:** \_\_\_\_\_ **Employee Initials:** \_\_\_\_\_  
**Bedroom Size:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Preference:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Income Level:** \_\_\_\_\_ **T.C. Resident:** \_\_\_\_\_

**PLEASE READ THIS IMPORTANT INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM.**

**If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact your caseworker.**

**A person with disabilities or a person who is limited in his/her ability to read, write, speak or understand English can seek assistance with the completion of this form by contacting your caseworker.**

**Ithaca Housing Authority caseworkers may be reached at 607-273-8629.**

- **This form must be completed in FULL. Answer ALL questions on the form. Do not leave any questions blank.**
- **All yes/no questions MUST be checked to indicate whether your response is a "yes" or "no".**
- **Use full legal name of each person listed on the form as it appears on their social security card.**
- **ALL adult household members (age 18 and older) must sign and date where indicated.**
- **Please print all answers.**
- **The information that you provide on this form must be true and complete. It is a violation of federal and state criminal law to make false statements on this form for housing assistance. Making false statements and/or providing false information to Ithaca Housing Authority are also grounds for termination of housing choice voucher assistance.**
- **If you do not understand a question, please ask an Ithaca Housing Authority employee for clarification.**

**CONTACT INFORMATION:**

**Name of Head of Household:** \_\_\_\_\_  
Last First MI

**Current Address:** \_\_\_\_\_ / \_\_\_\_\_  
Street Apt

\_\_\_\_\_ / \_\_\_\_\_  
City State Zip

**Mailing Address:** \_\_\_\_\_ / \_\_\_\_\_  
**(if different than above)** Street Apt

\_\_\_\_\_ / \_\_\_\_\_  
City State Zip

**Telephone number where you can be reached:** \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

**e-mail address:** \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION: List ALL persons who are living in your home, starting with head of household. Each box must be completed for each member:**

| <b>ADULTS</b><br>(all persons age 18 and older)<br>Legal Name<br>as it appears on Social Security card<br>First, Middle, Last | Sex<br>M/F | Relationship to Head of Household (spouse, co-head, or other adult) | Age | Date of Birth | Social Security Number | Disabled Y/N | US Citizen Y/N | Race:<br>White<br>Black/African American<br>American Indian/Alaska Native<br>Asian<br>Native Hawaiian or Other Pacific Islander | Ethnicity:<br>Hispanic Y/N |
|---|------------|---|-----|---------------|------------------------|--------------|----------------|---|----------------------------|
|   |            | Head of Household   |     |               |                        |              |                |   |                            |
|   |            |   |     |               |                        |              |                |   |                            |
|   |            |   |     |               |                        |              |                |   |                            |

| <b>CHILDREN</b><br>(all persons age 17 and younger)<br>Legal Name<br>as it appears on Social Security card<br>First, Middle, Last | Sex<br>M/F | Relationship to Head of Household | Age | Date of Birth | Social Security Number | Disabled Y/N | US Citizen Y/N | School Name and Grade Attending | Race:<br>choose from above | Ethnicity:<br>Hispanic Y/N | Do you have Custody or Visitation? (circle one)<br>C or V |
|---|------------|-----------------------------------|-----|---------------|------------------------|--------------|----------------|---------------------------------|----------------------------|----------------------------|---|
|   |            |                                   |     |               |                        |              |                |                                 |                            |                            |   |
|   |            |                                   |     |               |                        |              |                |                                 |                            |                            |   |
|   |            |                                   |     |               |                        |              |                |                                 |                            |                            |   |
|   |            |                                   |     |               |                        |              |                |                                 |                            |                            |   |

List name(s) and addresses of missing parent(s) of children listed or ex-spouse:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTION ABOUT THE HEAD OF THE HOUSEHOLD:**

1. What is your marital status?

- Single    Married    Divorced    Separated    Widowed

**ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:**

1. Have you or any member of your household ever received subsidized housing assistance?  Yes  No

If yes, please explain:

| Name                      | Housing type<br>(ie – Public Housing or Section 8) | Name of Agency<br>(ie – Housing Authority, Apartment complex) | City and State       | Date of Subsidy            |
|---------------------------|--|---|----------------------|----------------------------|
| <i>(example) Jane Doe</i> | <i>Section 8</i>                                   | <i>San Diego Housing Authority</i>                            | <i>San Diego, CA</i> | <i>Jan 2000 - Oct 2004</i> |
|                           |  |   |                      |                            |
|                           |  |   |                      |                            |

2. Is any member of the household claiming the disability preference?

- Yes  No

If yes, who? \_\_\_\_\_

3. Have you or any other household member ever used any name(s) or social security number(s) other than the one that you are currently using?

- Yes  No

If yes, who? \_\_\_\_\_

Please explain: \_\_\_\_\_

4. Is there anyone not listed on this form who is temporarily absent from the home?

- Yes  No

If yes, who and where is he/she? \_\_\_\_\_

5. Is there anyone living in the home that is age 18 or over *and* a full-time student?

- Yes  No

If yes, who? \_\_\_\_\_

6. Is anyone living in the home expecting a child?

- Yes  No

If yes, who? \_\_\_\_\_

7. Ithaca Housing Authority has a policy of doing criminal background inquiries with law enforcement agencies for all adult household members. Have you or anyone in your household ever been arrested for drug related or violent criminal activity?

- Yes  No

If yes, who? \_\_\_\_\_

Please explain (include when arrested, where arrested and reason for arrest):

\_\_\_\_\_

8. Is there anyone living in the home that is subject to a lifetime sex offender registration program?

- Yes  No

If yes, who? \_\_\_\_\_ What state? \_\_\_\_\_

9. Have you or anyone in your household ever committed any fraud in any federally assisted housing or other Federally funded program or be requested to repay money for knowingly misrepresenting information for such housing programs?

Yes  No

If yes, who? \_\_\_\_\_

Please explain: \_\_\_\_\_

10. Does anyone outside of your household pay for any of your bills or give you money or make any payments for you?

Yes  No

If yes, who? \_\_\_\_\_

Please explain: \_\_\_\_\_

Amount your household now pays for rent monthly \$ \_\_\_\_\_

Amount your household now pays for utilities \$ \_\_\_\_\_

Number of bedrooms in your current unit \_\_\_\_\_

Do you want to stay in this unit?

Yes  No

If no, explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check below any additional utility cost listed below that you pay for that is not included in your rent amount:

| Type of Heat I pay for | Type of Hot Water I pay for | Type of Cooking fuel that I pay for |
|------------------------|-----------------------------|-------------------------------------|
| Natural gas            | Natural gas                 | Natural gas                         |
| Electric               | Electric                    | Electric                            |
| Bottle Gas             | Bottle Gas                  | Bottle Gas                          |

Circle (I do) or (I do not) pay for the following utilities:

|                        |                 |                     |
|------------------------|-----------------|---------------------|
| Electricity for lights | <u>I DO PAY</u> | <u>I DO NOT PAY</u> |
| Water                  | <u>I DO PAY</u> | <u>I DO NOT PAY</u> |
| Sewer                  | <u>I DO PAY</u> | <u>I DO NOT PAY</u> |

11. Do you require a handicap assessable unit?

Yes  No

12. Do you live or work (or recently been hired to work) in Tompkins County?

Yes  No

If yes, my household currently (check all that apply):

\_\_\_\_\_ Lives/Resides in Tompkins County

\_\_\_\_\_ Works/Employed in Tompkins County

\_\_\_\_\_ Recently been hired to work in Tompkins County



**III. HOUSEHOLD ASSETS:**

**1. Do you or any family member own or have access to any of the following?**

Savings Account? .....  Yes  No      Checking Account? .....  Yes  No  
 Certificate of Deposit? .....  Yes  No      Money Market Account? .....  Yes  No

If yes, please provide the following applicable information:

| Name on Account | Bank Name and Address of Bank | Account Type (ie- checking, savings, cd's) | Account Number | Account Balance |
|-----------------|-------------------------------|--|----------------|-----------------|
|                 |                               |  |                | \$              |
|                 |                               |  |                | \$              |
|                 |                               |  |                | \$              |
|                 |                               |  |                | \$              |

**2. Do you or any family member own or have any of the following?**

Stocks? .....  Yes  No      Bonds? .....  Yes  No  
 Real Estate property? .....  Yes  No      Trust Funds? .....  Yes  No  
 Individual Development Accounts (IDA)? ..  Yes  No      Life insurance policies? .....  Yes  No  
 Individual Retirement Accounts (IRA)? .....  Yes  No      Inheritances? .....  Yes  No

If yes, please provide the following applicable information:

| Family Member Name | Type of Asset | Account Number | Value |
|--------------------|---------------|----------------|-------|
|                    |               |                |       |
|                    |               |                |       |

**3. Have you or any family member disposed of any assets for less than fair market value within the past 24 months?**

Yes  No

If yes, please provide the following information:

| Asset Disposed Less than Fair Market Value: | Value of the Asset Disposed: | Amount Received for Asset Disposed: |
|---|------------------------------|-------------------------------------|
|   |                              |                                     |

**IV. HOUSEHOLD EXPENSES**

**Childcare Expenses:**

1. Does any member of the family have expenses for child care for a child age 12 or younger?  
 Yes  No                      If no, skip to disability expenses                      If yes, continue:
2. Does that childcare enable an adult in the household to be employed, seek employment or further his/her education?  
 Yes  No                      If yes, continue:
3. Are you reimbursed for this childcare expense from an outside source (ie – DSS, family member, church)?  
 Yes  No                      If yes, by whom? \_\_\_\_\_ How much? \_\_\_\_\_

Please provide the following childcare information:

| Child's Name | Childcare Provider |         |              | Amount Paid<br>(circle one) |
|--------------|--------------------|---------|--------------|-----------------------------|
|              | Name               | Address | Phone Number |                             |
|              |                    |         |              | \$ week / month             |
|              |                    |         |              | \$ week / month             |
|              |                    |         |              | \$ week / month             |
|              |                    |         |              | \$ week / month             |

**Disability Assistance Expenses:**

1. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?  
 Yes  No                      If no, skip to medical expenses                      If yes, continue:

| Care Attendant |         |              | Amount Paid<br>(circle one) |
|----------------|---------|--------------|-----------------------------|
| Name           | Address | Phone Number |                             |
|                |         |              | \$ week / month             |

2. Are you paying for any type of equipment for a disabled family member that enables an adult member to work?  
 Yes  No                      If yes, what is the equipment? \_\_\_\_\_ Monthly cost? \_\_\_\_\_

**Medical Expenses:** These questions only apply if the head, spouse, or co-head is 62 years or older or is disabled

1. Is the head of household, the spouse or the co-head disabled?  Yes  No
2. Is the head of household, the spouse or the co-head age 62 or over?  Yes  No

If yes to one (or both) of the above questions, then continue:

Do you or any member of the family pay any of the following out-of-pocket medical expenses?

- Services of medical professionals? .....  Yes  No
- Surgery and medical procedures that are necessary, legal and non-cosmetic? .....  Yes  No
- Services of medical facilities? .....  Yes  No
- Hospitalization, long-term care, and in-home nursing services? .....  Yes  No
- Improvements to housing directly related to medical needs (ie – ramps for wheel chair, handrails)....  Yes  No
- Substance abuse treatment programs? .....  Yes  No
- Psychiatric treatment? .....  Yes  No
- Ambulance services and some costs of transportation related to medical expenses? .....  Yes  No
- Cost and care of necessary equipment related to medical condition (ie- eyeglasses, hearing aids)?...  Yes  No
- Cost and continuing care of necessary service animals? .....  Yes  No
- Medical insurance premiums or the cost of a health maintenance organization (HMO)? .....  Yes  No
- Prescription medicines and insulin, but not nonprescription medicines (even if recommended by a doctor)? ...  Yes  No

| Family Member Name | Type of Medical Expense | Monthly Amount: |
|--------------------|-------------------------|-----------------|
|                    |                         |                 |
|                    |                         |                 |
|                    |                         |                 |
|                    |                         |                 |

**Waiting List Purge:** The waiting list will be updated annually to ensure that all applicants and applicant information is current and timely. To update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant’s name being removed from the waiting list. The family’s response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the PHA not later than 15 business days from the date of the PHA letter. If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.

**Waiting List Update:** Please notify Ithaca Housing Authority of any changes with your mailing address within 10 days of the change. All changes must be submitted in writing. Failure to do so may result in the removal of your application from the waiting list.



## HOUSEHOLD CERTIFICATION

I do hereby swear and attest that all of the information that I have provided on this application is true and complete.

I understand that any person who attempts to obtain housing assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is crime under federal and state law.

**Making false statements or providing false information to Ithaca Housing Authority is grounds for denial of Public Housing assistance.**

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington D.C. Metropolitan Area, call 426-3500.)

### **ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER MUST SIGN BELOW:**

|                    |            |      |
|--------------------|------------|------|
| Head of Household  | Print Name | Date |
| Spouse / Co-Head   | Print Name | Date |
| Other Adult Member | Print Name | Date |
| Other Adult Member | Print Name | Date |
| Other Adult Member | Print Name | Date |

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact: (Check all that apply)</b>  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**ITHACA HOUSING AUTHORITY**

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

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Ithaca Housing Authority's Housing Choice Voucher and Public Housing programs 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 Ithaca Housing Authority's Housing Choice Voucher and/or Public Housing program criteria, 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 Ithaca Housing Authority's Housing Choice Voucher and/or Public Housing programs, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Ithaca Housing Authority's Housing Choice Voucher and/or Public Housing programs solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

**Removing the Abuser or Perpetrator from the Household**

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

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is

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

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

or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

### **Moving to Another Unit**

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

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

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

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

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

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

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

- ☐ A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- ☐ A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- ☐ A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- ☐ Any other statement or evidence that HP has agreed to accept.

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

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

### **Confidentiality**

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

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

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

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

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

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

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

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

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

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

### **Other Laws**

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

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD Buffalo Field Office, 465 Main Street, 2<sup>nd</sup> Floor, Buffalo, NY 14203.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at:

[https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs?utm\\_medium=email&utm\\_source=govdelivery](https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs?utm_medium=email&utm_source=govdelivery)

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

For questions regarding VAWA, please contact an Ithaca Housing Authority's Housing Choice Voucher and/or Public Housing program staff member at 607-273-8629 for more information.

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 the Ithaca Advocacy Center's hotline at 607-277-5000.

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 the Ithaca Advocacy Center's hotline at 607-277-5000.

Victims of stalking seeking help may contact the Ithaca Advocacy Center's hotline at 607-277-5000.

**Attachment:** Certification form HUD-5382