

**HOUSING AUTHORITY OF THE CITY OF GOLDSBORO, NC
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

PO BOX 1403 – 1729 EDGERTON STREET
GOLDSBORO, NC 27533-1403
(919) 736-2785

Enclosed you will find your annual **Recertification Packet**. This packet must be completed by you in order to continue your Housing Choice Voucher Program (HCVP) rental assistance. Failure to complete your annual recertification on a timely basis may result in your termination from the HCVP.

***INSTRUCTIONS FOR FILLING OUT YOUR HOUSING CHOICE VOUCHER PROGRAM
RECERTIFICATION PAPERWORK***

- Please print clearly using black ink. **DO NOT USE PENCIL**. Do not leave any spaces blank; if the question does not apply to your household put N/A. Check both sides of the forms; some forms are two-sided.
- Any family member age 18 and over who is employed must provide two (2) current check stubs in consecutive order, or a statement of wages from your employer.
- All other household income must be verified by providing a current printout from the source such as Social Security, SSI, TANF, Child Support, Retirement Pension, Workman's Compensation, Veteran's Benefits, etc.
- A bank statement is no longer needed unless you have a net total of \$5,000 or more in family assets.
- All Head of Households, please provide the last four (4) digits of your social security number on the **Authorization for the Release of Information / Privacy Act Notice**.
- All adults over the age of 18 must sign the **Authorization for the Release of Information/Privacy Act Notice** form, which is enclosed with your paperwork.
- If you have children/dependents over the age of 18 enrolled in school or college, you must provide a current student schedule, and if applies, a current Federal Pell Grant Award Letter.
- If you are employed or attend college, any childcare for which you pay must be verified by the childcare provider as follows: a statement from the organization (daycare) or a notarized statement from your private childcare babysitter. Also provide a copy of your voucher if you are receiving assistance from the Wayne County Child Care Services.
- You have thirty (30) business days to complete this information and return it by mail (self-addressed stamped envelope provided) to the Section 8 office. Any delay in returning this information may result in termination from our program. Please contact the Section 8 Office if you should have any questions.

RESIDENT

DON'T FORGET TO SEND BACK
CURRENT COPIES OF YOUR
HOUSEHOLD INCOME.

YOU MUST SUBMIT THESE
DOCUMENTS ALONG WITH YOUR
RECERTIFICATION PAPERS.

THANK YOU!!

SECTION 8 STAFF

HOUSING AUTHORITY OF THE CITY OF GOLDSBORO, N.C.
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
P.O. BOX 1403 -- 1729 EDGERTON STREET
GOLDSBORO, N.C. 27533-1403
(919) 736.2785



EQUAL HOUSING
OPPORTUNITY

APPLICATION FOR CONTINUED OCCUPANCY

(In addition to this application, please complete the entire packet which includes the Asset Sheet, HUD Form 9886, Applicant/Tenant Certification and Family Obligations)

Please list the members residing in the dwelling unit including (Head of Household):
Name of each person Social Security Number (last (4) digits only)

_____	XXX-XX-_____
_____	XXX-XX-_____
_____	XXX-XX-_____
_____	XXX-XX-_____
_____	XXX-XX-_____
_____	XXX-XX-_____

Home Phone _____ Cell Phone _____

Are any family members a college student? Yes ___ No ___ Full Time ___ Part Time ___
If Yes, Name of Family Member _____

Name of College _____

Do you or anyone in your household receive workman's compensation?
No ___ Yes ___ Name of Person _____

Do you or anyone in your household receive retirement benefits? ___ Yes ___ No

Is any member of your household subject to a lifetime sex offender registration program in any state? ___ Yes ___ No (false response or failure to respond could result in denial of continued assistance.)

I certify that the information given to the Goldsboro Housing Authority/Section 8 HCV Program is accurate and complete to the best of my knowledge. If you answer "yes" to any of the questions stated above, you must provide written documentation to the Section 8 office. I also understand that all changes in income, as well as changes in my household members must be reported to the Housing Authority within (10) business days.

Signature of Head of Household

Date

Spouse

Date

Section 8 Representative

Date

HOUSING AUTHORITY OF THE CITY OF GOLDSBORO, NC
Section 8 Housing Choice Voucher Program
P.O. BOX 1403 - GOLDSBORO, N.C. 27533-1403
PHONE (919) 736-2785 - FAX (919) 736-2788
TTY (919) 587-9507 Ext. 162

APPLICATION/TENANT CERTIFICATION

APPLICANT(S) TENANT(S) STATEMENT:

I/We certify that the information given to the Section 8 Housing Choice Voucher program agency on household composition, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free hotline at 1-800-669-9777.

*After verification by Goldsboro Housing Authority – Section 8 Housing Choice Voucher Program, the information will be submitted to the Department of Housing and Urban Development on HUD form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetis.

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

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017 NEW FORM NOT AVAILABLE FROM HUD

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Housing Authority of the City of Goldsboro
P.O. Box 1403
Goldsboro, NC 27533-1403

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

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

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

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

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Section 8 Housing Choice Voucher Program
Annual Income and Asset Information**

Annual income means all amounts, monetary or not, that go to or are on behalf of, the family head or spouse (even if temporarily absent) or to any other family member, or all amounts anticipated to be received from a source outside the family during the 12 month period following admission or annual reexamination effective date.

'Please answer each of the following questions. For each "yes," provide documentation.

		Does any member of your household:
<u>YES</u>	<u>NO</u>	
		Income
_____	_____	1. Work full-time, part-time or seasonally?
_____	_____	2. Expect to work for any period during the next year?
_____	_____	3. Work for someone who pays them cash?
_____	_____	4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
_____	_____	5. Now receive or expect to receive unemployment benefits?
_____	_____	6. Now receive or expect to receive child support?
_____	_____	7. Have an entitlement to receive child support that is not currently being received?
_____	_____	8. Now receive or expect to receive alimony?
_____	_____	9. Have an entitlement to receive alimony that is not currently being received?
_____	_____	10. Now receive or expect to receive public assistance (welfare)?
_____	_____	11. Now receive or expect to receive Social Security or SSI benefits?
_____	_____	12. Now receive or expect to receive income from a pension or annuity?
_____	_____	13. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?
_____	_____	14. Receive income from interest on checking, or savings accounts, or loans made to others?
_____	_____	15. Receive income from interest or dividends from certificates of deposit, stocks, or bonds?
_____	_____	16. Receive income from rental property?
_____	_____	17. Receive regular, special pay, or allowances as a member of the Armed Forces?
_____	_____	18. Receive periodic payments from a lottery?
_____	_____	19. Are you a 10 month school employee? If so, do you want your rent calculated on a _____ 10 month or a _____ 12 month schedule?

<u>YES</u>	<u>NO</u>	Assets
_____	_____	1. Do you have assets totaling over \$5,000.00? If YES, check all that applies below. If NO, check NO and then go to EXPENSES.
_____	_____	Do you have a checking or savings accounts?
_____	_____	Have any amounts in stocks, bonds, savings certificates, money market funds or other investment accounts?
_____	_____	Have equity in real property?
_____	_____	Have cash value in trusts that may be withdrawn by the family?
_____	_____	Have IRA, 401K, Keogh or similar retirement savings accounts?
_____	_____	Have any lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, or other claims?
_____	_____	Have any personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.?
_____	_____	Have a cash value in an insurance policy?
_____	_____	Have assets disposed of for less than fair market value during the two years preceding certification or recertification?

*****Please continue on the other side*****

**Section 8 Housing Choice Voucher Program
Annual Income and Asset Information**

Expenses

- _____
_____ 1. Do you have expenses for child care of a child aged 13 or younger?
_____ 2. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

Questions 3-6 apply to elderly, handicapped, or disabled head of household only

- _____
_____ 3. Do you have Medicare? If so what is your monthly premium?
_____ 4. Do you have any other kind of medical insurance _____
_____ 5. Do you have outstanding medical bills not paid for by insurance?
_____ 6. Do you expect to incur medical bills in the next twelve months?

APPLICANT CERTIFICATION

I/We certify that the information given to the Goldsboro Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____

Date: _____

Signature of Spouse: _____

Date: _____

Section 8 Representative: _____

Date: _____

Telephone No.: _____

FAMILY OBLIGATIONS

To remain in good standing with the **Housing Choice Voucher Program**, you must:

- Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and/or composition.
- Disclose and verify social security numbers and sign consent forms for obtaining information.
- Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
- Allow to inspect the unit at reasonable times and after reasonable notice.
- Notify the PHA in writing before moving out of the unit or terminating the lease.
- Use the assisted unit for residence by the family. The unit must be the family's only residence.
- Promptly notify the PHA in writing within (30) days of the birth, adoption, or court- awarded custody of a child.
- Request PHA written approval to add any other family member as an occupant of the unit.
- Promptly notify the PHA in writing if any family member no longer lives in the unit.
- Give the PHA a copy of any owner eviction notice.
- Pay utility bills and supply and maintain any appliances that the owner is not required to provide under the Lease. If utilities are shut-off for non-payment, the tenant must have service re-instated within (24) hours. Failure to have services re-instated will result in termination of rental assistance.
- The family (including each family member) must not:
 1. Own or have any interest in the unit (other than in a cooperative, or the owner of manufactured home leasing a manufactured home space).
 2. Commit any serious or repeated violations of the lease.
 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 4. Engage in drug-related criminal activity or violent criminal or other criminal activity that threatens the health, safety or right to peaceful enjoyment of residents and persons residing in the immediate vicinity of the premises. You must not engage in criminal and /or violent activity on or off the premises.
 5. Sublease or let the unit or assign the lease or transfer the unit.

6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guests to damage the unit.
8. Receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

FAMILY CERTIFICATION: I understand that failure to comply with these responsibilities is grounds for denial or termination of my rental assistance. I understand as Head of Household that it is my sole responsibility to provide true and complete information on myself and all household members now or in the future and failure to do so may lead to the denial or termination of my assistance. I understand that if I am terminated for program abuse, I will be ineligible for assistance for three years. Additionally, I understand that false statements or information are punishable under Federal and/or State Law and GHA will pursue accordingly. Under Federal Law this could result in a fine up to \$10,000 and/or imprisonment for up to five years.

Printed name of Participant

Participant's Signature

Date

The Housing Authority of the City of Goldsboro

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **The Housing Authority of the City of Goldsboro (HACG)** 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 **HACG**, 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.

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

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

Protections for Tenants

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

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

Removing the Abuser or Perpetrator from the Household

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

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

In removing the abuser or perpetrator from the household, the HACG must follow Federal, State, and local eviction procedures. In order to divide a lease, the HACG 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, HACG 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, HACG may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

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

OR

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

The HACG 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.

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

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

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

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

- A complete HUD-approved certification form given to you by the HACG 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 the HACG has agreed to accept.

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

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

Confidentiality

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

The HACG must not allow any individual administering assistance or other services on behalf of the HACG (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.

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

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

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

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

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

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

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

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

If the HACG can demonstrate the above, the HACG 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 the **Housing Authority of the City of Goldsboro at 919-735-4226 EXT 113** or **Greensboro HUD Office at 800-225-5342**.

For Additional Information

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

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

For questions regarding VAWA, please contact your Manager or Assistant Property Manager.

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 **Wayne Uplift Domestic Violence at (919) 736-1313**.

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>.

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.