

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:



← **APPLICANTS: MAIL TO THIS ADDRESS.  
DO NOT FAX THIS APPLICATION!**

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

Date Generated:

## FOR WAITLIST ADMINISTRATORS ONLY

### LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?

If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.

(Alternately, email it to support@housingworks.net)

The changed status of your waitlists will reach thousands of housing advocates and applicants.

You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

☐ This waitlist is closed. The only waitlists open at present are:

\_\_\_\_\_  
\_\_\_\_\_

☐ This is not the right application. We have enclosed the correct application.

☐ You do not appear to qualify for this property, because: \_\_\_\_\_

Name of Waitlist Administrator *optional* \_\_\_\_\_

Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:





Brookline Housing Authority

90 Longwood Ave, Ste 1  
Brookline, MA 02446

TEL: 617 277 2022  
TTD: 800 545 1833 x213  
E-mail:  
[apps@brooklinehousing.org](mailto:apps@brooklinehousing.org)

This is an important notice. Please have it translated  
Esta es una notificación importante. Por favor, mande a traducirla.  
Sa a se yon avi enpòtan. Tanpri fè tradui l.  
これは重要な通知です。これを翻訳してもらってください。  
זוהי הודעה חשובה. אנא תדאגו לתרגומה.  
Đây là một thông báo quan trọng. Vui lòng cho dịch ra.  
這是個重要通告，請予翻譯。  
Это важное уведомление. Просим перевести его.  
Este é um aviso importante. Por favor traduza o mesmo.

# Application for Housing 32 Marion Apartments LLC

Brookline, MA

Applications can be returned and accepted via email at  
[apps@brooklinehousing.org](mailto:apps@brooklinehousing.org), or by US mail or hand delivery to:

Brookline Housing Authority  
90 Longwood Avenue  
Brookline, MA 02446

All applications are also available to be completed and submitted digitally at  
[www.brooklinehousing.org](http://www.brooklinehousing.org)

MAXIMUM Household Income Limits:

1 Person	2 People
\$57,900	\$ 66,200

Bedroom Types
1-Bedroom
1- Bedroom Wheelchair Accessible
1- Bedroom Sensory Accessible

This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law. For TTD services dial 1-800-545- 1833, extension 213.



**PLEASE PROVIDE ALL THE FOLLOWING CONTACT INFORMATION FOR THE HEAD OF HOUSEHOLD:**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Email address:** \_\_\_\_\_

*Please note: Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. If you do not provide your email address or do not have an email address, we will contact you via postal mail.*

**Bedroom Size Information: All units are 1 bedroom.**

Do you require a wheelchair accessible unit: \_\_\_\_ Yes \_\_\_\_ No

Do you require a unit with sensory accessibility features: \_\_\_\_ Yes \_\_\_\_ No

**Do you currently receive State or Federal rental assistance, or do you have a Section 8 mobile voucher?**

☐ Yes

☐ No

**Please fill out the chart below for everyone who will be occupying the unit:**

Name (A)	Relation to Head	Social Security #	Disabled Y / N*	Gender (Optional)	Date of Birth	Race/ Ethnicity <small>Enter "N/A" if you do not wish to disclose</small>
	Head of Household					

\*Response is voluntary but will assist in determining qualification for the disability preference and household income (e.g., income deductions related to disability status).

I certify that my Household Size is (total number of entries in column A) \_\_\_\_\_. Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

**Information for Language Assistance:**

Do you have difficulty understanding and speaking English?	Y / N	If yes, language spoken	
Do you have difficulty reading English?	Y / N	If yes, language read	

## PREFERENCES

- **Elderly (62+).** An applicant qualifies for a unit exclusively serving elderly families if the head of household, co-head, or spouse is an elderly individual (62+). This elderly designation applies to 92 of the units at 32 Marion Apartments.
  - ☐ Head of Household, co-head, or spouse is elderly (62+).
  - ☐ N/A
- **Disabled.** An applicant qualifies for the Disabled preference if the head of household, co-head, or spouse is an individual who is disabled and not elderly. This preference does not apply to units designated as exclusively serving elderly families. A person with a disability is defined as including any (1) individual with a physical or mental impairment that substantially limits one or more major life activities; (2) individual with a record of such impairment; or (3) individual who is regarded as having such an impairment.
  - ☐ Head of household, co-head, or spouse has a disability
  - ☐ N/A
- **Walnut/High elderly and disabled households who are displaced as a result of the redevelopment of the property (pending HUD approval of Section 18 demolition/disposition application) (up to 24 households).**
  - ☐ Walnut/High elderly and/or disabled household who is displaced as a result of the redevelopment of the property
  - ☐ N/A
- **Existing tenants from other BHA properties that will be displaced as a result of BHA redevelopment activities.**
  - ☐ Existing tenant from other BHA properties that will be displaced as a result of BHA redevelopment activities
  - ☐ N/A
- **Brookline Housing tenant currently in Project Based Voucher ('PBV') units, for less than one year, that qualify for an Emergency, Domestic Violence & Natural Disaster transfer and tenants currently in Brookline federal public housing units that qualify for an Emergency, Domestic Violence & Natural Disaster transfer.**
  - ☐ Brookline tenant currently in PBV units, for less than one year, that qualify for Emergency, Domestic Violence & Natural Disaster transfer
  - ☐ Tenant currently in federal public housing units that qualify for an Emergency, Domestic Violence & Natural Disaster transfer
  - ☐ N/A
- **Emergency, Domestic Violence & Natural Disaster applicants.** This preference is for: (1) families who have been displaced due to flood or fire, other natural disasters and or Board of Health Condemnation that renders the family's dwelling unit uninhabitable. The fire, flood, or other natural disaster cannot be due to the fault of the family and/or a household member; or (2) an applicant or member of the household who has been or is currently a victim of domestic violence, dating violence, sexual assault, or stalking, and has a reasonable belief of risk of imminent harm if he or she remains in current place of residency.
  - ☐ Displaced by natural disaster.
  - ☐ Displaced by Board of Health condemnation.
  - ☐ Displaced by domestic violence
  - ☐ N/A
- **Local Preference Information:** An applicant qualifies for local preference if the applicant or a member of their household fits into one of the following categories (A) a current resident of Brookline, (B) employed in the Town of Brookline (must be 20 hours+ weekly), (C) a parent or guardian with children attending the Brookline Public Schools (including METCO students).
  - ☐ Yes, I am a current resident of Brookline.
  - ☐ Yes, I am employed in the Town of Brookline (must be 20 hours+ weekly).
  - ☐ Yes, I am a parent or guardian with children attending the Brookline Public Schools (including METCO students).
  - ☐ N/A
- **Other applicant**
  - ☐ None of the above.

### **ACCESSIBLE UNIT**

**Are you, or any member of your household, in need of an accessible unit?** This is defined as a person with a disability who needs the features of a wheelchair or sensory accessible unit.

- ☐ Yes, wheelchair accessible unit
- ☐ Yes, unit with sensory accessibility features
- ☐ No

### **REASONABLE ACCOMMODATION**

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- ☐ Yes
- ☐ No

**If yes, please explain in the space provided here or write a signed statement and attach it:**

### **RACE:**(OPTIONAL for statistical purposes

only) Please check all boxes that apply:

- ☐ White (not of Hispanic origin)
- ☐ Black/African American
- ☐ American Indian/ Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander

☐ Other: \_\_\_\_\_

### **ETHNICITY:**(OPTIONAL for statistical purposes

only) Please check all boxes that apply:

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino

### **FULL-TIME STUDENT**

Are you or any member of your household a full-time student? *A full-time student is defined by the IRS as an individual, who during each of 5 calendar months during the calendar year, is a full-time student at an educational organization or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization.*

- ☐ Yes
- ☐ No

## **INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE**

Please complete the Income Table on the following two pages. You will later be asked to submit supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For **income determination**, “**Household**” shall mean all persons whose names appear on the lease, and all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included in the lease. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, apart from income from employment for household members under the age of 18 or any income over \$480/year for full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

### **Please note:**

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.

## INCOME

You cannot use white out on this Application. If you make a mistake, cross it out and initial the change. **For any section that does not apply, write "NA".**

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Social Security Income	
	SSDI	
	Pension (list source)	
	Retirement Funds (list source)	
	Workman's Compensation	
	Severance Pay	
	Unemployment Compensation	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts ( <i>i.e., rent assistance from family</i> )	
	Interest Income (source)	
	Other Income (source)	
	Gross Monthly Household Income = (GMHI)	\$ /Month
<b>GMHI x 12 =</b>	<b>GROSS ANNUAL HOUSEHOLD INCOME</b>	\$ /Year





## ASSETS

If a section doesn't apply, cross out or write NA. Please detail bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

	Bank Name	Last 4 Digits of Acct Number	Amount	
Checking Account			Balance \$	
Savings Accounts			Balance \$	
Trust Account			Balance \$	
Venmo/PayPal/Cash-App			Balance \$	
Bank CDs)			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Name	# of Shares	Interest/Dividends	Value
Mutual Funds			\$	\$
Bonds			\$	\$
Investment Property			Appraised Value \$	

## REAL ESTATE

Do you, or anyone on this application, own any property or have owned property in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (Currently or through an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either question, type of property:	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

**You must now read, sign and date the next page.**

**Please read each item below carefully before you sign.**

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration for housing at 32 Marion Apartments LLC.
2. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
3. I certify that the rental unit at 32 Marion Apartments LLC will be my principal residence.
4. I understand that the lease or occupancy agreement for the unit to be occupied through the Section 8 Voucher & Low-Income Housing Tax Credit programs may be subject to cancellation if any of the information provided is not true and accurate.
5. I understand that the information provided in this application **does not** guarantee housing.
6. I understand this is an application for a rental unit at 32 Marion Apartments LLC, and in the process of leasing a unit, and by given deadlines, I will need to complete Program Certifications where my participation in rental housing programs and eligibility will be determined by additional factors such as tenant history and criminal background screening. I understand that if selected from the wait list, I will need to be able to submit all required income, asset, tax and if applicable, local preference, accessible, vision-impaired, and/or hearing-impaired documentation within 10 business days of the screening deadline and failure to submit the required documentation in time, or to meet any other deadlines given by BHA will result in my removal from the wait list and disqualify my housing application .
7. I understand that any material changes in income or assets of my household, or my household composition, that occur after the submission of this application may make me ineligible for housing at 32 Marion Apartments LLC. I understand that any changes to income or assets that may put my household into another income tier must be reported to BHA.
8. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
9. I understand that any changes to my contact information must be reported to BHA.
10. I acknowledge that the determination of eligibility by BHA is based upon the regulations that govern the Section 8 Voucher and Low-Income Housing Tax Credit Programs for the development and, as such, barring any confirmed error by BHA in applying the regulations and/or calculating income, the decision is final, and I further agree to hold harmless BHA from any claim(s) relate to this application.
11. The undersigned give consent to 32 Marion Apartments LLC and Brookline Housing Authority (BHA) to verify the information provided in this application. The undersign authorizes the release of information necessary in determining income and assets from third-party references.

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Applicant's Signature

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Date

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Applicant's Signature

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Date

**Send applications by the date on the cover page to (DO NOT SEND THEM TO THE PROPERTY, SEND THEM TO THE BROOKLINE HOUSING AUTHORITY ADDRESS). For Questions contact [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) or (617) 277-2022**

This is an important document. Please contact the front desk at the Brookline Housing Authority at 617-277-2022 option 1 or [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) for free translation assistance.

- Este es un documento importante. Comuníquese con la Autoridad de Vivienda de Brookline al 617-277-2022 opción 1 o [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) para obtener asistencia de traducción gratuita. (Spanish)
- Este é um documento importante. Entre em contato com a recepção da Brookline Housing Authority pelo telefone 617-277-2022, opção 1, ou pelo e-mail [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) para obter assistência gratuita com tradução. (Portuguese)
- Sa a se yon dokiman enpòtan. Tanpri kontakte biwo akèy la nan Brookline Housing Authority nan 617-277-2022 opsyon 1 oswa [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) pou asistans tradiksyon gratis. (Haitian Creole)
- 此文件非常重要。请联系布鲁克林房屋管理局前台，电话：617-277-2022 转 1，或发送电子邮件至 [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org)，我们将提供免费翻译帮助。  
(Traditional Chinese)
- 此文件非常重要。请联系布鲁克林房屋管理局前台，电话：617-277-2022 转 1，或发送电子邮件至 [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org)，我们将提供免费翻译帮助。(Simplified Chinese)
- Это важный документ. Пожалуйста, свяжитесь со стойкой регистрации в Brookline Housing Authority по телефону 617-277-2022 (опция 1) или по адресу [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) для бесплатной помощи с переводом. (Russian)
- នេះគឺជាឯកសារសំខាន់មួយ។ សូមទាក់ទងផ្នែកខាងមុខនៅអាជ្ញាធរលំនៅដ្ឋាន Brookline តាមលេខ 617-277-2022 ជម្រើស 1 ឬ [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) សម្រាប់ជំនួយការបកប្រែដោយឥតគិតថ្លៃ។(Khmer)

- Đây là một tài liệu quan trọng. Vui lòng liên hệ với quầy lễ tân tại Brookline Housing Authority theo số 617-277-2022, chọn mục 1 hoặc [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) để được hỗ trợ dịch thuật miễn phí. (Vietnamese)
- Tani waa dukumeenti muhiim ah. Fadlan kala xidhiidh miiska hore ee Hay'adda Guryeynta Brookline 617-277-2022 option 1 ama [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) si aad u hesho kaalmo tarjumaad bilaash ah. (Somali)
- Ceci est un document important. Veuillez contacter la réception de la Brookline Housing Authority au 617-277-2022, option 1, ou à [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) pour une traduction gratuite. (French)
- Questo è un documento importante. Si prega di contattare la reception della Brookline Housing Authority al numero 617-277-2022 opzione 1 o all'indirizzo [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) per assistenza gratuita alla traduzione. (Italian)

**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 [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. 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*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *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.

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<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, [ENTER SPECIFIC CONTACT INFORMATION, WEBSITE, AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER OR A COPY OF THE APPLICABLE VAWA EMERGENCY TRANSFER PLAN].

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.



Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
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 [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. 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 [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. 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 [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**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.