

Paragould Housing Authority

612 East Canal Street
Paragould AR, 72450
applications@paragouldha.com
www.paragouldhousing.org

David Lange
Executive Director
director@paragouldha.com

Office Telephone:
Pecan Grove: (870)-239-8084
Fax: (870)215-0768
TDDY 1-800-285-1121

GUIDELINES FOR THE APPLICATION PROCESS

INSTRUCTIONS: This application must be filled out correctly and completely. You must use this application to apply for two of the five housing programs that Paragould Housing Authority has to offer. If you have questions or need any assistance in completing this application, please feel free to contact our office, any of our staff would be glad to assist you.

We **MUST** have a current address on file for you at all times. If you are homeless, please list an address of someone who can get your mail to you. Also, you must notify the housing authority, in writing, if your address changes after you have submitted your application. If we try to contact you and the letter is returned by the Post Office, your name will be removed from the waiting list- no exceptions.

Please, include addresses and phone numbers in all spaces that are indicated, if you do not know the phone number or address, please look them up. This is especially important on your landlord references.

Please make sure to sign **ALL** areas that required a signature and date the application.

If you submit an application and do not fulfill all of the above requirements, your application will be considered incomplete. It is your responsibility to ensure that the Paragould Housing Authority receives all required information.

We look forward to working with you during the application process. Once again, please feel free to contact our office if you have any questions with the application form.



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 Last Name First Name Middle

 *Physical Address

 City State Zip Code

 *Mailing Address (If different from physical address). Please understand this is where we will send your mail.

 City State ZipCode

 Social Security Number Phone Number Message Phone

*Please note if your address changes you MUST notify PHA in writing. If we contact you by mail and your mail is returned your name will be dropped from the waiting list.

The Paragould Housing Authority is an Equal Housing Opportunity Provider

Date Entered: _____ Staff Initials: _____	Date Received: _____ Time Received: _____ Staff Initials: _____
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FAMILY COMPOSITION

Family Composition: List all person (s) who will be residing with you. Include yourself.

Please note following codes for race:

W- White B- Black A- American Indian/Alaskan Native
 A/P- Asian or Pacific Islander

Please note the following codes for Ethnicity:

H- Hispanic N/H -Non-Hispanic

*Please list Head of Household in box #1. Please print clearly.

Family Member Name		Family Relationship	Date of Birth	Age	Social Security #	Race	Ethnicity
First	Last						
*1							
2							
3							
4							
5							
6							
7							
8							

Have you ever lived in subsidized housing or any government rental assistance program?

Yes _____ No _____ Under What Name _____

If "YES", Name of Housing Authority? _____

Enter the Dates of Occupancy _____

Address of Housing Authority: _____ State: _____

Phone Number: _____ Fax Number: _____ Zip Code _____



What other names have you used other than the name on this application?
 Include maiden and/or married.

What Name: _____ When: _____

What Name: _____ When: _____

FAMILY INCOME

Total Family Income: List all sources of income- earned, unearned and gifts.
 Includes the following: Food Stamps, Tea, Child Support, Social Security (SS), Supplemental Security Income (SSI), any Pensions, Unemployment Benefits, any Employment Wages, Families First, any Contributions and any lump sum of funds.

Family Member #	Source of Income	Anticipated Income for the Next 12 Months
		\$
		\$
		\$
		\$
		\$
		\$

If you receive SSI or Social Security you must provide proof by submitting your proof of income letter with application in order to receive 100 preference points.

If you are working you must submit six (6) consecutive months of check stubs in order to receive 100 preference points.



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BACKGROUND AND SEXUAL OFFENDER VERIFICATION

Is any member of your household subject to a lifetime sex offender registration program in ANY state ?

No _____ Yes _____

If So, Who ? _____

State? _____

Have you or any member of your household ever been convicted of **any** charges other than minor traffic violations? This includes misdemeanor charges.

Yes _____ NO _____

If yes, please give the information below.

Family Member Name	Date	Place	Charge

Please List All THE STATES YOU HAVE LIVED IN THROUGHOUT YOUR LIFE.

(FOR ALL ADULT MEMBERS OF YOUR HOUSEHOLD)

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

Si usted es desactivar o tiene dificultad para entender Inglés, por favor solicite nuestra ayuda y nos aseguramos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Haddii aad tahay wuxuu curyaamin ama ay ku adag tahay fahamka Ingiriisi, fadlan codsato gargaarka oo aan loo hubiyo in aad waxaa la siiyaa helaan macno leh oo ku salaysan baahiyahaaga shaqsi.



EQUAL HOUSING OPPORTUNITY

The Paragould Housing Authority 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. Polly Fisk, EAD, has been designated to coordinate compliance with the non discrimination requirements contained in the Dept. of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).

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FOR COLLEGE STUDENTS ONLY

**** If you are not enrolled in college or have no future plans to do so, please mark a line through this page and proceed to the next page* ***

Do you have any future plans to attend college? _____

What is your age? _____ Are you Married? _____

Do you have a dependent child living with you? _____

Are you a veteran of the US military? _____

Have you lived independently (separate from parents or guardians) for at least one year?

Are you receiving financial aid? _____

Grants? _____

Scholarships? _____

If you are receiving a scholarship, please specify the type of award (academic, athletic, etc.) _____



PAST RENTAL HISTORY

Please list your present and past landlords (for the past five (5) years below). If you have had more than two (2) previous landlords in the past five (5) years, please list them on the back of this form. Failure to list at least three (3) landlords without an explanation could cause delay or denial of housing.

PRESENT LANDLORD: This is where you live now even if it's with your family/parents.

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____

City: _____ State: _____ Zip code: _____

How long have you resided at this address: _____

PAST LANDLORD:

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____

City: _____ State: _____ Zip code: _____

Address of unit occupied: _____

How long did you reside at this address? _____

Name used while renting from this landlord: _____

PAST LANDLORD:

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____

City: _____ State: _____ Zip code: _____

Address of unit occupied: _____

How long did you reside at this address: _____

Name used while renting from this landlord: _____

Federal rules and regulations state that we must try to assist applicants who qualify for a preference before we can assist other applicants. By completing this application, it does not mean that all paperwork has been completed nor does it mean that all requirements have met for assistance.

I hereby certify the information I have provided in this application is true, correct and complete to the best of my knowledge. That all information I have provided herein relative to family composition, income and assets are correct as of the date and time of signing this form. I also realize that making a false statement or representation could make me subject to criminal prosecution. I hereby authorize the Paragould Housing Authority to make inquiries from any source for the purpose of verifying the facts herein stated.

You must choose at least one (1) PHA program for your application to be processed. If neither box 1 nor box 2 are marked your application will be returned.

1. ___ Paragould Developments (Pecan Grove, Mini Rise)
2. ___ Section Eight (S8)
3. ___ City of Wilson

Applicants Signature and Date

Spouse/ Co Tenant's Signature and Date

All Other Adults the Age of 18 and older must sign and date this form

****All Section Housing Choice Vouchers holders must live in Greene County, AR for the first year of their initial lease up* ***

City of Wilson must live in Wilson for the first year of their initial lease*



APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 or 50059, whichever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing within ten (10 days) any changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supply all information needed to determine my eligibility, level of benefits or to verify my true circumstances. Cooperation included responding to request from the housing office, attending pre-scheduled meetings, and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Household Adults

Date

**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.

GROUND FOR DENIAL OR TERMINATION OF ASSISTANCE

1. If any of the family violates any family obligations under the program.
2. Failing to repay a previous debt to a housing agency or owner.
3. Committing fraud in connection with any HUD program, or failing to disclose previously committed fraud in connection with any HUD program.
4. Providing false information on the application or at the time of re-evaluation.
5. Applicant/tenant non-co-operation during application interview or at rent redetermination.
6. Refusing or failing to complete the required forms or supply requested information.
7. If the family has engaged in or threatened abusive or violent behavior toward PHA personnel.
8. If any member of the family has ever been evicted from public housing.
9. If a housing authority has terminated assistance under the certificate or voucher program.
10. If the housing authority has determined that any member of the family is illegally using a controlled substance.
11. If the housing authority has determined that any member of the family is abusing alcohol and interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
12. If any member of the household is an individual who is subject to a lifetime registration requirement under a state sex offender registration program.
13. If any member of the family has ever been convicted of drug related or violent criminal activity.
14. If the applicant does not disclose and verify all social security numbers.

I am stating that I have read and understand the above Grounds for Denial or Termination of Assistance:

Signature

Date

Adult Family Member

Date

Adult Family Member

Date

All Adults the Age of 18 and older must Sign and Date this Form.



CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the HOUSING AUTHORITY OF THE CITY OF PARAGOULD, ARKANSAS any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administration and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or any household member may be needed. Verifications and inquiries that may be requested include, but are not limited to the following:

- Identity and Marital Status Employment, Income and Assets Resident Rental Activity
- Medical or Child Care Allowances Credit and Criminal Activity Federal or State Assistance

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but not limited to the following:

- Previous Landlords (including Past and Present Employers Veterans Administration
- Public Housing Agencies) Welfare Agencies Retirement Systems
- Courts and Post Offices State Unemployment Agencies Schools and Colleges
- Social Security Administration Credit Providers/Credit Bureaus Law Enforcement Agencies
- Medical and Child Care Providers Support and Alimony Providers Utility Companies
- Banks/ Other Financial Institutions

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching program to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may be in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp agencies.

CONDITIONS

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Note: This Consent form may not be used to request a copy of an Income Tax Return. If a copy of an Income Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.

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Paragould Housing Authority (PHA) ACOP and Administrative Plans provides for preference points to certain applicants who qualify. In order to receive these preference points you must provide proper documentation as listed below with your application or when available in order to receive these preference points.

My household qualifies for the following preference points:

_____ 1. Head of Household is 55 years of age. *Resolution 1100 Adopted 6/17/2015.*

_____ 2. Head of Household or other member of household meets Housing and Urban Development (HUD) definition of disabled/handicapped. (Must have proper medical authority complete PHA form Disability Status, only documentation accepted.)
Resolution 1158 Adopted 11/30/2016.

_____ 3. Head of Household is currently working and has also worked for the past six consecutive months. (Must provide six months of check stubs.)
Resolution 1100 Adopted 6/17/2015.

_____ 4. Head of Household is currently living in Greene County. (Provide Arkansas Driver's License.) *Resolution 1048 Adopted 5/21/2014.*

_____ 5. Veteran of United States Armed Forces. (Any member of Household that can provide the following: *Resolution 1059 Adopted 7/13/2014.*

1. DD Form 214 Certificate of Release or Discharge from Active Duty
2. Military I.D. (Active or Retired)
3. Veterans' Administration Card
4. Or other documentation deemed viable by the PHA Administration

_____ 6. Victims of VAWA under the emergency transfer policy. *Resolution 1158 Adopted 11/30/2016.*

_____ 7. Families exercising choice mobility under PHA'S RAD, PBV program .
Resolution 1158 Adopted 11/30/2016.

Documents provided on _____

Confirmed by: _____ Date: _____

Points Applied: _____ Date: _____

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

Si usted es desactivar o tiene dificultad para entender Inglés, por favor solicite nuestra ayuda y nos aseguramos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Haddii aad tahay wuxuu curyaamin ama ay ku adag tahay fahamka Ingiriisi, fadlan codsato gargaarka oo aan loo hubiyo in aad waxaa la siiyaa helaan macno leh oo ku salaysan baahiyahaaga shaqsi.



EQUAL HOUSING
OPPORTUNITY

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which used by HUD to protect disbursement data from fraudulent actions.

**PARAGOULD HOUSING AUTHORITY, RAD, ROLLING HILLS ESTATE'S, LAKEVIEW
APARTMENTS, & LAKEVIEW II APARTMENTS**

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 PARAGOULD HOUSING AUTHORITY, HOUSING CHOICE VOUCHER & RAD PROGRAM 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 PARAGOULD HOUSING AUTHORITY, HOUSING CHOICE VOUCHER PROGRAM, LAKEVIEW APARTMENTS, LAKEVIEW II APARTMENTS, ROLLING HILLS ESTATES OR ANY other housing assisted program you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under one of the above listed programs, 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 the above listed programs in 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

Housing Programs listed in Paragraph #3 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 any housing program listed in paragraph #3 chooses to remove the abuser or perpetrator, housing programs listed in paragraph #3 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

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.

assistance under the program, housing programs listed in paragraph #3 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, housing programs listed in paragraph #3 must follow Federal, State, and local eviction procedures. In order to divide a lease, housing programs listed in paragraph #3 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, housing programs listed in paragraph #3 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, housing programs in paragraph #3 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
- (4) 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.

All housing programs listed in paragraph #3 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.

All housing programs listed in paragraph #3 emergency transfer plan provides further information on emergency transfers, and the housing programs listed in paragraph #3 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
All housing programs listed in paragraph #3 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 housing programs listed in paragraph #3 must be in writing, and housing programs listed in paragraph #3 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. Housing programs listed in paragraph #3 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 housing programs listed in Paragraph #3 as documentation. It is your choice which of the following to submit if any housing program in paragraph #3 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 housing programs listed in paragraph #3 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 housing programs listed in paragraph #3 has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the housing programs in paragraph #3 does not have to provide you with the protections contained in this notice.

If any of the housing programs listed in paragraph #3 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), housing programs listed in paragraph #3 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 housing programs listed in paragraph #3 does not have to provide you with the protections contained in this notice.

Confidentiality

All housing programs listed in paragraph #3 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.

Housing programs listed in paragraph #3 must not allow any individual administering assistance or other services on behalf of housing programs listed in paragraph #3 (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.

Housing programs listed in paragraph #3 must not enter your information into any shared database or disclose your information to any other entity or individual. Housing programs listed in paragraph #3, however, may disclose the information provided if:

- You give written permission to housing programs listed in paragraph #3 to release the information on a time-limited basis.
- Housing programs listed in paragraph #3 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 housing programs listed in paragraph #3 or your landlord to release the information.

VAWA does not limit housing programs listed in paragraph #3 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, housing programs listed in paragraph #3 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 housing programs listed in paragraph #3 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 housing programs listed in paragraph #3 can demonstrate the above, housing programs listed in paragraph #3 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 Housing and Urban Development, Little Rock, Arkansas. Office: 501-918-5700; Fax: 501-324-5900; TTY: 800-877-8339

For Additional Information

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

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, housing programs listed in paragraph #3 must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact housing programs listed in paragraph #3. Office: 870-741-8673 or Email: contact@arkansasharrisonhousing.org.

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 Paragould Police Department at 870-236-7621.

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>.

For help regarding sexual assault, you may contact: Families, Inc at 877-595-8869 (Toll Free)

Victims of stalking seeking help may contact: Paragould Police 870-235-7621

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. 2577-0285
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.

VAWA ACKNOWLEDGEMENT

The VAWA Final Rule revises the requirements for notice of VAWA rights at 24 CFR 5.2005 (a.) VAWA requires that HUD create a notice of VAWA rights and that Public Housing and Multifamily Housing Authorities distribute those rights and the forms listed below to applicants and tenants of assisted programs. The VAWA Notice of Occupancy Rights, form HUD 5380; Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation from HUD 5382.

All adult members (over the age of 18) of the household must sign to acknowledge that they have received and will or have reviewed the following forms:

1. Notice of Occupancy Rights under the Violence Against Women Act Form HUD 5380
2. Certificate of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation Form HUD 5382

I acknowledge that I am responsible for reading the information in these forms on my own.

Signatures:

Head of Household: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____