



# 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

## Eureka Senior Housing Preliminary Application

**\*\*\*For Ages 62 and above\*\*\***

All Senior Housing units are located within Eureka city limits

### ☒ Preliminary Application

- ☐ All sections of this application must be complete and required documentation must be included before the application is accepted.
- ☐ The completed application and required documentation must be returned to this agency, either in person or by mail. Faxed applications will **not** be accepted. Incomplete applications will **not** be processed or returned.

Submission of an application does not guarantee placement on a wait list, eligibility, or an offer of housing.

### **APPLICATION AND INFORMATION FOR HOUSING PROGRAMS:**

To be qualified for admission an applicant must:

- ☒ Head of Household be at least 62 years of age
- ☒ Have an annual income, at the time of admission not to exceed income limits established by CTCAC
- ☒ Meet all application selection criteria, including attending screening(s), interview(s), and providing all requested documentation and information.
- ☒ 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 written confirmation from said agency
- ☒ Comply with the Housing Authority's policies and procedures based on the program subsidy
- ☒ No household members may be engaged in any drug related or criminal activity that threatens the life, health, safety or right to peaceful enjoyment of the premises by other residents.
- ☒ Regulations do not permit the use of or possession of marijuana on the premises of your federally subsidized rental property. This includes a tenant, any member of the tenant's household and/or guest(s) on the property.
- ☒ This agency must carry out background checks necessary to determine eligibility. This agency must prohibit admission of persons subject to a lifetime sex-offender registration requirement. This agency must establish standards prohibiting admission to federally assisted housing if we determine we have reasonable cause to believe a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.



The Housing Authorities are Equal Housing Opportunity Organizations



## DOCUMENTATION

- ☐ Applications will not be accepted if incomplete or if missing the required documents.
- ☐ Any documentation you provide with this application will become the property of the Housing Authority.
- ☐ Please check your application for complete answers to all questions and ensure you have signed and dated everywhere a signature is required.
- ☐ Attach copies of all required documentation before you submit your application.

## THE FOLLOWING COPIES MUST BE SUBMITTED WITH THE APPLICATION:

- ☐ Birth Certificate, Resident Alien Card, Naturalization papers or valid Passport for each adult household member
- ☐ Current valid Driver's License or State ID for all adult household members
- ☐ Social Security Card for each household member
- ☐ Proof of gross monthly income. This must be current verification not more than 60 days old. This includes but is not limited to:
  - ☒ Wages – wage stubs for the past three (3) consecutive months or current statement from your employer, on
  - ☒ their letterhead, verifying the number of hours worked and rate of pay per pay period
  - ☒ Social Security – current award letter from the Social Security Department
  - ☒ Unemployment – current claim statement from EDD or documentation of application
  - ☒ Veteran Benefits – current award notice from VA
  - ☒ Spousal Support – DA printout showing the past year's income and/or the latest court order, civil agreement
  - ☒ or private agreement
  - ☒ General Relief – current Passport to Services or documentation of application
  - ☒ Self-employment – copy of last year's Federal Tax return including Schedule C, and copy of profit and loss
  - ☒ Statement for the past six (6) months; reflecting gross and net income
  - ☒ Past six (6) consecutive months for CD, IRA, retirement/pension accounts and a current savings statement.
  - ☒ This may **not** be an ATM receipt
  - ☒ Copies of Deeds of Trust – any property owned by you or shared ownership

## **Eureka Senior Housing Locations**

**There are 22 one-bedroom units located in Eureka. The units are all located within the city limits.**

**822 C Street, Apartments 1, 2, 3, 4, 5, 6, 7 and 8**

**942 E Street, Apartments 1, 2, 3 and 4**

**834 and 838 I Street**

**904 I Street, Apartments 1, 2, 3 and 4**

**725, 727, 729 and 731 9th Street**

**This application is for Senior Housing Program Waiting list ONLY**  
**All documentation received will become the property of the Housing Authority**

**PLEASE COMPLETE IN BLUE INK ONLY**

**ALL QUESTIONS MUST BE ANSWERED**

**NOTE:** If you need additional space for information, please provide that information on a separate piece of paper.

**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. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Legal Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #s: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Message: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**HOUSEHOLD MEMBERS:** 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, or other adult.

Full Legal Name (as shown on social security card)	Relation to Head of Household	Sex	Decline to Disclose	Age	Birth Date	Social Security #
1.	HH					
2.						

1. Does anyone live with you now who is not listed above? ☐ Yes ☐ No
2. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No
3. Please explain if you answer "yes" to either question above. \_\_\_\_\_
4. Is anyone a student? ☐ Yes ☐ No ☐ Full time ☐ Part time Who: \_\_\_\_\_
5. Have you or any other adult member(s) in your household used any other name(s) and/or Social Security number(s) other than the one you are currently using? ☐ Yes ☐ No If yes, please explain. \_\_\_\_\_
6. Do you or any household members own real property? ☐ Yes ☐ No
7. Does this household have assets either combined or separately of \$100,000 or more? ☐ Yes ☐ No

**STATISTICAL QUESTIONS FOR HEAD OF HOUSEHOLD ONLY**

- Are you a veteran? ☐ Yes ☐ No
- Are you a widow(er) of a veteran? ☐ Yes ☐ No
- What is your citizenship status? ☐ Citizen ☐ Non-citizen with eligible immigration status ☐ Ineligible noncitizen ☐ Pending verification
- Are you displaced by a natural disaster? ☐ Yes ☐ No
- Are you homeless? ☐ Yes ☐ No

**STATISTICAL QUESTIONS continued**

7. The race and ethnicity information on this form is required for the head of household for statistical purposes only to ensure nondiscrimination in the program.

**RACE:**

(more than 1 may be selected)

☐ American Indian☐ Alaska Native☐ Black or African-American☐ Asian☐ White☐ Native Hawaiian or other Pacific Islander**ETHNICITY:**☐ Hispanic or Latino☐ Not Hispanic or Latino**TOTAL INCOME RECEIVED BY ALL FAMILY MEMBERS**

7. 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 (wages, SSI, SSD, etc)	How Often Paid (monthly, weekly, etc)	Gross income each pay period

8. Is anyone in the household employed? ☐ Yes ☐ No If yes, name of employer, address and phone number. \_\_\_\_\_

**TOTAL ASSETS FOR ALL FAMILY MEMBERS**

9. List total cash value and total income received for assets owned by all family members.

Type of Accounts	Cash Value	Annual Income Received from Asset (e.g. interest dividends, rents, etc)
Checking Accounts		
Savings Accounts		
Stocks, Bonds, CD's, Investments etc.		
Real Estate		
Other		

10. Do you own or have interest in any real property? ☐ Yes ☐ No If yes, please provide a copy of ownership, such as deed, title, legal documents, etc.

**CURRENT LANDLORD INFORMATION**

11. Landlord's name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. Have you been served a notice to vacate the unit which ***you now occupy?*** ☐ Yes ☐ No  
If yes, what was the reason the Eviction Notice was served? (**Provide a copy of Eviction Notice**) \_\_\_\_\_

## PREVIOUS LANDLORD INFORMATION

Name of landlord: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Landlord's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date moved in: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date moved out: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address of rental: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of landlord: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Landlord's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date moved in: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date moved out: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address of rental: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PREVIOUS SUBSIDIZED HOUSING INFORMATION

13. Has **any** member of your household ever lived in assisted/subsidized housing as an adult? ☐ Yes ☐ No  
If yes, program: ☐ Public Housing ☐ Housing Choice Voucher (Section 8) ☐ Tax Credit  
☐ Project Based (Section 8) ☐ Other: \_\_\_\_\_

Name of person: \_\_\_\_\_  
Address of subsidized unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date subsidy residency started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of agency providing subsidy: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

14. Did you leave owing a balance? ☐ Yes ☐ No

15. Were you served a notice to vacate or evicted from the unit listed above? ☐ Yes ☐ No

**NOTE:** If additional units apply, please provide information on a separate piece of paper.

**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.

**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 request form is available in the office.

16. Are you or anyone in your household disabled? ☐ Yes ☐ No  
If yes, please complete the following (if applicable):
17. Is there a household 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 attendant? ☐ Yes ☐ No

If you answered yes to one *or* more of these questions, please request a reasonable accommodation packet. If you do not wish to request a reasonable accommodation packet, check here: ☐ I do not wish to request a reasonable accommodation at this time, but do understand I may at any time make such a request.

## PROGRAM INTEGRITY QUESTIONS

22. Are you or anyone in your household a registered sex offender? ☐ Yes ☐ No

23. Are you or anyone in your household a registered alcohol offender? ☐ Yes ☐ No

24. Are you or anyone in your household a registered drug offender? ☐ Yes ☐ No

**Equal Access Rule:** The Housing Authorities of the City of Eureka (HACE) and County of Humboldt (HACH) 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 other basis protected by federal, state or local law.

## REFERENCES

25. List three friends or relatives in the area to be contacted for messages or in case of emergency.

Name	Address, City, Zip	Phone number	Relation

26. List California driver license number(s) or current California phone ID number(s) for **ALL** household members. (Provide copies)

Name	License/ID number	State

27. Do you have an automobile? ☐ Yes ☐ No If yes, please fill out.

Make	Model	License plate number	Year

## CRIMINAL BACKGROUND

28. Have you or anyone living in your household ever been arrested or cited for a violation? ☐ Yes ☐ No

If yes, please explain below giving name of person, date, location, charge, circumstances, case number and court status.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Charge: \_\_\_\_\_ Circumstance: \_\_\_\_\_

29. Have you or any member of your household ever been convicted of the illegal possession, manufacture or distribution of a controlled substance? ☐ Yes ☐ No If yes, please explain below giving name of person, date, location, charge and circumstance.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Charge: \_\_\_\_\_ Circumstance: \_\_\_\_\_

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**ALL EUREKA SENIOR HOUSING UNITS ARE SMOKE FREE.** Residents are advised that smoking is not allowed in any unit, by any tenant and/or guest. This includes but is not limited to patios, backyards and porches. You will sign an acknowledgment regarding this and other rules and regulations upon leasing.

**Initial \_\_\_\_\_ 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 to such an attempt is a crime.

**Initial \_\_\_\_\_ 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. 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.

**Initial \_\_\_\_\_** Regulations do not permit the use of, or possession of, marijuana on the premises of your federally subsidized rental property. CA 215 cards are not recognized. This includes a tenant, any member of the tenant's household and/or guest(s) on the property.

**Initial \_\_\_\_\_ 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 or subsequent change. Failure to update contact information may result in the application being withdrawn from the waiting list per this agency's Affordable Housing Guidelines (4350.3).

**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: \_\_\_\_\_

## APPLICANT(S) CERTIFICATION

The undersigned applicant(s) acknowledge that:

1. Applicant(s) is/are required to cooperate in supplying all information needed to determine level of benefits.
2. Cooperating also includes attending prescheduled meetings and completing and signing required forms.
3. The Housing Authority will/may request information from my current and prior landlord(s) as part of the screening process.
4. A criminal background check is part of the screening process.
5. The refusal or failure to cooperate will/may result in delays and/or denial of housing assistance.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

## CERTIFICATION/CONSENT

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and asset verification related to my/our application for tenancy.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head/Spouse signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other adult signature

\_\_\_\_\_  
Date



I/We, (name/s) \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Eureka Housing Associates and the Housing Authority of the City of Eureka for purposes of verifying information on my/our housing application.

## INFORMATION COVERED

I/We understand previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to, identity, employment, income and assets, medical or child allowances. I/We understand this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information include, but are not limited to:

Past and present employers	Welfare agencies	Veterans Administration
Current and previous landlords	State unemployment agencies	Retirement systems
(including Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and alimony providers	Medical and child care providers	institutions

## CONDITIONS

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

## SIGNATURES

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head/Spouse signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other adult signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**NOTE:** This general consent may **NOT** be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.



**Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact: **HOUSING AUTHORITIES City of Eureka and County of Humboldt (707) 443-4583**. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, **Contact: Housing Authorities City of Eureka County of Humboldt's Community Liaison 707 443-4583 ext:211** The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT  
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 1/31/2028

<b>Covered Housing Program(s)</b>	<b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact: **The 504 Coordinator @ County of Humboldt City of Eureka Housing Authorities (707) 443-4583 ext. 222** Your covered housing provider must also ensure effective communication with individuals with disabilities

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting: **San Francisco Regional Office (415) 489-6400**. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact: **County of Humboldt City of Eureka Housing Authorities (707) 443-4583** or **Legal Services of Northern California 123 Third Street (707) 445-0866**

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.





## **Emergency Transfer Plan 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**

Housing Authorities City of Eureka and County of Humboldt 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 Housing Authorities City of Eureka and County of Humboldt chooses to remove the abuser or perpetrator, we 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 Authorities City of Eureka and County of Humboldt 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 The Housing Authorities City of Eureka and County of Humboldt 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, we may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

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

**OR**

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

The Housing Authorities City of Eureka and County of Humboldt 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**

The Housing Authorities City of Eureka and County of Humboldt 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. 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 Housing Authorities City of Eureka County of Humboldt 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 Housing Authorities City of Eureka and County of Humboldt 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**

All VAWA 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.

If Housing Authorities City of Eureka and County of Humboldt 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.

Housing Authorities City of Eureka and County of Humboldt 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**

For questions regarding VAWA, please contact Tykeshia Leschke, The 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.

The VAWA emergency transfer regulation, 24 CFR § 5.2005(e)(3), requires: The emergency transfer plan must detail the measure of any priority given to tenants who qualify for an emergency transfer under VAWA in relation to other categories of tenants seeking transfers and individuals seeking placement on waiting lists.

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

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim's age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact The Housing Authorities City of Eureka and County of Humboldt, by phone at (707) 443-4583. or go to

. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact the Community Liason at The Housing Authorities City of Eureka and County of Humboldt .

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

1. Name(s) of victim(s): \_\_\_\_\_

2. Your name (if different from victim's): \_\_\_\_\_

3. Name(s) of other member(s) of the household: \_\_\_\_\_

4. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?



**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.

