CCHA Housing Choice Voucher Program Application Checklist

We appreciate your interest in applying for the HCV Program with the City of Crescent City Housing Authority. It is very important that you provide the following documentation with your completed application to accurately determine your eligibility. Please use the checklist below to put your documents in order.

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED ALL REQUIRED DOCUMENTS MUST BE RETURNED WITH THE APPLICATION

_____ Completed HCV Application

_____ Copies of Social Security Cards for ALL household members (*We will accept receipts showing you have applied for Social Security Cards*)

_____ Copies of Birth Certificates for household members that are **UNDER THE AGE OF 18**

_____ Bank Statement from your Financial Institution

_____ Copies of current government issued ID or Driver's License for household members **over the age of 18**

(We will accept receipts showing that you have applied for an ID/DL)

_____ Income Verification for all household income

Examples: Passport to Services, Paystubs, Benefits Letter, Bank Statements, etc.

_____ Completed Declaration 214 Citizenship form for ALL household members

(Print one form for every household member)

_____ Completed Criminal/Drug History Form for all household members **over the age of 18**

(Print one form for every household member over the age of 18)

Information and Instructions to Applicants

- The Housing Choice Voucher Program is a federally funded rent subsidy program. This program assists eligible low-income persons and families in obtaining affordable, decent, and safe housing by paying a portion of the rent.

FY 2026 GROSS ANNUAL INCOME LIMITS FOR DEL NORTE COUNTY

FAMILY SIZE	GROSS ANNUAL INCOME
One (1)	$34,000
Two (2)	$38,850
Three (3)	$43,700
Four (4)	$48,550
Five (5)	$52,450
Six (6)	$56,350
Seven (7)	$60,250
Eight (8)	$64,100

- The application can be submitted by mail or in person at our office. Our office is located at:

235 H Street
Crescent City, CA 95531

Phone: 707-464-9216 Fax: 707-464-2692
Website: www.crescentcity.org/housing

Any changes to your application (i.e., family composition, income, mailing address, etc.) must be submitted to the CCHA IN WRITING. It is important to keep the CCHA updated with income and household changes as this can impact your placement on the waiting list as well as your wait time. The CCHA does not process changes submitted over the phone.

- The approximate wait time for this program is ONE -TWO YEARS. The wait time is always subject to change based on the availability of funding.
  ***if you or anyone in your family is a person with disabilities, and you require specific accommodation to fully utilize our programs and services, please contact your caseworker at the CCHA. ***
  Application Information Head of Household)
  NAME: _____
  (First) (Middle) (Last)

  ADDRESS: _____

  _____

  EMAIL: _____ PHONE: _____

  DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

  ARE YOU DISABLED? _____

  Ethnicity: ☐-Hispanic ☐-non-Hispanic
  Race: ☐-White ☐-African American ☐-Asian/Pacific Islander ☐-Native American

Family Composition

INFORMATION: List ALL persons (other than yourself) who will be living in the household.

First & Last Name	Relation to Head of Household	Gender	Date of Birth	Social Security Number	Disabled (Y/N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Household Income

1. Is Anyone in the household self-employed? ☐Yes ☐No
   If yes, list the name of the household member: _____
   Business: _____ Gross Monthly Income: _____
   Documentation may be requested of monthly income and expenses to get an accurate amount to anticipate annual income.
   Please list the source and amount of ALL income that your household is receiving and /or expected to receive.

Household Member	Type of Income (EX: SSI, cash aid, wages, etc.)	Gross amount received per month
1.		
2.		
3.		
4.		

Asset & Banking Information

1. Do you or any household members have any of the following:

a. Savings Account	{ } Yes { }No
b. Checking Account	{ } Yes { }No
c. Shares	{ } Yes { }No
d. Stocks	{ } Yes { }No
e. Bonds	{ } Yes { }No
f. CD's	{ } Yes { }No
g. IRA's	{ } Yes { }No
h. Real Estate	{ } Yes { }No
i. Annuities	{ } Yes { }No
j. Inheritance	{ } Yes { }No
k. Other miscellaneous assets	{ } Yes { }No

If yes, to any of the above questions list the financial institution and value below also provide documentation:

Asset	Financial Institution	Value

***☐ If your household assets **are over $54,898,** provide evidence of assets, such as bank statements or other documents provided by your financial institution.

***☐ If you **own property**, provide evidence of why your household cannot live there.

Previous Federal/Subsidized Housing:

1. Have you or any member of your household been assisted in Federal Housing? { } Yes { } No
   If yes, When:_____
   { } Public Housing { } Section 8/Housing Choice Voucher program
   Name & City of Housing Authority: _____
2. Have you or any member of your household been terminated/evicted or owe money to any Federal Housing Program?
   { } Yes { } No
   If yes, when & where:_____
   Amount Owed? $_____

Authorization, Representations and Certifications

I/We certify and affirm that the information stated on this eligibility questionnaire is complete, true, and correct to the best of my knowledge. I/We promise to inform the CCHA of any changes in my/our household size, income, and assets in writing within ten (10) calendar days of the change. I understand the ***ANY*** misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission of participation and may be grounds for denial or termination of assistance.

Consent:

I/We hereby consent to inquiries being made for the purpose of verifying the statements contained as part of the eligibility determination process.

Reminder: All household members 18 years and older must sign this form.

_____

Head of Household Date

_____

Spouse/Co-Head Date

_____

Other Adult Date

RESIDENCY PREFERENCE:
As of July 5, 2011, the Crescent City Housing Authority's (CCHA) HCV Waiting List will include the following preference:

"The PHA will offer a preference to any family with a Head of Household and/or spouse that is living or working in Del Norte County. Verification will be required for applicants who clam this preference."

At the time of APPLICATION SUBMISSION:
The application will include a section specific to eligibility to the preference. The applicant will be given the opportunity to claim (or not claim) the preference and will be placed on the waiting list according to the information provided.
On the WAIT LIST:
You must notify the CCHA if you have an address change during the time that you are on the waiting list as this can impact wait time and appropriate placement on the waiting list.
At the time of TOP OF THE WAIT LIST:
Verification of qualification for the preference will be done when the applicant reaches the top of the waiting list. Applicants **MUST** be able to furnish 2 forms of residency at the time they reach the top of the wait list, or they will be determined ineligible for the preference and return to the wait list with a non-preferred status.

Forms of Verification:
Two forms of residency verification will be requested when the application reaches the top of the wait list. Failure to provide 2 forms of acceptable verification will result in the determination of ineligibility for the preference.

- California ID
- Copy of a Rental/Lease Agreement
- Copies of utility bills
- Tax filing documentation
- Enrollment paperwork from the current semester at an educational institution to verify Del Norte County residency
- Paperwork from an employer
- Verification of benefits issued to the household from the Del Norte County Department of Health and Human Services to verify Del Norte County residency (Cash-Aid, Food Stamps, Medical, etc.)
- Verification of benefits issued to the household from the social Security Administration to verify Del Norte County residency (Social Security, SSI, SSDI, etc.)
- Verification of voter registration within del Norte County to verify Del Norte County residency

For Homeless applicants:

- Verification from one of the local homeless advocacy groups (Rural Human Services Food Bank, Community Assistance Network, Our Daily Bread Ministries, etc.) confirming that they have been providing services to the applicant/household.

If the information provided by the applicant does not confirm/verify Del Norte County residency at the time they reach the top of the wait list, the applicant will be placed back on the wait list with a non-preferred status. Failure to provide documentation of falsifying documentation to claim eligibility for this preference may result in being returned to the wait list and/or denied of assistance.
Please check one:

☐ I wish to claim the Residency Preference ☐ I do not wish to claim the Residency Preference

I, undersigned, acknowledge, and certify that I have read and understand the information on this form.

_____

Signature of Head of Household Date

Crescent City Housing Authority
235 H Street
Crescent City, CA 95531
(707) 464-9216 Phone
(707) 464-2692 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:
The US Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and information obtained with it to administer and enforce program rules and policies.

Authorization:
I authorize the release of any information (including documentation about myself or my household) that is pertinent to eligibility for, or participation in, assisted housing programs. I authorize HUD, an Indian Housing, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered: *Inquiries may be made about-*

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, & Assets
- Federal, State, Tribal & local benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residence and Rental History

Individual or Organizations that May Release Information:
Any individual or organization, including any governmental organization may be asked to release information.
For Example, Information may be requested from-

- Banks and other financial institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers: Past & Present
- Landlords
- Providers of Alimony, Child Support, Child Care
- Del Norte Mental Health
- Del Norte Sheriff's Office
- Crescent City Police Department
- State Employment Development Department
- Handicapped Assistance
- Medical Care
- Pensions/Annuities
- Schools and Colleges
- US Social Security Administration
- US Department of Veterans Affairs
- Utility Companies
- Del Norte Department of Social Services
- Del Norte Child Care Council
- Del Norte Family Support Division
- College of the Redwoods

Computer Matching Notice and Consent:
I agree that a Public Housing Agency, and Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The match will be used to verify information provided by the family.
The governmental agencies include:

- US Office of Personnel Management
- US Social Security Administration
- US Department of Defense
- US Postal Service
- State employment security agencies
- State welfare and food stamp agencies

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

_____

Signature of Head of Household Date

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

CRESCENT CITY HOUSE AUTHORITY

235 H STREET
CRESCENT CITY, CA 95531
PHONE: (707) 464-9216

Crescent City Housing Authority (CCHA) Request for Criminal History Information

ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER MUST COMPLETE THEIR OWN CRIMINAL HISTORY INFORMATION FORM

Legal Name of adult filling out this form: _____

Please initial each line

_____ I understand that false answers, incomplete answers, or omissions on this application will disqualify my application and I have taken due care to ensure the answers given and correct and true.

_____ I understand that a criminal history background check will be conducted based upon personal information I have provided below and that which is contained in my housing assistance application.

_____ I understand that other criminal history checks will be conducted utilizing records and information from Police and Sheriff Agencies where I have lived or have been arrested.

_____ I understand that the criminal background check will also include information on current criminal warrants that may exist.

I hereby authorize the release of my Criminal History information and request that the Criminal Background be done. Below I have provided personal statistical information to facilitate the Criminal History/Background check.

Full Legal Name (Printed): _____

Date of Birth: _____ (mm/dd/yyyy) Age: _____ Social Security #: _____

California Driver's License (or ID) Number: _____

Gender: Male Female -Please Circle

Other Names Used: _____

Are you currently engaged in, or have you engaged (within the last three (3) years) in the use of a controlled substance, drug related activity and/or alcohol abuse? ☐Yes ☐No

Are you a registered sex offender? ☐Yes ☐No

I hereby authorize the release of my Criminal History information and request that the Criminal Background Check be completed. Above I have provided the personal statistical information to facilitate the Criminal History/Background check.

_____

Signature Date

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

What information about you and your tenancy does HUD collect from the PHA? The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:
1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise, the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below listed PHA:	I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:
	Signature Date Printed Name

EXHIBIT 16-1: SAMPLE NOTICE TO HOUSING CHOICE VOUCHER APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

This sample notice was adapted from a notice prepared by the National Housing Law Project.

A federal law that went into effect in 2006 projects who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your rights under VAWA.

Protections for Victims

If you are eligible for a Section 8 voucher, the housing authority cannot deny you rental assistance solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, you cannot be terminated from the Section 8 program or evicted based on acts or threats of violence committed against you. Also, criminal acts directly related to domestic violence, dating violence, or stalking that are caused by a member of your household or a guest cannot be the reason for evicting you or terminating your rental assistance if you were the victim of the abuse.

Reasons You Can Be Evicted

You can be evicted, and your rental assistance can be terminated if the housing authority or your landlord can show there is an actual and imminent (immediate) threat to other tenants or employees at the property if you remain in your housing. Also, you can be evicted, and your rental assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, or stalking committed against you. The housing authority and your landlord cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

Your landlord may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the assisted unit. Also, the housing authority can terminate the abuser's Section 8 rental assistance while allowing you to continue to receive assistance. If the landlord or housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, your landlord must follow federal, state, and local eviction procedures.

Moving to Protect Your Safety

The housing authority may permit you to move and keep your rental assistance, even if your current lease has not expired yet. The housing authority may require that you be current on your rent or other obligations in the housing choice voucher program. The housing authority may ask you to provide proof that you are moving because of incidences of abuse.

Proving that You are a Victim of Domestic Violence, Dating Violence, or Stalking

The housing authority and your landlord can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, and stalking. The housing authority and you landlord must give you at least 14 business days (i.e., Saturdays, Sundays and holidays do not count) to provide the proof. The housing authority and your landlord are free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority or your landlord. The form will ask your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence.

- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."

- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the landlord may evict you, and the housing authority may terminate your rental assistance.

Confidentiality

The housing authority and your landlord must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority or your landlord to release the information.

- Your landlord needs to use the information in an eviction proceeding, such as to evict your abuser.

- A law requires the housing authority or your landlord to release the information.

If release of the information would put your safety at risk, you should inform the housing authority and your landlord.

VAWA and Other Laws

VAWA does not limit the housing authority's or your landlord'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.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact Jeannie Cossey at Jonesboro Urban Renewal & Housing Authority.

For help and advice on escaping an abusive relationship, call the National domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY)

Definitions

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:
VAWA defines domestic violence to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabiting with or has cohabited with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant money.
- Any other person against an adult or youth victim who is protected from that person's act under the domestic or family violence laws of the jurisdiction.

VAWA defines *dating violence* as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines *stalking* as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

Crescent City Housing Authority
235 H. Street
Crescent City, CA 95531
(707) 464-9216

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully, and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or immigration expert of your choosing.

I, _____DOB_____certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

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

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

{ } I have eligible immigration status, as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

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

{ } Permanent residence under §249 of INA 4/; or

{ } Refugee, asylum, or conditional entry status under §§207, 208 or 20 of the INA 5/; or

{ } Parole status under §§212(d)(5) of the INA 6/; or

{ } Threat to life or freedom under §243(h) of the INA 7/; or

{ } Amnesty under §245 of the INA 8/.

_____ _____
Signature Date

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

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

[See reverse Side for footnotes and instructions]

1/ Warning: 18 USC 1001 Provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fines not more than $10,000, imprisoned for not more than 5 years, or both.

The following footnotes pertain to noncitizens, who declare eligible immigration status in one of the following categories:

2/ Eligible immigration status, and 62 years of age or older. For noncitizens who are 62 years of age or older, or who will be 62 years of age or older and receiving assistance under section 214covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3/ Immigrant status under §§101(a)(15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(A)(15) of the INA (8USC 1101(a)(20) and 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 USC 1160 or 1161), [*special agricultural worker status*], who has been lawful temporary resident status.

4/ Permanent residence under §249 of INA. A noncitizen who entered the US before January1, 1972, or such later dates as enacted by law, and has continuously maintained residence in the US since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249of the INA (8 USC 1259) [*amnesty granted under INA 249*]

5/ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA. A noncitizen who is lawfully present in the US pursuant to an admission under §207 of the INA (8 USC 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 USC 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (USC 1153(a)(7) before April1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*]

6/ Parole status under §212(d)(5) of INA. A noncitizen who is lawfully present in the US as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 USC 1182(d)(5) [*parole status*]

7/ Threat to life or freedom under §243 (h) of INA. A noncitizen who is lawfully present in the US as a result of the Attorney General's withholding deportation under §243 (h) of the INA (8 USC1255a) [*threat to life or freedom*]

8/ Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 USC 1255a) [*amnesty granted under INA 245A*]

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than noncitizens age 62 or older receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "√" in the box below the signature, if the signature is by the adult residing in the unit who is responsible for the Child.