



HOUSING AUTHORITIES CITY OF EUREKA & COUNTY OF HUMBOLDT



735 WEST EVERDING STREET, EUREKA, CA 95503
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111

PUBLIC HOUSING / EUREKA FAMILY HOUSING ◆ PRELIMINARY APPLICATION ◆

Please read questions before answering, complete each question, sign, and date where indicated. All sections of the preliminary application must be complete and required documentation must be included before the application will be accepted. The completed preliminary application and required documentation must be returned to this agency in person or by mail.

The City of Eureka Housing Authority does not discriminate based on age, race, color, creed, national origin, gender, gender identity, genetic makeup, religious affiliation, sex, physical or mental disability, HIV/AIDS, familial status, marital status, citizenship, actual or perceived sexual orientation, or any basis protected by federal, state or local law in the access to, admission to, housing programs or activities. Submission of a preliminary application does not guarantee placement on the wait list, eligibility or an offer of housing.

Please read carefully.

Incomplete applications *WILL NOT* be processed, and *MAY NOT* be returned.

Each additional household member 18 years and older must complete a Public Housing / Eureka Family Housing Other Adult Preliminary Application.

A Complete Other Adult Preliminary Application Contains the Following:

- A Public Housing / Eureka Family Housing Eligibility Questionnaire
- Request for Criminal History Information
- Supplement to Application for Federally Assisted Housing HUD-92006
- Violence Against Women Act Acknowledgment
- Copies of the Following Documents:
 - Birth Certificates, Resident Alien Card or valid Passport for each household member
 - Social Security Card for each household member
 - Current, valid Driver's License or State ID for all household members 18 years and older
 - Proof of Income

PLEASE DO NOT TAKE APPLICATION APART



The Housing Authorities are Equal Housing Opportunity Organizations



Page Left Blank Intentionally

THE HOUSEHOLD MUST PROVIDE THE FOLLOWING COPIES ALONG WITH THE COMPLETED APPLICATION:

- Social Security card(s) for *EACH* household member. This agency *MUST* use the name on your Social Security card.
Please use only this name when completing any forms for this agency.
- Current, Valid Driver's License or State ID for *ALL* household members 18 years or older.
- Birth Certificate, Resident Alien Card or valid Passport for *EACH* household member.

PLEASE COMPLETE THE PUBLIC HOUSING / EUREKA FAMILY HOUSING ELIGIBILITY QUESTIONNAIRE AND ALL FORMS IN BLUE OR BLACK INK ONLY.
ALL QUESTIONS MUST BE ANSWERED.

FAMILY INFORMATION

Full Legal Name of Head of Household: _____
(as shown on Social Security card)

Full Legal Name of Spouse or Co-Head: _____
(as shown on Social Security card)

Mailing Address: _____ Apt. #: _____ Qty: _____ State: _____ Zip: _____

Present Street Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home#: _____ Message #: _____

Work #: _____ E-Mail: _____

HOUSEHOLD MEMBERS

1. List the LEGAL name as shown on the Social Security card for each individual. List all persons that will be living with you when you receive housing. List the Head of Household first, then Spouse/Co-Head, other adults, and then minors (oldest to youngest).
If pregnant, list approximate due date.

	Full Legal Name (as shown on Social Security card)	Relation to Head of Household	Sex	Decline to Disclose	Age	Date of Birth	Social Security #
1.		HOH					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

This preliminary application for Public Housing and Eureka Family Housing programs and all documentation received
will become the property of the City of Eureka Housing Authority.



The Housing Authorities are Equal Housing Opportunity Organizations



3. Are there any children listed above that have a parent absent from the household? ☐ Yes ☐ No

If yes, please provide information below.

Child's Name	Absent Parent's Name (First, Middle & Last)

2. Is any member of your household temporarily away from the residence? ☐ Yes ☐ No

If yes, who and why: _____

TOTAL INCOME RECEIVED BY ALL FAMILY MEMBERS

4. This *includes all sources* of income including any regular contributions or donations to the family from organizations or other persons who do not live in the unit and/or payments made on behalf of the family by an outside organization and/or person(s). If an adult family member has no income, please list their name and write none in the source of income box.

Name of Person Receiving Income	Source of Income	How Often Paid (Monthly, Weekly, etc.)	Gross Pay Each Pay Period

ASSET INFORMATION (including cash, real estate, etc)

5. Does your household have any assets at this time? ☐ Yes ☐ No

- a. Do your combined assets exceed \$4,999.99? ☐ Yes ☐ No
b. My/Our combined assets *do* exceed \$4,999.99 and are in the sum of \$ _____.
c. ☐ I/We have *not* sold or given away assets (including cash, real estate, etc) for less than fair market value during the past 2 years.
d. ☐ Within the past 2 years, I/we *have* sold or given away assets (including cash, real estate, etc.) for more than \$1,000.00 below their fair market value (FMV). If so, what was the asset? _____
You may be required to provide additional paperwork.

PREVIOUS SUBSIDIZED HOUSING INFORMATION:

(Note: If additional units apply, please provide information on a separate piece of paper)

6. Has any member of your household ever lived in assisted/subsidized housing as an *adult*? ☐ Yes ☐ No

If yes, select the program: ☐ Public Housing ☐ Housing Choice Voucher (Section 8) ☐ Tax Credit
☐ Project Based (Section 8) ☐ Other: _____

Name of Person: _____ Date Subsidy Residency Started: _____ Date Ended: _____

Address of Subsidized Unit: _____ City: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone #: _____

Address of Landlord: _____ City: _____ State: _____ Zip: _____

Name of Agency Providing Subsidy: _____ Telephone #: _____

Address of Agency: _____ City: _____ State: _____ Zip: _____

Caseworker's Name: _____

PREVIOUS SUBSIDIZED HOUSING INFORMATION CONTINUED

7. Did you leave owing a balance? ☐ Yes ☐ No If yes, please provide documentation of debt.
8. Were you served a notice to vacate or evicted from the unit(s) listed? ☐ Yes ☐ No
9. Have you ever committed any fraud or been terminated for fraud from a Federally Assisted Housing Program? ☐ Yes ☐ No
10. Have you ever been terminated from a Federally Assisted Housing Program for nonpayment of rent or failure to cooperate/complete recertification? ☐ Yes ☐ No

Please Remember: If you owe any agency in connection with any federally subsidized housing program, you will not be assisted until the balance is paid in full and this agency receives confirmation from that agency.

CURRENT RENTAL INFORMATION: This information must be complete. If you rented under a different name, please list that name. A landlord is the owner or property manager of the residence you live(d) in. If you are living with family or friends, you *must* provide their landlord or property manager's information.

Name of Landlord: _____ Telephone #: _____

Address of Landlord: _____ City: _____ State: _____ Zip: _____

Your Present Street Address: _____ City: _____ State: _____ Zip: _____

Still in Unit: ☐ Yes ☐ No Date Moved-In: _____ Date Moved-Out: _____

Is this unit currently being subsidized under any federally assisted program? ☐ Yes ☐ No

If yes, select the program: ☐ Public Housing ☐ Housing Choice Voucher (Section 8) ☐ Tax Credit

☐ Project Based Section 8 ☐ Other: _____

11. Have you or anyone in the unit you now occupy ever been served a 3-Day Notice to Pay or Quit and/or an Eviction Notice?

☐ Yes ☐ No

12. Have you ever been served an Eviction Notice on any unit you have lived in? ☐ Yes ☐ No

If yes, please provide a copy of that notice(s).

13. Are you homeless? ☐ Yes ☐ No

PAST RENTAL INFORMATION: Please provide the most recent 5 years of rental history. This information must be complete. If you rented under a different name, please list that name. A landlord is the owner or property manager of the residence you lived in. If you lived with family or friends, you *must* provide their landlord or property manager's information. If you require more space, please use an additional sheet of paper.

Street Address: _____ City: _____ State: _____ Zip: _____

Date Moved-In: _____ Date Moved-Out: _____ Reason for Leaving: _____

Name of Landlord: _____ Telephone #: _____

Address of Landlord: _____ City: _____ State: _____ Zip: _____

Other Name(s) Used: _____ Was this unit subsidized under any program? ☐ Yes ☐ No

Comments: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date Moved-In: _____ Date Moved-Out: _____ Reason for Leaving: _____

Name of Landlord: _____ Telephone #: _____

Address of Landlord: _____ City: _____ State: _____ Zip: _____

Other Name(s) Used: _____ Was this unit subsidized under any program? ☐ Yes ☐ No

Comments: _____

PAST UTILITY DEBTS OWED

7. Do you owe any past due utility bills? ☐ Yes ☐ No If yes, to whom do you owe?
- ☐ PG&E \$ _____ ☐ Other Gas and/or Electric Company: _____ \$ _____
- ☐ Water and/or Sewer Company: _____ \$ _____
- ☐ Garbage Company: _____ \$ _____ ☐ Other: _____ \$ _____

PERSONAL REFERENCES: **DO NOT** list relatives. This information must be complete.

Name of Personal Reference: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Personal Reference: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Personal Reference: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

STATISTICAL QUESTIONS FOR THE HEAD OF HOUSEHOLD ONLY

8. Are you a veteran? ☐ Yes ☐ No If yes, please provide a copy of your DD214 showing length of service and type of discharge.
9. Are you a widow(er) of a veteran? ☐ Yes ☐ No
If yes, please provide a copy of their death certificate and a copy of their DD214 showing length of service and type of discharge.
10. Do you live in Humboldt County? ☐ Yes ☐ No
11. Do you work in Humboldt County? ☐ Yes ☐ No
12. Are you or any member of your household ☐ elderly (62 or older) ☐ near elderly (50 – 61)?
13. Are you displaced by a natural disaster? ☐ Yes ☐ No
14. What is your citizenship status? ☐ U.S. citizen ☐ Non-citizen with eligible immigration status
☐ Ineligible non-citizen ☐ Pending verification
15. The race and ethnicity information on this form is required at this time for the head of household for statistical purposes only by the U.S. Department of Housing and Urban Development (HUD) to ensure nondiscrimination in the program.
- Race:** (more than one box may be selected) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White
- Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

REASONABLE ACCOMMODATION: Please complete regardless of need. The family must explain what type of accommodation is needed to provide the person with the disability full access to the Housing Authority's (PHA) programs and services. There must be an identifiable relationship between the requested accommodation and the individual's disability. The PHA encourages applicants and participants to make their request in writing using a reasonable accommodation request form. A reasonable accommodation form is available in the office.

16. Are you or anyone in your household disabled? ☐ Yes ☐ No
If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority at (707) 443-4583.
17. Is there a family member who needs a Reasonable Accommodation? ☐ Yes ☐ No
18. Do you or your spouse/co-head require a wheelchair accessible unit? ☐ Yes ☐ No
19. Do you or your spouse/co-head require a hearing accessible unit? ☐ Yes ☐ No
20. Do you or your spouse/co-head require a sight accessible unit? ☐ Yes ☐ No
21. Do you or your spouse/co-head require a live-in aide? ☐ Yes ☐ No

If you answered yes to one or more of these questions, please request a Reasonable Accommodation packet.

Please Read Carefully

Authorizations, Representations and Certifications – I/We certify and affirm that the information stated on this application is complete, true and correct. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me/us from consideration for admission or participation, and may be grounds for denial, eviction or termination of assistance. Any attempt to obtain Housing Assistance or a rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such an attempt is a crime.

Warning! Title 18, Section §1001 of the U.S. Code, Statements or entries generally (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully – (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.

Persons with Disabilities: In compliance with the Americans with Disabilities Act, the Agency will provide reasonable accommodations to qualified individuals with disabilities. If you need a Request for Reasonable Accommodation, please contact this agency at 735 W. Everding Street, Eureka, CA 95503, or by calling 707-443-4583.

Equal Access Rule: The City of Eureka and County of Humboldt Housing Authorities are Equal Housing Opportunity Organizations and do not discriminate based on age, race, color, creed, national origin, gender, gender identity, genetic makeup, religious affiliation, sex, disability, physical or mental disability, HIV/AIDS, familial status, marital status, citizenship, actual or perceived sexual orientation, or any basis protected by federal, state or local law.

Please Remember: It is your responsibility to notify the Housing Authority in writing within 10 days of any changes to the information provided on this application. Failure to update contact information may result in the application being withdrawn from the waiting list(s) per this agency's Administrative Plan and/or the Admissions and Continued Occupancy Policy. Once withdrawn you may reapply for any program open for application.

Consent: I/We hereby consent to inquiries being made for verifying the statements contained herein, including income, assets, rental references, past subsidized housing references (if applicable), a credit and criminal background check for each state that I/we have lived in as part of the eligibility determination process. I/We understand this release is valid when signed and is valid for a period of thirteen (13) months.

Head of Household: _____ Date: _____

Spouse or Co-Head: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Reminder: All other household members 18 years of age and older MUST complete their own OTHER ADULT preliminary application.

Page Left Intentionally Blank



**HOUSING AUTHORITIES
CITY OF EUREKA & COUNTY OF HUMBOLDT**

735 WEST EVERDING STREET, EUREKA, CA 95503
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111
WWW.EUREKAHUMBOLDTHA.ORG



REQUEST FOR CRIMINAL HISTORY INFORMATION

This form will be used for the following: Preliminary Application / Pre-Screening for Program Eligibility / Program Participants Turning 18.

ALL household members 18 years and older must complete a criminal history information form or your application and/or continued eligibility will not be processed!!!!

WARNING: HUD does not consider Marijuana to be a prescription or legal drug.

Please print name of adult: _____

Initial each line below

_____ I understand the "Housing Opportunity Program Extension Act of 1996" requires the Housing Authority to screen the criminal history of all adult members of families and households who are residing in or are applying for admission to its developments or programs. The purpose of the "Act" is to avoid admitting a member of a family or household who is or has been involved in criminal activity which would adversely affect the health, safety or welfare of other residents. As an applicant for housing I am required to provide information concerning criminal convictions:

_____ I understand that false answers on this application will disqualify my application and I have taken due care to ensure the answers given are correct and complete.

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

_____ I understand that the Housing Authority will conduct a California Criminal History (CLETs) check as described and defined in Calif. PC § 11105.03.

_____ I understand that other criminal history checks will be conducted utilizing records and information from Police or Sheriff agencies within whose jurisdiction I do now or have resided or where I have been arrested.

_____ I understand that the criminal background check will also include a check for any current criminal warrants that may exist.

_____ I understand this advisement and agreement is valid for a period of 12 months from the date of my signature. At the end of the 12 months, I will be required to complete a new Request for Criminal History Information authorization.

_____ I agree to defend, indemnify and hold harmless the person to whom this request is presented, the Housing Authority, its agents, and employees from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

_____ I hereby authorize the release of my California Criminal History (CLETs) as described and defined in Calif. PC § 11105.03 and request that the Criminal Background be done. Below I have provided the personal statistical information to facilitate the criminal history/background check.

Complete the following questions:

Full Legal Name (Printed): Last: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) Age: _____ Social Security Number: _____ - _____ - _____

Driver's License (or ID) Number: _____

Hair Color: _____ Eye Color: _____ Height: _____ ft. _____ inches Weight: _____ Sex: ☐ Male ☐ Female

Please list any other names or Social Security numbers you have used in the past.

This includes any maiden or other legal name changes made. _____

Please list all states you have lived in: _____

Within the last ten years I have been convicted of: Please check the appropriate boxes.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Discrimination Crimes | <input type="checkbox"/> Murder/Manslaughter | <input type="checkbox"/> Violation of Civil Rights |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Felony Weapon Charges | <input type="checkbox"/> Robbery | <input type="checkbox"/> Violation Domestic Violence Court Order |
| <input type="checkbox"/> Carjacking | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Sexual Assault/Abuse | <input type="checkbox"/> Violation of Restraining Order |
| <input type="checkbox"/> Child Abuse/Domestic Violence | <input type="checkbox"/> Mayhem/ Great Bodily Harm | <input type="checkbox"/> Use/Assault with a Dangerous Weapon | |

If you have NOT been convicted of one or more of the above, please check here: ☐ None

Within the last five years I have been convicted of a felony offense that involved controlled substances or alcoholic beverages or a felony offense that involved any activity related to controlled substances or alcoholic beverages. ☐ Yes ☐ No

Signature: _____ Date: ____/____/____

PROGRAM INTEGRITY: (These questions apply to all household members, including a live-in aide. They **MUST** complete their own form)

01. Are you subject to a lifetime registration under a state sex offender law? ... ☐ Yes ☐ No
If yes, who? _____ State: _____
02. Are you required to register on the State of California sex offender list? ... ☐ Yes ☐ No
If yes, who? _____ State: _____
03. Are you required to register under a state law as a drug offender? ... ☐ Yes ☐ No
If yes, who? _____ State: _____
04. Are you required to register under California state law as a drug offender? ... ☐ Yes ☐ No
If yes, who? _____ State: _____
05. Have you been arrested and/or convicted for any criminal activity against another person or another person's property or any other drug related criminal activity? ... ☐ Yes ☐ No If yes, who? _____
06. Have you abused the use of alcohol within the last three years resulting in an alcohol related arrest or traffic violation? ... ☐ Yes ☐ No
If yes, complete the following information: Name of person: _____ Date: _____
Location: _____ Charge: _____
07. Have you ever been arrested or cited for a violation? ... ☐ Yes ☐ No If yes, who? _____
When: _____ Explain: _____
08. Have you ever been arrested for or convicted of illegal possession, use, sale, manufacture or distribution of any controlled substances? ... ☐ Yes ☐ No
If yes, explain below, giving complete information. Name of person: _____ Date: _____
Location: _____ Charge: _____ Court Status: _____
09. Have you ever been arrested for or convicted of any criminal activity? ... ☐ Yes ☐ No If yes, complete the following information:
Name of person: _____ Date: _____ Location: _____
Charge: _____ Court Status: _____
10. Are you *currently* on parole or probation? ... ☐ Yes ☐ No If yes, explain below, giving complete information including charges.
Name of person: _____ Charges: _____
11. If you have answered yes to any of the above, you must list your Probation/Parole Officer's information. Date probation/parole started: _____
Probation/Parole Officer's Name: _____ Phone #: (____) _____ ext. # _____
12. Criminal Summary Probation. Have you contacted the court regarding your current address? ... ☐ Yes ☐ No
Name of County Court is in: _____ Address: _____

******* Please provide proof of all fines paid and completion of any ordered programs.**

Authorizations, Representations and Certifications – Please read carefully

I certify and affirm that the information stated on this application is complete, true and correct. 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 denial, eviction or termination of assistance. *Any* attempt to obtain Housing Assistance or a rent reduction by false information, impersonation, failure to disclose or other fraud, and *any* act of assistance to such attempt is a crime.

WARNING: Page 261 TITLE 18—CRIMES AND CRIMINAL PROCEDURE Title 18, Section 1001 of the U.S. Code, § 1001. Statements or entries generally

(a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the government of the United States, knowingly and willfully—(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years. (LUD 01/27/2016)

Consent: I hereby consent to inquiries being made for the purpose of verifying the statements contained herein, including but not limited to a credit check and criminal background check, as part of the eligibility determination process.

Signature: _____ Date: _____



The Housing Authorities are Equal Housing Opportunity Organizations

Rev: 06.10.2021



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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.

--	--

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 the 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 will be used by HUD to protect disbursement data from fraudulent actions.

Page Left Intentionally Blank



HOUSING AUTHORITIES CITY OF EUREKA & COUNTY OF HUMBOLDT

735 WEST EVERDING STREET, EUREKA, CA 95503
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111
WWW.EUREKAHUMBOLDTHA.ORG



The Violence Against Women Act, or "VAWA", is a federal law that went into effect in 2006, which protects victims of domestic violence, dating violence, sexual assault, and stalking. If you qualify for assistance under; HCV, VASH, PH, EFH, ESH, you cannot be denied admission or assistance because you are or have been a victim of domestic violence, The EHA and your landlord can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, sexual assault, or stalking. The EHA and your landlord must give you at least 14 business days (i.e. Saturdays, Sundays, holidays and closed days do not count) to provide this proof. The EHA and your landlord are requesting the original documents of certification be provided as proof. The EHA and your landlord are free to extend the deadline. There are three ways you can prove that you are a victim:

- ♦ Complete the certification form given to you by the Eureka Housing Authority or your landlord. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- ♦ Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, sexual assault, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."
- ♦ Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the landlord may evict you, and the Eureka Housing Authority may terminate your rental assistance. The Eureka Housing Authority and your landlord must keep confidential any information you provide about the violence against you, unless:

- ♦ You give written permission to the Eureka Housing Authority or your landlord to release the information.
- ♦ Your landlord needs to use the information in an eviction proceeding, such as to evict your abuser.
- ♦ A law requires the Eureka Housing Authority or your landlord to release the information.

If release of the information would put your safety at risk, you should inform the Eureka Housing Authority and your landlord.

If you have any questions regarding VAWA, please call the National Domestic Violence Hotline at: 1.800.799.7233 for TTY 1.800.787.3224. Or go on-line to: www.thehotline.org.

Notice to applicants and participants regarding the Violence Against Women Act (VAWA) By signing this form, I acknowledge I have read this notice regarding The Violence Against Women Act. A copy will be provided upon request. If you have any questions regarding this notice, please contact 707.443.4583 Ext. 211.

Print Name: _____ Date: _____

Signature: _____



The Housing Authorities are Equal Housing Opportunity Organizations



Page Left Intentionally Blank

HOUSING AUTHORITIES

CITY OF EUREKA AND COUNTY OF HUMBOLDT

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 **Housing Choice Voucher (HCV), Veterans Affairs Supportive Housing (VASH), Public Housing (PH), Eureka Family Housing (EFH) and Eureka Senior Housing (ESH)** 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 **HCV, VASH, PH, EFH, ESH**, 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.

KEEP FOR YOUR RECORDS

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

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

Protections for Tenants

If you are receiving assistance under , **HCV, VASH, PH, EFH, or ESH**, 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 **HCV, VASH, PH, EFH, or ESH**, 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

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

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

OR

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

PHA 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.

PHA's emergency transfer plan provides further information on emergency transfers, and PHA 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

PHA 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 PHA must be in writing, and PHA 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. PHA 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 PHA as documentation. It is your choice which of the following to submit if PHA 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 PHA 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 PHA has agreed to accept.

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

If PHA 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), PHA 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, PHA does not have to provide you with the protections contained in this notice.

Confidentiality

PHA 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.

PHA must not allow any individual administering assistance or other services on behalf of PHA (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.

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

- You give written permission to PHA to release the information on a time limited basis.
- PHA 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 PHA or your landlord to release the information.

VAWA does not limit PHA'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, PHA 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 PHA 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 PHA can demonstrate the above, PHA 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 filing a written complaint with US Department of Housing and Urban Development (HUD), Region IX, 1 Sansome St., San Francisco, CA 94107, 415.489.6400.

For Additional Information

You may view a copy of HUD's final VAWA rule at **24 CFR Title 24 Part 5 Subpart L**.

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

For questions regarding VAWA, please contact **Tykeshia Leschke, Housing Authority**

Community Liaison at 707.443.4583 ext. 211.

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 **24-Hour Humboldt Domestic Violence Services Crisis Hotline at 707.443.6042 or 866.668.6543.**

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, contact **24-Hour North Coast Rape Crisis Hotline at 707.445.2881.**

Victims of stalking seeking help may contact **24-Hour Eureka Police Department Non-emergency at 707.441.4044.**

Attachment: Certification form HUD-5382

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

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.