

Portia Housing Authority

Managed by Paragould Housing Authority

612 East Canal Street

Paragould, AR 72450

Phone (870) 239-8084 Fax (870) 236-2475 TDDY 1-800-285-1121

Dear Applicant

Completed applications can be returned by one of the following ways:

- **Mail to**

Portia Housing Authority
C/o Paragould Housing Authority
612 East Canal St.
Paragould, AR 72450

- Put application in the Hoxie Housing Authority **Drop Box** at

400 SW Maple Street
Hoxie, AR 72433

or

- **Bring** completed applications to

Paragould Housing Authority
612 East Canal Street
Paragould, AR 72450





Portia Housing Authority

PO Box 152, 504 West Front St
Portia AR 72457 870-886-5304

Print this page

Thank you for your interest in our apartments.
Please complete all requested information on the two
sheets of this form.

Date Received _____

Rec'vd by _____

Number of Bedrooms Desired _____

Choices for Race are 1-American Indian or Alaskan Native - 2-Asian - 3-Black or African American - 4-Native Hawaiian or Pacific Islander - 5-White

Choices for Ethnicity are: a-Hispanic/Latino - b-Non-Hispanic/Latino

Choices for Race: Det, Code

C - Customer Provided - E - Employee Observed

PERSONAL INFORMATION

Social Security No.	Household Member Name (Last, First and Middle Initial)	Sex	Date of Birth MM-DD-YY	Race	Ethnicity	Det.	Code	Minor, Disabled, Handicapped or Full-Time Student 18 or older	Elderly, Disabled or Handicapped
								(Check if Household Member is <i>not</i> the Tenant or a Co-Tenant)	(Check if Household Member is a Tenant or a Co-Tenant)

Household Income (Monthly) \$ _____ Savings \$ _____ Medical Expenses (if allowable) \$ _____
 Checking \$ _____ Assets \$ _____ Child Care Expenses \$ _____
 Other \$ _____ Other \$ _____

RESIDENCE HISTORY

PRESENT ADDRESS

Present Telephone _____ Length of time at present address _____
 Present Landlord _____ Phone Number _____
 Complete Address _____
 Amount of Rent _____ Reason for moving _____

PREVIOUS ADDRESS

Length of time at previous address _____
 Previous Landlord _____ Phone Number _____
 Complete Address _____
 Amount of Rent _____ Reason for moving _____

WORK HISTORY

EMPLOYED BY

Employer's address _____ HOW LONG? _____
 Position held _____ Phone Number _____
 Supervisor _____

CO-TENANT'S EMPLOYER

Employer's address _____ HOW LONG? _____
 Position held _____ Phone Number _____
 Supervisor _____

BANKING AND CREDIT REFERENCE

Bank _____ Branch _____
 Checking Account # _____ Savings Account # _____
 Credit Reference _____ Phone _____ Address _____
 Credit Reference _____ Phone _____ Address _____
 Credit Reference _____ Phone _____ Address _____

I request a handicapped accessible unit? _____ In case of personal emergency, notify (Relationship, Address, Telephone #) _____
 I am 62 years old or disabled? _____
 I have been convicted of a felony? If yes, explain _____



Who is the Head of Household? (Legal Name):

<u>Last Name</u>	<u>First Name</u>	<u>M. I.</u>	<u>Sex</u> M/F/D Decline Answer	<u>Social Security#</u>	<u>DOB</u>	<u>Age</u>
<u>Race:</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific <u>Islander</u> <input type="checkbox"/> Decline To Answer		<u>Ethnicity:</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Decline <u>Answer</u>		<u>Do you or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
<u>Which of the following housing programs are you applying for?</u> <u>Family Income Based Rent:</u> <input type="checkbox"/>						
<u>Income Based Rent:</u> <u>Disabled</u> <input type="checkbox"/> <input type="checkbox"/> <u>Veteran</u> <input type="checkbox"/> <u>Displaced</u> <u>Elderly Only (62+ or Disabled)</u> <input type="checkbox"/> <u>Near Elderly (50-61)</u>						
<u>Home Phone:</u>	<u>Cell Phone:</u>	<u>Work Phone:</u>	<u>Email:</u>			

What is your present address?

Are you homeless? Yes or No

<u>Street Address</u>			
<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Street or PO Box</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

What was your street address before you moved to where you live now?

<u>Street Address</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	

If we were unable to reach you, whom could we contact locally?

<u>Name</u>	<u>Phone #</u>
<u>Address</u>	<u>Relationship</u>

Household members :List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No.	Legal Name	Sex M/F/D Decline Answer	Relationship to head	SSN	DOB	Age	School Name or Occupation	Full Time Student Yes or No
1								
2								
3								
4								
5								
6								
7								

Income Information: Provide a complete explanation of "income" to applicant.

Fam mem	Source of Income	Rate/ Frequency	Type of Income	Annualized Income
				\$
				\$
				\$

Did you file a Federal income tax return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No. If yes: Explain:

Asset Information: (land, mobile home, stocks, life insurance, bonds, IRA, CD, etc)

Fam mem	Asset Description	Current/Disposed?	Market Value	Cash Value	Int. Rate	Annual Income
			\$	\$	%	\$
			\$	\$	%	\$
			\$	\$	%	\$

Banking Information:

Name of Bank	Account Number	Type	Joint/ Indiv	Balance	
				Current	6-mo. avg.
				\$	\$
				\$	\$
				\$	\$

Disability Assistance Expenses

Fam mem	Expense description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Do you claim any of the following local preferences?

Claim Preference	Preference Type: PHA RESERVES THE RIGHT TO REQUIRE PROOF OF CLAIMED PREFERENCE (APPLICANT INITIALS)
	Live in Portia <input type="checkbox"/> Live in Lawrence County <input type="checkbox"/>
	Elderly 62+ <input type="checkbox"/> Disabled <input type="checkbox"/> Near Elderly (50-61) <input type="checkbox"/> Veteran <input type="checkbox"/>
	Displaced <input type="checkbox"/>

Program Integrity Information	Yes	No
Do you expect anyone to move in or out of your household within the next 12 months?		
Does anyone live with you now who is not listed above?		
Have you ever lived in assisted housing before? If yes: When? Where?		
Under What Name? Who was Head of Household?		
Have you ever used a name other than the one you are using now? If yes, what was the other name(s)?		
Have you ever used a social security number other than the one you listed above? If yes; What was the other social security number you used?		
Has anyone in your household been engaged in the sale, manufacture or distribution of controlled substances? If yes: Who? When? What?		
Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity?		
If yes: From Where? When? Who was head of household?		
Have you ever violated a family obligation in a HUD assisted housing program?		
Do you owe any money to a Public Housing Agency? If yes: How much do you owe? \$ What agency do you owe?		
What types of charges do you owe?		
Has anyone in your household ever been convicted of drug related criminal activity? If Yes, Who? When? For What?		
Has anyone in your household ever been convicted of violent criminal activity? If Yes, Who? When? For What?		
Is anyone in your household subject to a State lifetime sex offender registration in any state? If Yes, who?		
Has anyone in your household ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine in any location?		

Work History Where was the last place of employment for all adult household members?

Family Member	From Year	To Year	Employer

Public Housing Suitability Screening

Have you ever been evicted? []Yes []No If yes: By Whom? When? Why?

List the address and landlord references of applicant for past three years (must have references)

Landlord	Address	From	To	Landlord Phone

Pets

Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What kind?
Size:	Weight:

Vehicles: How many vehicles does the family own?

Owner	Make	Model	Year	Color	License Tag #	State

Authorizations, Representations and Certifications

I do hereby authorize (HA) to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants. I authorize HA to obtain landlord references and employment verification. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

NOTICE: does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Any person with disabilities has a right to request reasonable accommodations in order to provide information to the Housing Authority.

NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Arkansas State Code.

NOTICE: You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list.

If either Head or spouse is not present, why? _____

1. By signature below, I certify that I have been given a Violence Against Women Act (VAWA) Notice and HUD-50066 form advising me of my rights under this law. **I understand that I am not required to sign this consent if it is unclear to me who will provide or receive and review the requested information.**

2.

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT.	
PHA Representative Signature	Date
Signature of Head of Household	Date
Signature of Spouse or other adult	Date
Signature of Other Adult	Date

Instructions for AD-2106

Form to Assist in Assessment of USDA Compliance with Civil Rights Laws

This form is used by USDA agencies, including FSA, NRCS, RBS, RHS, and RUS to gather race, ethnicity, and gender information from program participants. For participants that are entities, complete a separate form for each member.

Participants should complete all items.

Fld Name /	Instruction
1. What is Your Name	Enter your full legal name.
2. Legal Residence	Enter your current address.
3. Gender	Check your appropriate gender.
4. Ethnicity	Check your appropriate ethnicity.
5. Race	Check your appropriate race(s). Multiple races may be checked.
PRIVACY ACT STATEMENT	
<p>The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to compile program application and participation rate data regarding socially disadvantaged farmers or ranchers and to conduct oversight and evaluation of civil rights compliance. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in customer declared data not being entered into the database.</p> <p>The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO THE APPROPRIATE USDA SERVICING OFFICE.</p>	
NONDISCRIMINATION STATEMENT	
<p>The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).</p> <p>To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</p>	

U.S. Department of Agriculture

**Form to Assist in Assessment
of USDA Compliance With Civil Rights Laws**

QUESTIONNAIRE

The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided this information to USDA please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.

1. What is your name?

2. Legal Residence:

3. What is your gender?

Male

Female

Please answer BOTH question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.

4. Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

5. What is your race? Mark all that apply.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

According to the Paperwork Reduction Act of 1995, an agency may not conduct, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0019. The time required to complete this information collection is estimated to average 2 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.



APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program.

Please read and initial each certification:

I certify and agree the apartment I will occupy in this project will be my primary address and I will abide by the Resident Occupancy Rules. _____

I certify that I do not and will not maintain a separate subsidised rental unit in a different location. _____

I agree to verification of and that I will provide the following documents upon request pertaining to all household members:

(Initial All)

- _____ Bank verification
- _____ Child care declaration
- _____ Child support non-payment verification
- _____ Criminal background verification
(For all residents over the age of 18)
- _____ Credit background verification
- _____ Disposal of assets
- _____ Employment verification
- _____ Medical expense verification
- _____ Prescription drug verification
- _____ Prior and current landlord verification
- _____ Social Security (SSI) verification
- _____ Survival statement
(One for residents of all ages)
- _____ EIV and Wage Match Consent
- _____ Welfare assistance verification

INFORMATION INQUIRIES ABOUT:

- Childcare Expenses
- Citizenship
- Credit History
- Family Compensation
- Employment, Income, Pension
- Residences and Rental History
- Federal, State, Tribal or Local Benefits
- Handicapped Assisted Expenses
- Identity and Marital Status
- Social Security Numbers
- Assets

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

- Utility Companies
- Social Service Agencies
- Credit Bureaus
- Schools/Colleges
- Employers
- Courts
- Providers of Alimony & Childcare
- Banks & Other Financial Institutions
- Law Enforcement Agencies
- Pensions and/or Annuities
- US Dept. of Immigration and Naturalization
- US Dept. of Veterans Affairs
- Medical Care Facilities

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 (All adult household members 18 years old and older must sign). I hereby make application for an apartment and certify that this information is correct, I authorize you to contact any reference herein listed and / or other inquires that management feels necessary in determining eligibility.

LIST THREE REFERENCES - NON RELATED (List telephone numbers)

Reference #1

Reference #2

Reference #3

Date Signed _____

Applicant's Signature _____

Co-Applicant's Signature _____

Member _____

Member _____

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits; pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

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

OMB Approval No. 2577-0249
Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

***Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator's Relationship to Victim: _____

Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred: _____

Location of Incident(s): _____

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

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. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.