



Please note: If you meet the criteria for a Residential Program, SP-SRO or ESSHI apartment as described below and you wish to apply for a supportive apartment in one of those programs, your provider should complete a SPOA Referral and submit the Referral to your county's SPOA Coordinator. Do **not** complete a Rental Application for these programs at this time. You should submit a request for only one type of apartment.

Residence:

Tompkins County
Wayne County
Ontario & Seneca County

County SPOA Coordinator:

Tompkins County Mental Health
Wayne County Behavioral Health
Lakeview Health Services

Apartments We Offer

Community Apartment

(Income based qualification for community members)

These apartments are available for one- or two-person income eligible community members.

To Apply: Submit the Rental Application

Check: Community Apartment and Bedroom Size

Residential Apartment Program

(For individuals with a psychiatric diagnosis, this program is designed to be transitional.)

To qualify for housing, the individual must be 18 years of age or older and currently meet the primary criteria for a serious mental illness. In addition, the individual must be willing to participate in residential program services.

To Apply: Your provider should complete a SPOA referral and submit it to your county's SPOA Coordinator.

Do not complete a rental application at this time.

SP-SRO Apartment Program

(For individuals with a psychiatric diagnosis, this program provides long term or permanent housing.)

These apartments provide on-site support. Service plans are based on quality of life goals that do not necessarily revolve around transition to more independent living. This program differs from Lakeview's other residential options in that it does not fall within the traditional rehabilitation model.

To Apply: Your provider should complete a SPOA referral and submit it to your county's SPOA Coordinator.

Do not complete a rental application at this time.

ESSHI Apartment Program

(For individuals who are homeless or at risk for homelessness and also have a Serious Mental Illness (SMI), a Substance Use Disorder (SUD), or are living with HIV/AIDS, this program provides long term or permanent housing)

These apartments provide on-site support. Service plans are based on quality of life goals that do not necessarily revolve around transition to more independent living. This program differs from Lakeview's other residential options in that it does not fall within the traditional rehabilitation model.

To Apply: Your provider should complete a SPOA referral and submit it to your county's SPOA Coordinator.

Do not complete a rental application at this time.

For additional information visit our website at www.lakeviewhs.org/our-services/residential-services

This Section for Office Use Only

Date Received: _____ Time: _____ Expires on: _____

CRIM HX: _____ Denied CRIM HX: _____

Credit Score: _____ Neg Cr Hx: _____ Denied for Cr: _____

Rental Application

Return completed form to:

Property Management
Lakeview Health Services, Inc.
600 West Washington St.
Geneva, NY 14456

Fax: 315-789-5515
Email: slane@lakeviewhs.org
Phone: 315-787-0420

→ Instructions: Answer ALL questions or check N/A. Incomplete applications will be returned. Print Clearly.

This application must be completed by the applicant. In the event assistance is required, please contact Property Management as the applicant will need to complete an affidavit stating why assistance was required (i.e. language barrier, physical disability, etc.), and who provided the assistance.

List each person who will reside in the unit. Do not include minors who will be present less than 50% of the time.

→ IMPORTANT: SELECT ONE LOCATION, CHECK ONE PROGRAM UNDER THAT LOCATION AND CHECK BEDROOM SIZE

Ithaca SRO 320 Third St. Ithaca, NY 14850	Lakeview Heights 2022 Balsley Rd. Seneca Falls, NY 13148	Woodland Commons 1950 State Route 31 Macedon, NY 14502	West End Heights 701 W. Court St. Ithaca, NY 14850
<input type="checkbox"/> *Residential Apartment Program <input type="checkbox"/> Studio * Requires a SPOA Referral	<input type="checkbox"/> Community Apartment <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> *Residential Apartment Program <input type="checkbox"/> 1 Bedroom * Requires a SPOA Referral	<input type="checkbox"/> Community Apartment <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> *Residential Apartment Program <input type="checkbox"/> 1 Bedroom * Requires a SPOA Referral <input type="checkbox"/> *SP-SRO Apartment Program <input type="checkbox"/> 1 Bedroom * Requires a SPOA Referral	<input type="checkbox"/> Community Apartment <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> *Residential Apartment Program <input type="checkbox"/> 1 Bedroom * Requires a SPOA Referral <input type="checkbox"/> *ESSHI Apartment Program <input type="checkbox"/> 1 Bedroom * Requires a SPOA Referral

→ REQUESTED ACCOMMODATION

Do you require a handicap accessible apartment: Yes No

Type of accessible apartment required: Mobility Accessible Audio/Visual Accessible N/A

→ PREFERENCE

Check the box for any of the following that apply to you:

Veteran Homeless Current Sub-Standard Housing On Public Housing Wait List N/A

→ HOUSEHOLD INFORMATION:

APPLICANT 1:

Name (First, MI, Last):		Date of Birth:	
Social Security #:	Have you ever used a different SS#:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address:			
Home Phone:	Cell Phone:	Email:	
Are you currently a Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Status:	<input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/> N/A
Have you been a student at any time during this calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	
Do you have plans to attend school in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	



➔ **ALL OTHER PROPOSED OCCUPANTS:**

	Name	Relationship to Applicant	DOB	Age	Social Security Number	Student
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						
3						

➔ **STUDENT INFORMATION**

Will the household contain at least one occupant who is not a student and has not been/will not be a student for 5 months or more out of the current calendar year (months need not be consecutive).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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➔ **REFERENCES**

	Personal Reference # 1	Personal Reference # 2
Name:		
Street Address:		
City, State, Zip:		
Phone Number:		
Relationship:		
Length of time known:		

➔ **RENTAL/RESIDENCE HISTORY**

	Current Residence	Immediate Past Residence	Prior Residence
Did you Rent or Own?	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Dates of Residency:	-	-	-
Street Address:			
City:			
State & Zip:			
Landlord Name:			
Landlord Street Address:			
Landlord City, State & Zip:			
Landlord Phone Number:			
Rent Amount:			
Reason for Leaving:			
Is/was rent paid in full?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you give notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

➔ **INCOME**

Type of Income	Applicant # 1			Applicant # 2		
	Check One	Amount	Frequency	Check One	Amount	Frequency
Monthly Gross Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly SSD, SSI, SSP	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

➔ **EMPLOYMENT**

APPLICANT 1:					
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, complete the following:</i>			
Employer's Name:		Date Hired:			
Employer's Address:		Monthly Gross Income:			
Phone number:					

➔ **SECTION 8 & RENT STIPENDS**

Rent Subside/Stipend	Applicant # 1		Applicant # 2	
	Check One	If YES – List Agency and County	Check One	If YES – List Agency and County
Are you receiving a Section 8 subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving a Rent Stipend?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



→ ASSETS

Type of Asset	Applicant # 1			Applicant # 2		
	Check One	Name of Bank/Institution	Value	Check One	Name of Bank/Institution	Value
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash on hand	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

→ ADDITIONAL INFORMATION

Do you or anyone else in the household have a Representative Payee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rep Payee contact information – Name:	
Street Address:	
City, State, Zip:	
Telephone:	Email:
Has anyone listed on the application been convicted of producing methamphetamine in their home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone listed on the application legally required to be a lifetime registrant on the sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone listed on the application been convicted of using, dealing or manufacturing illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone listed on the application been convicted of causing harm to another person or property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A criminal background check will be obtained. Please provide comments on potential negative findings:	
How did you hear about this apartment?	

→ Agreement & Authorization Signature - All adult applicants, 18 or older, must sign this application

I certify that all information I have provided above is true and accurate to the best of my knowledge. I have revealed all assets currently held or previously disposed of in the last two years and I have no assets other than those listed on this form (except personal property). I understand that providing false statements or information is punishable by law and will lead to cancellation of my application or termination of tenancy after occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. All applicants must meet screening criteria, including income and asset verification, landlord and reference checks and credit and criminal checks. I understand that acceptance of my application does not guarantee rental of an apartment. I hereby give permission for Lakeview Health Services, Inc. to verify all of the information provided in this application including references and to obtain my consumer credit report and criminal background report. An individualized assessment will be completed for each applicant to determine their ability to pay rent. This assessment may or may not include using the applicant’s credit report. Property Management staff will do an individualized assessment of the applicant if the criminal background check shows criminal convictions and/or pending arrests of crimes that relate to the behavior expected of a tenant which is to live peaceably alongside other tenants, and to respect their property. This assessment will examine multiple factors when considering the application. The applicant has a right to review, contest and explain the information contained in the criminal background check and present evidence of rehabilitation. My signature is my consent to obtain all such verifications.

_____	_____	_____
Print Applicant # 1 Name	Applicant # 1 Signature	Date
_____	_____	_____
Print Applicant # 2 Name	Applicant # 2 Signature	Date

FOR OFFICE USE ONLY

This application was reviewed with me at my screening interview on: _____.

No update to the information on this application was required

Updates to the information on this application were made on my Certification Interview Form

_____	_____	_____
Print Applicant # 1 Name	Applicant # 1 Signature	Date
_____	_____	_____
Print Applicant # 2 Name	Applicant # 2 Signature	Date

Attachments: VAWA Notice of Occupancy Rights HUD-5380
VAWA Certification of Violence HUD-5382



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 all Low Income Housing Tax Credit Programs are 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 affordable housing under the Low-Income Housing Tax Credit Program, you cannot be denied admission because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are eligible for affordable housing under the Low-Income Housing Tax Credit Program, you may not be denied tenancy 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 occupancy rights under the Low-Income Housing Tax Credit Program, solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

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

In removing the abuser or perpetrator from the household, the housing provider must follow Federal, State, and local eviction procedures. In order to divide a lease, the housing provider 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, the housing provider may permit you to move to another unit, subject to the availability of other units. In order to approve a request, the housing provider 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:

Form HUD-5380
(12/2016)

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.



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.
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.

The housing provider will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

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

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

The housing provider can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the housing provider must be in writing, and the housing provider must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. The housing provider 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 provider as documentation. It is your choice which of the following to submit if the housing provider asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

1. A complete HUD-approved certification form given to you by the housing provider 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.
2. 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.
3. 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.
4. Any other statement or evidence that the housing provider has agreed to accept.

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

If the housing provider receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the housing provider 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 provider does not have to provide you with the protections contained in this notice.

Form HUD-5380
(12/2016)



Confidentiality

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

The housing provider must not allow any individual administering assistance or other services on behalf of the housing provider (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

1. You give written permission to the housing provider to release the information on a time limited basis.
2. The housing provider 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.
3. A law requires the housing provider or your landlord to release the information.

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

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

You can be evicted, and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the housing provider 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. If the housing provider can demonstrate that not evicting you would present a real physical danger that:

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

If the housing provider can demonstrate the above, the housing provider should only 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:

U.S. Department of Housing and Urban Development
Buffalo Field Office
Lafayette Court
465 Main Street – 2nd Floor
Buffalo, NY 14203

For Additional Information

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

<https://www.hud.gov/sites/documents/PIH-2017-08VAWRA2013.PDF>

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

For questions regarding VAWA, please contact:

Susan Lane, Property Manager
600 West Washington Street
Geneva, NY 14456
(315) 787-0420

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:

Victim Resource Center of the Finger Lakes Hotline: (866) 343-8808

Safe Harbors of the Finger Lakes Hotline: (800) 247-7273

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:

Victim Resource Center of the Finger Lakes Hotline: (866) 343-8808

Safe Harbors of the Finger Lakes Hotline: (800) 247-7273

Victims of stalking seeking help may contact:

Victim Resource Center of the Finger Lakes Hotline: (866) 343-8808

Safe Harbors of the Finger Lakes Hotline: (800) 247-7273

Form HUD-5380
(12/2016)

Attachment: Certification form HUD-5382



CERTIFICATION OF DOMESTIC VIOLENCE, DATING
VIOLENCE, SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION

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) _____

Form HUD-5382
(12/2016)

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.

