



Lokahi Pacific

HOUSING APPLICATION CHECKLIST

Please ensure that you have attached the following documents along with your application for all household members listed, otherwise the application will not be processed and returned:

Social Security Card

Unexpired Photo ID

One of the following:

Birth Certificate

U.S. Passport

Naturalization Certificate

Certificate of Citizenship

Alien Registration Card

Current Social Security Benefits Award Letter (If Applicable)

Current Employment Pay Stubs (4 consecutive weeks)

Current Welfare Benefits Award Letter (Financial {CASH} Only)

If you have any further questions, please contact the Housing Administrator via phone at (808) 242-5761 extension 22 or via email housing@lokahipacific.org.

* DO NOT REMOVE * THIS PAGE IS LEFT INTENTIONALLY BLANK

Lokahi Pacific

1935 Main Street, Suite 204, Wailuku, Hawaii 96793 • Telephone (808)242-5761 • Fax: (808)244-2057
Website: www.lokahipacific.org

Lokahi Pacific currently administers and maintains seven residential projects in Maui County. These were established to assist and support various groups of citizens to live independently and productively in the community. By providing quality housing, they maximize the ability of residents to live and function at the highest level of independence possible. All residents must be capable of independent living, comply with house rules and policies, and refrain from the abuse of drugs and alcohol. Residents are encouraged to view their apartment as their homes and their stay has no predetermined duration.

Eligibility requirements and length of waiting lists vary from project to project. For more specific information, please call Lokahi Pacific at (808)242-5761.

Please take the time to complete the housing application accurately and completely. Applications can be delivered by hand or by mail to Lokahi Pacific, 1935 Main Street, Suite 204, Wailuku, Hawaii 96793. Faxed applications will **not** be accepted. We will verify the information you provide. If any information is missing, false and/or inaccurate, the processing of your application will be delayed and/or rejected.

Admission will be denied for the following reasons:

- Any household member has been evicted from Federally assisted housing for drug-related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to, admit the household.
- Any household member is currently engaging in illegal drug use.
- The owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of drug may interfere with the health, safety, or right of peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)
- Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. In accordance with Federal law, Owners shall establish standards that prohibit admission to any Federally assisted property to sex offenders subject to a lifetime registration requirement under a state sex offender's registration program.
- The Owner determines that there is reasonable cause to believe that a household member's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- During a reasonable time before the admission decision, you had a conviction for:
 1. Violent criminal activity;
 2. Drug-related criminal activity;
 3. Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
 4. Other criminal activity that would threaten the health or safety of the Owner or any employee contractor, subcontractor or agent of the Owner who is involved in the housing operations.

After receiving the completed housing application and required documents, Lokahi Pacific will conduct a criminal background check on all household members 18 years or older. If there has been no drug-related or criminal activity within the past three years, then the application will be processed. When all verifications are received, the applicant will be placed on our "pool of applicants" list.

Applications that are not fully completed and/or do not have the required documents will be rejected and returned to the applicant.

Lokahi Pacific is an Equal Opportunity Lender, Housing Provider and Employer

* DO NOT REMOVE * THIS PAGE IS LEFT INTENTIONALLY BLANK

Lokahi Pacific

Housing Application

Applicant's Name: _____ Home Phone: _____
 Current Address: _____ Work Phone: _____
 Mailing Address: _____ Cell Phone: _____

 Case Manager's Name: _____ Bus. Phone: _____
 Name of Agency: _____ Cell Phone: _____

A. FAMILY COMPOSITION

No.	Relationship	Name (List Head of Household First)	Relationship to Head	Age	Date of Birth	Social Security Number
1	Head					
2	Co-Head					
3	Child					
4	Child					

B. INCOME

Please identify each income by Family Member Number from Part A.

No.	Source of Income	Gross Monthly Amount	No.	Source of Income	Gross Monthly Amount
	Welfare Assistance			Veteran's Pension	
	Social Security			Veteran's Educational Benefits	
	Supplemental Security (SSI)			Child Support from _____	
	Unemployment Compensation			Alimony	
	Workers' Compensation			Support from adult children	
	Other _____			Other _____	

No.	Employer's Name	Address	Gross Monthly Amount
No.	Pension (List Source)	Address	Gross Monthly Amount
No.	Retirement (List Source)	Address	Gross Monthly Amount

C. ASSETS

Please identify each income by Family Member Number from Part A.

No.	Checking/Savings: List names of Banks, Credit Unions, etc.	Amount	No.	Stocks/Mutual Funds List names	No. of shares	Estimated Value
		\$				\$
	List all real property: Location Est. Market Value Est. Equity			Automobile: Model/Year License Plate No.		\$

D. RENTAL HISTORY

Present Landlord: Home Phone:

Mailing Address: Work Phone:

How Long? From: To: Rent Amount:

Previous Landlord: Home Phone:

Mailing Address: Work Phone:

How Long? From: To: Rent Amount:

Reason for leaving:

E. CHARACTER REFERENCES

Please give complete name and address

Name: Home Phone:

Mailing Address: Work Phone:

Name: Home Phone:

Mailing Address: Work Phone:

Name: Home Phone:

Mailing Address: Work Phone:

F. HANDICAP VERIFICATION

If you are applying for our CMI or PD projects, we are required by HUD to verify your handicap.

Name of Physician: Telephone:

Address: CMI Physical

Name of Physician: Telephone:

Address: CMI Physical

G. ADDITIONAL INFORMATION & CRIMINAL HISTORY

1. Do you have a statement, from your physician, which requires you to have a handicap-accessible unit? Yes No

2. If there are no handicap units available, are you still interested in renting another apartment that is not handicap-accessible? Yes No

3. Do you own any pets? Yes No

If yes, describe (maximum weight is 30 lbs.): _____

4. Have you or any other person on your application ever been convicted of any offense against the law? Yes No
(Omit traffic violations and any offense tried in juvenile court.) If YES, list each offense and the date (attach a separate sheet, if necessary): _____

5. Is any household member a student? Yes No

6. Does this household currently occupy a HUD-Assisted unit? Yes No

7. Please list all the states in which any household member has resided: _____

8. Is any household member subject to a lifetime sex offender registration requirement in any state? Yes No

9. How did you hear about Lokahi Pacific's housing program? _____

H. HOUSING PREFERENCES

Housing specifically for persons with a CHRONIC MENTAL ILLNESS (CMI)

Hale O Mana'o Lana Hou I, 325 Mahalani Street, Wailuku (Shared unit)	Rent is based on 30% of income - US Government under HUD Section 8 Subsidized project
Hale O Mana'o Lana Hou II, 355 Mahalani Street, Wailuku (1-bedroom unit)	Rent is based on 30% of income - US Government under HUD Section 8 Subsidized project

Housing specifically for persons with a PERMANENT PHYSICAL DISABILITY (PD)

Hale Lokahi Akahi, 755 Maka'ala Drive, Wailuku (1-bedroom unit)	Rent is based on 30% of income - US Government under HUD Section 8 Subsidized project
Kaho'okamamalu, Inc, 1950 Wells St., Wailuku (1-bedroom unit)	Rent is based on 30% of income - US Government under HUD Section 8 Subsidized project
Kaho'okamamalu-HOME, 1944 Wells St., Wailuku (1-bedroom unit)	Not Subsidized County Section 8 vouchers accepted

Low Income Housing

Hale Lokahi Elua, 2170 S. Kihei Rd., Kihei (1-bedroom unit)	Not Subsidized County Section 8 vouchers accepted
Pono Home, 62 Market St., Wailuku (1-bedroom unit)	Not Subsidized County Section 8 vouchers accepted

Please submit a copy of the following documents with the application for all household members listed on the application otherwise the application will not be processed:

Social Security Card*

**Disclosure of SSNs for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status. Information from applicants who were age 62 or older as of January 31, 2010, and who do not have an SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of an SSN. **

Photo I.D.

One of the following:

- Birth Certificate
- U.S. Passport
- Naturalization Certificate
- Certificate of Citizenship
- Alien Registration Card

Current Social Security Benefit Letter, if applicable

Current Welfare Benefit Letter (financial only), if applicable

I. APPLICANT CERTIFICATION

I certify that the above information is correct to the best of my knowledge; that the unit being applied for will be my (our) permanent residence and agree not to maintain a separate subsidized rental unit; that I am not falsifying or withholding any information from LOKAHI PACIFIC, and I understand that false statements or information may be punishable under Federal Law. **IF LOKAHI PACIFIC IS UNABLE TO CONTACT ME (US) AT THE ADDRESS PROVIDED, MY (OUR) APPLICATION WILL BE CANCELLED.** I also understand that LOKAHI PACIFIC assumes NO responsibility for applications NOT received.

I authorize LOKAHI PACIFIC to obtain and verify information about the income, assets, personal data and conduct of all persons listed in my family. I also authorize the sources of such information (which may include, but not be limited to employers, social workers, landlords, resident managers, housing managers, welfare workers, parole officers, court records (criminal check), drug treatment centers, clinics, physicians, or the police department) to release such requested information. I also authorize LOKAHI PACIFIC to telephone me COLLECT, if necessary.

Signature

Date

Signature

Date

* DO NOT REMOVE * THIS PAGE IS LEFT INTENTIONALLY BLANK



1935 Main Street, Suite 204 • Wailuku, Maui, HI 96793 • Telephone 808-242-5761 • Facsimile 808-244-2057 •
Web: www.lokahipacific.org

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I hereby authorize and direct any Federal, State or local agency, organization, business or individual to release and verify my application for housing and/or to maintain my continued housing under the **Lokahi Pacific** housing program. I understand and agree that this authorization or the information obtained with its use may be given to and used by **Lokahi Pacific** in administering and enforcing program rules and policies.

INFORMATION COVERED

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

- . Identity and Marital Status
- . Employment, Income & Assets
- . Medical or Child Care Allowances
- . Credit History
- . Residences and Rental Activity
- . Criminal Record
- . Verification of Disability

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

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

AUTHORIZATION FOR RELEASE OF INFORMATION

Page 2

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with **Lokahi Pacific**. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

RELEASE

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE

Applicant / Head of Household	Print Name	Date
-------------------------------	------------	------

Co-applicant	Print Name	Date
--------------	------------	------

Note to applicant / Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. 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 Return: must be prepared and signed separately.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly make false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtain, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(f)(g) and(h). Violations of these provisions are cited as violations of 42 USC 308(f)(g) and(h).

Exhibit 3-3: Owners Notice No. 1

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments Program;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. (see Exhibit 3-5) If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instruction and explains what, if any other form and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declaration, and any other forms and/or evidence to: Lokahi Pacific, 1935 Main Street, Suite 204, Wailuku, Hawaii 96793 Along with your application or no later than 10 days after Lokahi Pacific received your application.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Lokahi Pacific at (808) 242-5761. Someone will be happy to assist you. Also, if you are unable to provide the required documentation by the time frame shown above, you should immediately contact the Lokahi Pacific office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review shows that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

Exhibit 3-4: Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Exhibit 3-7: Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

* DO NOT REMOVE * THIS PAGE IS LEFT INTENTIONALLY BLANK



1935 Main Street, Suite 204 • Wailuku, Maui, HI 96793 • Telephone 808-242-5761 • Facsimile 808-244-2057
www.lokahipacific.org

Verification of Disability

TO:

From:

LOKAHI PACIFIC
1935 MAIN STREET, SUITE 204
WAILUKU, HAWAII 96793

RETURN THIS VERIFICATION TO THE LOKAHI PACIFIC (or other Instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME: _____

ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to Lokahi Pacific. Your prompt return of this information will help insure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant / tenant has consented to this release of information as shown above.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months, there are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____

Date _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

An independent nonprofit community development organization, equal opportunity lender, housing provider and employer.



INFORMATION BEING REQUESTED BY LOKAHI PACIFIC FOR: _____

For each number item below, mark an "X" in the applicable box that accurately describes the person listed on page 1.

1. _____ YES _____ NO Has a Physical Impairment that is expected to be of long continued and indefinite duration substantially impedes his or her ability to live independently and is of a nature that such ability could be improved by more suitable housing conditions.

2. _____ YES _____ NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance Bill of Rights Act (42 S.S.C. 6001 (8)), i.e., a person with server chronic disability that:
 - a. Is attributable to a mental or physical impairment or Combination of mental and physical Impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life Activity.

(1) Self-care, (2) Receptive and expressive language, (3) Learning, (4) Mobility, (5) Self-direction, (6) Capability for independent living, and (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequences of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. _____ YES _____ NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. _____ YES _____ NO Is a person whose sole impairment is alcoholism or drug addiction.

Name of Person supplying the information

Title:

Agency

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly make false or fraudulent statements to any department of the United States Government and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly requests, obtain, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the office or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited ad violations of 42 USC 408 (a) (6), (7) and (8).



1935 Main Street, Suite 204 • Wailuku, Maui, HI 96793 • Telephone 808-242-5761 • Facsimile 808-244-2057
www.lokhipacific.org

Verification of Disability

TO:

From:

LOKAHI PACIFIC
1935 MAIN STREET, SUITE 204
WAILUKU, HAWAII 96793

RETURN THIS VERIFICATION TO THE LOKAHI PACIFIC (or other Instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME: _____
ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to Lokahi Pacific. Your prompt return of this information will help insure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant / tenant has consented to this release of information as shown above.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months, there are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

An independent nonprofit community development organization, equal opportunity lender, housing provider and employer.



INFORMATION BEING REQUESTED BY LOKAHI PACIFIC FOR: _____

For each number item below, mark an "X" in the applicable box that accurately describes the person listed on page 1.

1. _____ YES _____ NO Has a Physical Impairment that is expected to be of long continued and indefinite duration substantially impedes his or her ability to live independently and is of a nature that such ability could be improved by more suitable housing conditions.

2. _____ YES _____ NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance Bill of Rights Act (42 S.S.C. 6001(8)), i.e., a person with server chronic disability that:
 - a. Is attributable to a mental or physical impairment or Combination of mental and physical Impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life Activity.

(1) Self-care, (2) Receptive and expressive language, (3) Learning, (4) Mobility, (5) Self-direction, (6) Capability for independent living, and (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequences of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. _____ YES _____ NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. _____ YES _____ NO Is a person whose sole impairment is alcoholism or drug addiction.

Name of Person supplying the information

Title:

Agency

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly make false or fraudulent statements to any department of the United States Government and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly requests, obtain, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the office or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (70 and (8). Violations of these provisions are cited ad violations of 42 USC 408 (a) (6), (7) and (8).

Lokahi Pacific

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Hale Lokahi Akahi is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under Section 202/811 PRAC , you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under Section 202 / 811 PRAC, 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.

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

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

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 Section 202 /811 PRAC 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

Lokahi Pacific 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 HP chooses to remove the abuser or perpetrator, Lokahi Pacific 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, Lokahi Pacific 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, Lokahi Pacific must follow Federal, State, and local eviction procedures. In order to divide a lease, Lokahi Pacific 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, Lokahi Pacific 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, Lokahi Pacific 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.

Lokahi Pacific 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.

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

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

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

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

Confidentiality

Lokahi Pacific 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.

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

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

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

VAWA does not limit Lokahi Pacific'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, Lokahi Pacific 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 HP 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 Lokahi Pacific can demonstrate the above, Lokahi Pacific should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the U. S. Department of Housing and Urban Development Honolulu Field Office, 1132 Bishop Street, Suite 1400, Honolulu, Hawaii 96813. Phone #808-457-4662.

For Additional Information

You may view a copy of HUD's final VAWA rule at www.federalregister.gov.

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

For questions regarding VAWA, please contact Lokahi Pacific at 808-242-5761.

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 Women Helping Women, 1935 Main Street, Suite 202, Wailuku, Hawaii 96793.

Domestic Violence 24 hour Hotline: (808)579-9581 or WHW TRO/Domestic Violence Task Force at 808-242-0775.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact the Hawaii Coalition against Sexual Assault at 808-533-1637 or Child and Family Services- Maui Sexual Assault Center's 24 hour Hotline: 808-873-8624.

Victims of stalking seeking help may contact the Stalking Resource Center, a program of the National Center for Victims of Crime at 202-467-8700.

For help regarding Dating Violence contact Child and Family Sevices at 808-873-8624.D

Attachment: Certification form HUD-5382

* DO NOT REMOVE * THIS PAGE IS LEFT INTENTIONALLY BLANK

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

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

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

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

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

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

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

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

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

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

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

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

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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