

Greenfield Gardens Apartments
58 Pray Drive
Greenfield, MA 01301
(413)772-8710/ (413)772-6474(fax)
Ma Relay 711

Dear Applicant:

Thank you for your interest in Greenfield Gardens Apartments. All utilities are included in your rent except phone and cable. All units have a stove, refrigerator, and tiled floors. We have one, two, and three-bedroom apartments and eligibility for the unit size is based on your family composition. Pets are not allowed under the conditions of the Per Policy of Homesavers Council of Greenfield Gardens. If you have a disability and require reasonable accommodation, please let us know.

Attached you will find the application. Please include complete mailing addresses. We require five (5) years of housing history. If you do not have five (5) years of rental history, you must submit three (3) letters of character reference from upstanding members of your community. (Not family or friends)

The information regarding race, national, origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that the Federal Laws prohibiting discrimination against tenant applications on the bases of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be use in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

When you have completed the application, please return it to the rental office with copies of a photo ID for all household members over age 18 years and copies of social security cards and birth certificates for all regardless of age. Office hours are 8:30am-4:30pm Monday through Friday (office is closed on Wednesdays, and daily from 12-1 for lunch)

To process the application, all questions and spaces must be filled out completely. Please make sure you sign and date all certification and authorization pages. If you fail to sign and date your application it will be considered incomplete, and therefore will delay processing.

All household members 18years and older must sign the application for it to be considered complete.

Homesaver Council does not discriminate on the basis of any protected status.. It provides persons with disabilities the opportunity to request reasonable accommodation and provides free language assistance to persons with Limited English Proficiency. In order to apply or participate in its programs or if you feel you have been discriminated against, please call the 504/ADA Coordinator at (413)772-8710.



Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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.



APPLICATION
GREENFIELD GARDENS APARTMENTS
58 PRAY DRIVE
GREENFIELD, MASSACHUSETTS 01301
greenfieldgardens@winnco.com
Telephone: (413) 772-8710
Fax: (413) 772-6474
TTY to Voice: 711 MASS Relay

(Office Use Only)

Date / Time

PLEASE PRINT

Please complete this application and return it to the rental office located at 58 Pray Dr., Greenfield, Massachusetts 01301 (413) 772-8710. Complete applications are placed in order of date and time received. An applicant may be interviewed only after the rental office receives the *complete* tenant application.

A. GENERAL INFORMATION:

Applicant Name(s) _____

Address: _____

Street Apt. City/State Zip

Telephone: _____ Email Address: _____

No. of Bedrooms in current unit _____

Do You Own: _____ or Rent _____.

If Rental, amount of current monthly rental payment \$ _____.

Check Utilities Paid by You:

Heat _____

Electricity _____

Gas _____

Other _____

Approximate Monthly Cost of Utilities

Paid by you (excluding phone & cable
tv) \$ _____.

Bedroom Size Requested:

One Bedroom _____

Two Bedrooms _____

Three Bedrooms _____

Wheelchair Accessible _____

Visual/Hearing _____

Greenfield Gardens Apartments. is an Equal Housing Opportunity Company, with projects in compliance with 504 and Fair Housing Regulations. Greenfield Gardens

Apartments accommodate any applicants who need assistance in filling out this application.

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the USDA, Office of Civil Rights, and Room 326-W, Whitten Building, 1400 Independence Ave., Se, Washington, and D. C. 20250-9410.

List ALL persons who will live in the apartment. List Head of Household First:

	Name	Relationship to Head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Yes/No
Head							
C-T							
3							
4							
5							
6							
7							
8							

Social Security Number Exemption Codes:

1-Ineligible, non-citizen (not Contending eligible immigration Status); **2**-Under 6 years old and added to the household within the past 6 months; **3**-Was 62 or older on 01/31/10 and was receiving assistance at another subsidized apartments building.

Do you anticipate any additions to the household in the next twelve months? Yes, ____
No ____ . If yes, explain: _____

Will all of the people in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes, ____ No ____

If yes, Answer the following questions:

If all of the occupants of the unit are full time students, has any student formerly received foster care assistance? Yes ____ No ____

Are any full-time student(s) married and filing a joint return? Yes ____ No ____

Are any student(s) enrolled in a job-training program receiving Assistance under the Job Training Partnership Act? Yes ____ No ____

Are any full-time student(s) a TANF or a title IV recipient? Yes ____ No ____

Are any full-time student(s) a single parent living with his/her Minor child who is not a Dependant on another's tax return? Yes ____ No ____

Name(s) _____

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

FAMILY MEMBER
NAME

SOURCE OF INCOME

_____	a. Social Security..Monthly Amount \$ _____
_____	Social Security..Monthly Amount \$ _____
_____	b. Pension.....Monthly Amount \$ _____
_____	Pension.....Monthly Amount \$ _____
_____	Source of Pension(s) _____
_____	c. Veterans Benefits
_____	Monthly Amount \$ _____ Claim # _____
_____	d. SSI Benefits.....Monthly Amount \$ _____
_____	SSI Benefits.....Monthly Amount \$ _____
_____	e. Unemployment Comp.Monthly Amount \$ _____
_____	Unemployment Comp.Monthly Amount \$ _____
_____	f. TANF/Title IVMonthly Amount \$ _____
_____	g. Wages.....Gross.....Monthly Amount \$ _____
_____	Employer _____
_____	Position held _____
_____	How long employed _____
_____	Wages.....Gross.....Monthly Amount \$ _____
_____	Employer _____
_____	Position held _____
_____	How long employed _____
_____	h. Full Time Student Income (Only Full Time Students 18 and
_____	Over) Monthly Amount \$ _____
_____	Full Time Student Income (Only Full Time Students 18 and
_____	Over) Monthly Amt \$ _____
_____	i. Alimony..... Monthly Amt \$ _____ Source _____
_____	j. Child Support... Monthly Amt \$ _____ Source _____
_____	k. Interest Income. Monthly Amt \$ _____ Source _____
_____	Interest Income. Monthly Amt \$ _____ Source _____
_____	l. Other Income... Monthly Amt \$ _____ Source _____
_____	Other Income... Monthly Amt \$ _____ Source _____
_____	m. Long Term Care Ins..Mon.Amt \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12) \$ _____

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If Yes, please explain _____

C. ASSETS

(for checking, average 6 month daily balance)

Checking Account(s)	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Account(s)	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Whole Life Insurance Policy #		Face Value \$	
Cash Value of Life Insurance Policy \$			

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$

Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Property: Do you own any property? Yes _____ No _____

If Yes, type of property _____

Location _____

Appraised Market Value \$ _____

Mortgage or Outstanding Loans Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you Sold/Disposed of Any Property in the Last 2 Years? Yes _____ No _____

If Yes, type of property _____

Market Value When Sold/Disposed of \$ _____

Amount Sold/Disposed of for \$ _____

Date of Transaction _____

1. Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes _____ No _____

If Yes, Describe Asset _____

Date of Disposition _____

Amount Disposed \$ _____

2. Do you have any other Assets not listed above (excluding personal property)?

Yes _____ No _____

If Yes, list _____

D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums.....Monthly Amount \$ _____
Monthly Amount \$ _____
2. Medical Insurance Coverage-Name of Insurance Company _____
Address _____
Monthly Amount \$ _____
2. Anticipated Medical/Drug/Prescription/Non-Prescription costs NOT covered by Insurance NOR reimbursed: Monthly Amount \$ _____
3. Medical bills our outstanding costs you are making Monthly Payments for :
Balance due to \$ _____ Monthly Payments \$ _____
Payable to _____
4. Medical related travel costs \$ _____
Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months \$ _____
6. Any other medical expenses: List type and Amounts: _____ \$ _____
_____ \$ _____

Childcare Costs: Complete ONLY for children 12 and younger:

7. Name(s) of Children cared for _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____
8. Name & Address of person OR Agency caring for Children _____

9. Weekly cost for Childcare Due to Employment \$ _____
10. Weekly Cost for Childcare Due to Education \$ _____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables Disabled applicants or others in the household to work. Complete ONLY if Disabled Expenses allow someone in the household to work.

11. List Type of Expenses, Weekly Amount, Paid to whom:

E. PROGRAM INFORMATION

Questions 1, 2 and 3 are optional

1. Are you displaced? Yes _____ No _____
 2. If Yes, Displacement Agency _____
 3. Is your current Unit Condemned/Substandard? Yes _____ No _____
 4. If Yes, Describe _____
 5. Are you paying more than 50% of your Gross Income for Rent and Utilities
 6. Yes _____ No _____
 7. Are you Applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by HUD? Yes _____ No _____
 8. If yes, do you realize you will be eligible for a \$400 and medical deduction?
Please realize that your eligibility must be verified. Yes _____ No _____
 9. Were you 62 and older as of 01/31/20210: _____ yes _____ no
 10. Do you have a Security Number: _____ yes _____ no
 11. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit: Yes _____ No _____
 12. If so, would you like to request an adapted unit? Yes _____ No _____
 13. Are you currently living in Subsidized Housing? Yes _____ No _____
 14. Are you receiving HUD rental assistance on January 31, 2010? _____ yes _____ no
 15. Have you ever resided in a Project financed and/or Subsidized by the Government? Yes _____ No _____ If Yes, Name & Address _____

 16. Have you ever been evicted from Public Housing or any other Federal Housing Program? Yes _____ No _____
 17. Have you ever been evicted from Other Housing? Yes _____ No _____
 18. Have you ever been convicted of a felony? Yes _____ No _____
 19. Are you currently using illegal drugs? Yes _____ No _____
 20. Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes _____ No _____
 21. Are you now or will you become a part time or full-time student prior to move-in? Yes _____ No _____
 22. How did you hear about this housing? _____
 23. Will you take an Apartment when one is available? Yes _____ No _____
 24. Briefly describe your reasons for applying _____
 25. Are you a smoker? Yes _____ No _____
 26. Are you a victim of domestic violence? Yes _____ No _____
 27. Have you ever rented or lived in housing infested with bed bugs? Yes _____ No _____
 28. Are you or any member of the applicant's household subject to a lifetime state sex offender registration program in any state? _____ Yes _____ No _____
-

29. 22. Please list all states where you or any members of your household have resided:

23. Have any of your household members been listed on any state's lifetime sex order registry? ____yes ____No

F. REFERENCE INFORMATION:

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

G. CREDIT REFERENCES

1. Name _____	2. Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____

3. Name _____
Address _____
City/State/Zip _____
Phone _____

H. PERSONAL NON-RELATED REFERENCES

1. Name _____ Address _____
Phone _____

2. Name _____ Address _____
Phone _____

3. Name _____ Address _____
Phone _____

In Case of Emergency Notify _____
Address _____
Phone _____

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

PETS: Do you own any pets? Yes _____ No _____

If Yes, describe _____

How did you hear about the apartments at Greenfield Gardens?

By: Newspaper advertisement? _____ yes _____ no

Internet Web-site? _____ yes _____ no If yes, which one?

Property Sign? _____ yes _____ no

Word of Mouth: _____ yes _____ no

Local Agency Reference? _____ yes _____ no

Other:

It is illegal to discriminate against any person on the basis of Race, Color, Religious Creed, National Origin, Ancestry, Sex, Age, Handicap (Disability), Sexual Orientation, Marital Status, Children, Veteran Status, and Public Assistance. If you feel you have been discriminated against, you may call the 504 Coordinator at (413) 772-8710.

J. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Low Income Housing Tax Credits or Section 8 income limits (whichever is applicable) and by the management companies approved tenant selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

TENANT

CO-TENANT

EMAIL ADDRESS

EMAIL ADDRESS

Dated _____

Dated _____

AUTHORIZATION

I/We do hereby authorize Greenfield Gardens Apartments and its staff or authorized representative to contact Safe rent for a credit and CORI check or any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated by Greenfield Gardens Apartments. I/We further authorize Greenfield Gardens Apartments to verify all information listed on this application.

SIGNATURE: `

TENANT

CO-TENANT

EMAIL ADDRESS

EMAIL ADDRESS

Dated _____

Dated _____

It is illegal to discriminate against any person on the basis of Race, Color, Religious Creed, National Origin, Ancestry, Sex, Age, Handicap (Disability), Sexual Orientation, Marital Status, Children, Veteran Status, and Public Assistance. If you feel you have been discriminated against, you may call the 504 Coordinator at (413) 772-8710.

Greenfield Gardens Apartments
58 Pray Drive
Greenfield, Mass 01301
(413) 772-8710 • FAX (413) 772-6474

RELEASE & AUTHORIZATION FOR CREDIT REPORT

Greenfield Gardens Apartments who has given you this form has ordered a complete credit check on you from Leasing Desk Screening for the purpose of hiring, retention or promotion. Please fill out the information below clearly and affix your signature where indicated. You will be informed of derogatory public records are found. Your signature below authorizes the employer to do the report. If any state laws apply to this consumer report, they are listed on the reverse side of this sheet.

Release and Authorization

I hereby authorize any employer, law endorsement agency, state agency, institution or credit information bureau that has any record or knowledge of my worker's compensation claims, motor vehicle operation history, or credit history to provide Leasing Desk Screening any such information. This authorization includes but is not limited to birth, court, Credit, Driving, educational, financial, legal, medical, military or naturalization records. Specific permission is granted for information to be released by any state agency including but not limited to any states Workman's Compensation Boards and Registry or Department of Motor Vehicles and any educational Institutions to release information on me to Leasing Desk Screening.

This authorization shall be valid one year from the date signed and a photographic copy or facsimile transmission shall be as valid as the original. The following information is complete and accurate. I understand that a credit investigation will be completed and that false or misleading statements are sufficient grounds for the denial of my application.

Name: _____ Date of Birth: _____

Current Address: _____ Social Security _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Driver's License: _____ State: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Employer 1: _____ From/To _____

Address/Phone Number: _____

Employer 2: _____ From/To _____

Address/Phone Number: _____

Employer 3: _____ From/To _____

Address/Phone Number: _____

Name: _____ Signature: _____

Date: _____ Manager/Supervisor's Initials: _____

It is illegal to discriminate against any person on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, or age. If you feel you have been discriminated against. You may call the 504 coordinator at (413)772-8710



**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.