



Longmont Housing Authority
350 Kimbark Street Longmont, CO 80501
P: 303-651-8581 TDD/TTY: Dial 711
www.longmonthousing.org

Annual Recertification Check List

Please check box all completed forms and attach copies of all required verifications

Annual Recertification Packet:

- Family Reporting pg. 1-7
- Responsibility of Tenants Receiving Housing Assistance
- Authorization to Release Information – HUD Form – 9886
- Supplement to Application for Federally Assisted Housing HUD Form – 92006
- VAWA Addendum
- VAWA Acknowledgement of Receipt of VAWA Documents

Income Verifications:

- Award Letter/Benefit Letter for Non-Wage Income
i.e., SSI/SSDI, TANF, OAP/AND, Pension, Unemployment
- Two (2) Months of Most Recent Paystubs per household member currently employed
Paystubs must be concurrent
Pay Periods: Weekly = 8 Paystubs, Bi-Weekly/Semi-Monthly = 4 Paystubs
- Self-Employment
Profit and Loss or monthly statements i.e., Door dash, UBER, Grub Hub, etc.
- Three (3) Months of most recent Checking Account Statements per household member/account
Statements must include all pages and may not be redacted
- One (1) Month of most recent Savings Account Statement per household member/account
Statements must include all pages and may not be redacted
- Child Support/Alimony Support (select one and provide verification)
 - Family Support Registry – Disbursement History
 - Notarized letter from Non-Custodial Parent (Amount of Support, Frequency, and Contact information)
 - Notarized letter from Custodial Parent explaining why child support has not been sought out.
- Life Insurance
Cash Surrender value as of today's date
- Previous Year's Federal and State Tax Return per household member who filed
- Medical Expenses
(Head of household, Co-head, or Spouse is 62yrs of age or older or a person with disabilities.)
i.e., RX filled prescription(s) statement, receipts of proof of payment for co-pays, insurance premiums.

Name of Head of Household

Signature: _____ Date: ____/____/____





**Longmont Housing Authority
Housing Choice Voucher & Project Based Voucher Program
Family Reporting Form**

PART 1: HOUSEHOLD MEMBERS

List all individuals living in your unit:

Full Name	Relationship <small>REQUIRED INFORMATION</small>	Social Security Number <small>REQUIRED INFORMATION</small>	Date of Birth <small>REQUIRED INFORMATION</small>	Gender <small>(Check One)</small>	Disability <small>(Check One)</small>	Veteran <small>(Check One)</small>	Hispanic <small>(Check One)</small>	Race
	SELF	- - -	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		- - -	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		- - -	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		- - -	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		- - -	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		- - -	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**Longmont Housing Authority
Housing Choice Voucher & Project Based Voucher Program
Family Reporting Form**

PART 2: CONTACT INFORMATION

Please provide your current contact information

Home: () - Cell: () -

Email: _____ @ _____

Current Mailing Address: _____ Unit/Apt: _____

City/State/Zip Code: _____

If Applicable
Representative Payee Name: _____ Representative Payee's Phone No.: () -

PART 3: CRIMINAL ACTIVITY

Have you or any member of your household been convicted of the following crimes in the last 12 Months?

- Sex Offense Yes No Violent Criminal Act Yes No
Methamphetamine Production Yes No Any Felony Crime Yes No

Is any member of your household required to register as a Sex Offender? Yes No **If yes, who?** _____

Part 4: INCOME

- Does anyone outside of your household assist you with paying your bills (Cell Phone(s), Utilities, Groceries, etc.)? Yes No
If yes, who assists you? _____
Is the assistance given to you directly or paid to the agency? _____
If assistance is given to the household, amount of payment and frequency of payment? _____

- If a household member receives child support and/or maintenance payments are these payments received through the Family Support Register? Yes No



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Family Reporting Form

If payments are not received through Family Support Registry, please provide the following information regarding your payments:

Name of non-custodial parent: _____
 Address of non-custodial parent: _____
 Phone Number: _____

3. Do you or any household member work? Yes No (If yes, please provide two (2) months of concurrent/most recent paystubs)
4. Do you or have any household members file Tax Returns? Yes No (If yes, please provide your previous year Federal and State Tax returns)
5. Is any member of your household 18 years of age or older and a full-time student? Yes No
 Does this person receive student financial assistance? Yes No
 If yes, Name of Family Member: _____
 Name of School attending: _____
 Address of School: _____

Check all types of income your household receives

<input type="checkbox"/> Alimony/Maintenance	<input type="checkbox"/> AND	<input type="checkbox"/> Financial Aid (School)	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Child Support	<input type="checkbox"/> Old Age Pension (OAP)	<input type="checkbox"/> Foster Care/Adoption	<input type="checkbox"/> Gifts: Friends, Family, Other
<input type="checkbox"/> Commission/Tips	<input type="checkbox"/> SSDI/SS	<input type="checkbox"/> Income from Assets/Annuity	<input type="checkbox"/> LEAP
<input type="checkbox"/> Day Labor	<input type="checkbox"/> TANF	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Other:
<input type="checkbox"/> Wages	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other:

List ALL types of income for each household member (including TANF, Child Support, Gifts, etc.)

Household Member's Name	Type of Income (Be Specific)	Amount (Gross Income Only)	Circle One
		\$. Per	HR/WK/MO/YR
		\$. Per	HR/WK/MO/YR
		\$. Per	HR/WK/MO/YR
		\$. Per	HR/WK/MO/YR
		\$. Per	HR/WK/MO/YR



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Family Reporting Form

EMPLOYMENT INFORMATION

Family Member's Name: _____ Name and Address of Employer: _____ Employer's Phone No.: _____ Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____ Hourly Pay Rate: \$ _____ Hours worked per week: _____ Frequency of Pay (<i>Select One</i>) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – Explain: _____	Family Member's Name: _____ Name and Address of Employer: _____ Employer's Phone No.: _____ Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____ Hourly Pay Rate: \$ _____ Hours worked per week: _____ Frequency of Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – Explain: _____
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PART 5: ASSETS

Check ALL types of assets or accounts your household currently has.

My household does not have any asset accounts

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Money Market	<input type="checkbox"/> Own a Home or Land	<input type="checkbox"/> Stocks/Bonds
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Payee/Escrow Account	<input type="checkbox"/> Cash
		<input type="checkbox"/> Other:
		<input type="checkbox"/> Other:
		<input type="checkbox"/> Other:



Longmont Housing Authority
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Family Reporting Form

Account Holder's Name: _____ Name of Bank: _____ Account Type: _____ Balance: \$ _____ Last Four (4) of Account Number: _____	Account Holder's Name: _____ Name of Bank: _____ Account Type: _____ Balance: \$ _____ Last Four (4) of Account Number: _____
Account Holder's Name: _____ Name of Bank: _____ Account Type: _____ Balance: \$ _____ Last Four (4) of Account Number: _____	Account Holder's Name: _____ Name of Bank: _____ Account Type: _____ Balance: \$ _____ Last Four (4) of Account Number: _____

PART 6: ALLOWANCES

Is anyone in your household paying for Childcare for children 12 years of age or younger? Yes No
If yes, please provide the following and attach your current daycare statement:

Family Member's Name: _____
 Child(ren) Name: _____

Name of Provider: _____
 Provider's Address: _____
 Amount Paid: \$ _____ per month



**Longmont Housing Authority
Housing Choice Voucher & Project Based Voucher Program
Family Reporting Form**

Disabled or Elderly Families ONLY (Head, Co-Head, or Spouse 62 years of age or older or is a person with a disability)
If you (the Head of Household), your spouse, or co-head are at least 62 years of age, or a person with disability and the medical expenses you pay-out-of-pocket each year is more than 3% of your annual income, Longmont Housing Authority might be able to lower the amount of rent you pay.

Please attach proof of payments (12-Month statement of payments made, receipts, etc.) for each expense listed below.
 Check all types of out-of-pocket medical expenses your family pays and included the estimate amount paid each month.

<input type="checkbox"/> RX \$	<input type="checkbox"/> Doctor Visit \$	<input type="checkbox"/> Dental Visits \$	<input type="checkbox"/> Eyeglasses/Eye Care \$	<input type="checkbox"/> Medical Premiums \$
<input type="checkbox"/> Hearing Aids \$	<input type="checkbox"/> Hospital Visits \$	<input type="checkbox"/> Transportation to Treatment (Cab fare, Mileage, Etc.) \$		
<input type="checkbox"/> Service Animal Cost \$	<input type="checkbox"/> Other: \$	<input type="checkbox"/> Other: \$	<input type="checkbox"/> Other: \$	

PART 7: HOUSING QUALITY STANDARD CERTIFICATION (HQS)

You must select one of the following:

- I do not** know of any current issues that would cause my unit to fail the annual inspection and my landlord has been responsive to requests for repairs
- I am aware** of issues that would cause my unit to fail the annual HQS inspection and my landlord has not been responsive to requests for repairs.



Longmont Housing Authority
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Family Reporting Form

PART 8: CERTIFICATION

I do hereby swear and attest, all of the information provides on this form is true and correct. I understand all changes in the income of any member of the household as well as any changes in the household composition must be IMMEDIATELY reported in WRITING to the Longmont Housing Authority.

My signature below also authorizes the Longmont Housing Authority to conduct a CBI background check on all adult members of my household including myself, at anytime during the next 15 months.

Signature of Head of Household	Date	Signature of Spouse/Co-Head	Date
Signature of Other Adult	Date	Signature of Other Adult	Date
Signature of Other Adult	Date	Signature of Other Adult	Date

Signature of person completing the form (If other than Head of Household)	Date
Reason why Head of Household did not complete the packet:	
Phone Number	

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.



Longmont Housing Authority | Housing Choice Voucher Program

RESPONSIBILITY OF TENANTS RECEIVING HOUSING ASSISTANCE

Reporting changes in income and household composition:

Any change in income or household composition must be reported, **IN WRITING**, from the source to the Longmont Housing Authority within **10 BUSINESS DAYS**. Failure to report any changes may result in termination of Housing Assistance.

As your income increases, assistance payments decrease:

If your income increases; to the point where your share of the rent is equal to the "Contract Rent" (including your utility allowance), your housing assistance payments will stop. If your income level decreases within six (6) months from the time the assistance payments stopped, payments will resume. A family may request in writing a Minimum Rent Hardship exemption.

Reexamination:

Once a year, prior to the anniversary date of your current lease, Longmont Housing Authority must review your eligibility for the program.

Inspections:

Biennially, the Longmont Housing Authority will inspect your unit to assure that it meets "Housing Quality Standards." You will receive proof of the inspection time. Longmont Housing Authority may terminate housing assistance for "Housing Quality Standards" violations caused by the tenant, household members, or guests.

Complying with the Lease:

The tenant must pay their portion of the rent on or before the first day of each month. Tenant must also pay utilities and maintain any appliances that the owner is not required to provide under the lease. Keep your unit and common areas clean. The tenant is responsible for any damages to the unit. Show respect for your neighbors by keeping the noise level down. Be aware that the tenant is responsible for their guests and their actions.

Notify Longmont Housing Authority if you intend to move:

Leases on this program are for one year. After the first year of the lease, the tenant may move and continue on the program, as long as a 30-day written notice is given to the Landlord with a copy to LHA. If for any reason the tenant needs to move while contracted in a lease, both Longmont Housing Authority and the landlord must be notified in writing and the tenant and the landlord must agree to sign a "Mutual Rescission of Lease" agreement. Copies of Eviction Notices must be given to Longmont Housing Authority immediately.

Security Deposit:

The landlord may collect a "Security Deposit." Longmont Housing Authority may prohibit 'excessive' deposit amount. For example: being charged more than an unassisted tenant.

Drug-Related Criminal Activity is defined as:

The illegal manufacture of or, sale, distribution, use of possession with intent to manufacture, sell, distribute, or use a controlled substance. Tenant can be responsible for any guests engaging in any drug or criminal activity. Abuse of alcohol in a way that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. No members of the house may engage in any Drug Related activities or any violent criminal Activity.

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RESPONSIBILITY OF TENANTS RECEIVING HOUSING ASSISTANCE

Violent Criminal Activity:

Any 'criminal' activity that has as one of its elements that use, attempted use, or threatened use of physical force against the person or property of another. Violent Criminal Activity is grounds for denial or termination of assistance.

Your signature authorizes Longmont Housing Authority to check police records during your participation under the Section 8 Housing Choice Voucher Program.

Behavior towards Longmont Housing Authority Personnel:

Any abusive or violent behavior towards any Longmont Housing Authority staff member may result in termination of rental assistance, or denial of application for assistance.

The family receiving assistance may only have one residence:

The unit may not be subleased or sublet, and the tenant must not assign the lease or transfer the unit. The tenant may not own or have any interest in the unit and may not rent from a family member. An assisted family or members of the household may not receive Section 8 Housing Assistance while receiving another subsidy, either for the same or another unit.

NO HOUSEHOLD MEMBER MAY COMMIT FRAUD, BRIBERY, OR ANY OTHER CRIMINAL ACTS IN CONNECTION WITH THE HOUSING PROGRAM.

Tenant's receiving "Housing Assistance" must comply with all terms of the Voucher Program, their lease, and all provisions stated in this document.

I/We certify that information given to Longmont Housing Authority based on income, family size, assets, allowances, and deductions to be true and correct to the best of my/our knowledge and belief.

I/We understand that false statements or information are grounds for termination of Housing Assistance.

I/We understand that providing false information is punishable under Federal Law.

Head of Household Signature _____ Date _____

Spouse Signature _____ Date _____

Other Adult Signature _____ Date _____

Other Adult Signature _____ Date _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains 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.

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, the HA or the owner responsible for the unauthorized disclosure or improper use.

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.

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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.

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

Longmont Housing Authority¹

Notice of Occupancy Rights under the Violence Against Women Act²

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.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Longmont Housing Authority** 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 **Longmont Housing Authority**, 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

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ 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.

If you are receiving assistance under **Longmont Housing Authority**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Longmont Housing Authority** 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

HP 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, HP 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, HP 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, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP 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, HP 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, HP 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.

HP 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.

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

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

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

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

Confidentiality

HP 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.

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

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

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

VAWA does not limit HP'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, HP 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 HP can demonstrate the above, HP 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 **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

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

For questions regarding VAWA, please contact **Longmont Housing Authority**.

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 **[Insert contact information for relevant local organizations]**.

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 **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

**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.