

RESIDENCES AT  
mill 8

**Residences at Mill 8 A SMOKE Free Community!**  
**1 & 2 Bedroom Affordable Apartment Homes – For Adults 55+**

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Thank you for your interest in Residences at Mill 8!

Submission of a preliminary rental application will not guarantee housing for occupancy, once your preliminary rental application has been reviewed and placed on the waitlist there will be a screening process.

**Determining your eligibility** – to find out if you are eligible for one of the affordable program’s management must determine if you

- Are Income Eligible
- Meet the other Program Requirements (which include strict rules for households comprised entirely of full-time students)
- Meet the Property’s Resident Selection Criteria

If it is determined that you meet all program requirements and the property’s resident selection criteria, you will be qualified for an apartment under the HUD section 8 program, DHCD Home & Low Income Housing Tax Credit Program.

**Filling out your Application:**

**HELPFUL HINTS**

- Please take your time filling out the preliminary application
- If you need assistance, please call the Management Office at (413) 308-5300
- Please **DO NOT** use white out or correction fluid on any of the forms
- Use only Blue ink Pen
- If a line does not apply to you or your household, **DO NOT** leave it blank, write N/A
- Fill in **ALL** line items
- Submission of a preliminary rental application **WILL NOT** guarantee housing or placement
- **COPIES** or **FAXED** preliminary rental applications will not be accepted.

**Preliminary Rental Applications will be processed in accordance with the following steps:**

If your preliminary rental application is **incomplete**, it will be returned and will **not** be evaluated until all the required information has been provided. Once we are in receipt of a completed preliminary rental application it will be determined that your application meets the income eligibility requirements and household composition requirements, your preliminary rental application will be placed on the waiting list, once there is an apartment that fits your needs you will be notified by US mail.

***Section 8 Housing Vouchers welcomed!***



Date of flyer 3/12/2024



### Model Application Form

**THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.  
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE  
PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

**PRELIMINARY RENTAL APPLICATION Equal Housing Opportunity**

## **Residences at Mill 8 ~ 68 State Street, Ludlow, MA 01056**

Phone #: (413) 308-5300, TDD #: (800) 439-2370, email: mill10@winnc.com

**Please print and fill in ALL Information.**

**Date of Application:** \_\_\_\_\_

### APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Telephone # \_\_\_\_\_

Present Address \_\_\_\_\_  
street city state zip

Mailing Address \_\_\_\_\_  
(if different) street city state zip

E-mail Address \_\_\_\_\_

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native       Asian or Pacific Islander
- Black (not of Hispanic origin)       White (not of Hispanic origin)       Hispanic

**SIZE OF APARTMENT NEEDED:**     1 Bedroom     2 Bedrooms

### UNIT TYPE REQUESTED

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. Preference is given for accessible and sensory adapted units to applicants with disabilities who require the features of these units.

*A copy of our Reasonable Accommodation Policy can be provided upon request.*

	Yes	No
1. Do you need a <b>fully accessible</b> unit for someone with a <b>mobility</b> impairment?		
2. Do you need <b>only certain accessible features</b> of a unit? If yes, please specify the accessible features needed _____		
3. Do you need a unit with special features for someone with a <b>hearing and/or visual</b> impairment?		
4. Does any member of the household have any accessibility or reasonable accommodation request for alternate ways we need to <b>communicate</b> with you?		

Present housing cost per month \$ \_\_\_\_\_ Including utilities?  Yes  No

How long have you lived at present address? \_\_\_\_\_ years.

What are your reasons for moving? \_\_\_\_\_

How did you hear about this housing development? \_\_\_\_\_

**FAMILY COMPOSITION**

List all those who will occupy the apartment. **INCLUDE YOURSELF.**

Full Name Of Each Person In Household	Relationship To Head Of Household	Sex	Date Of Birth	Age	Social Security Number	Fulltime Student Yes or No
1.	Head of Household					
2.						
3.						
4.						

**REFERENCES**

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Do you have a mobile/tenant-based voucher?  
\_\_\_\_\_

If yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Name of Housing Authority

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER**

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

weekly  bi-weekly  monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

weekly  bi-weekly  monthly

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earning (before taxes)	Week/Month/Year

**INCOME FROM ASSETS**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Amount in Account	Is it Interest Earning

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:**

1. Have you been displaced from your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

2. Does your present apartment contain health code violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide details. \_\_\_\_\_

**Special Notice to Applicants with disabilities**

Please be advised that applicants for housing or tenants in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities. For purposes of this notice, a disability with respect to an applicant or tenant means:

- a. a physical or mental impairment that substantially limits one or more major life activities of such individual.
- b. a record of such an impairment or
- c. being regarded as having such an impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Giving this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing.

If you would like to request special consideration/reasonable accommodation please indicate here: Yes  No

**ADDITIONAL REQUIRED INFORMATION**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_.

If yes, list the name of the persons and the registration requirements (i.e., place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

*Signed under the pains and penalties of perjury.*

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Co-Applicant	Date	Co-Applicant	Date

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

**WinnResidential** acting as management agent for **Residences at Mill 8** (the “Development”) does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

**Ludlow Mill Housing II LP**

**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 **LIHTC, HOME, PBV** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **LIHTC, HOME, PBV**, 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**

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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.

If you are receiving assistance under **LIHTC, HOME, PBV**, 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 **LIHTC, HOME, PBV** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

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

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

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



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

### **Moving to Another Unit**

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

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

**OR**

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

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

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

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

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

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

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

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

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

### **Confidentiality**

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

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

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

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

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

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

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

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

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

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

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

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

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

**Alianza**

**PO Box 1099 Holyoke, MA 01041-1099**

**Phone: 413-538-9717**

**[www.alianzadv.org](http://www.alianzadv.org)**

or

**Boston Regional Office (HUD)**

**Thomas P. O'Neill, Jr. Federal Building**

**10 Causeway Street, 3rd Floor**

**Boston, MA 02222-1092**

**Phone: (617) 994-8200**

**<https://www.hud.gov/states/massachusetts/offices>**

**For Additional Information**

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

**<https://www.federalregister.gov/documents/2023/01/04/2022-28073/the-violence-against-women-act-reauthorization-act-of-2022-overview-of-applicability-to-hud-programs>**

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 the management office of Residences at Mill 8 at (413) 308-5300.

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 DomesticShelters.org at

<https://www.domesticshelters.org/help#?q=springfield%2C%20ma&latitude=42.1014831&longi>

You can also visit WomensLaw.org and search state by state for information on laws including restraining orders and child custody information. The Hotline does not give legal advice, nor are we legal advocates. We may be able to help you locate a legal advocate in your area if needed. Please call 1-800-799-SAFE (7233) or chat online with us and our advocates can connect you with resources for legal help.

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>.

Victims of stalking seeking help may contact <https://www.mass.gov/orgs/massachusetts-office-for-victim-assistance> - Phone: 617-586-1340

For help regarding sexual assault, you may contact <https://www.ywcanb.org/sexual-assaultcrisis-services/>

**Attachment:** Certification form HUD-5382





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

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

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

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

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

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

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

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

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

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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

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

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

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

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