NORTEX REGIONAL PLANNING COMMISSION

Location: 4309 Old Jacksboro Hwy, Suite 200, Wichita Falls, TX 76302
Mail: PO Box 5144, Wichita Falls, TX 76307
Phone: (940) 322-5281 Fax: (940) 322-6743
Email: housing@nortexrpc.org

INTAKE APPLICATION

ESG HOMELESSNESS PREVENTION AND RAPID RE-HOUSING ASSISTANCE

Serving Archer, Baylor, Childress, Clay, Cottle, Foard, Hardeman, Jack, Montague, Palo Pinto, Stephens, Throckmorton, Wichita, Wilbarger, Wise, and Young Counties

Dear Applicant:

The information and corresponding verification documents listed on the following pages are required to determine if your household is eligible to receive assistance services under a Texas Department of Housing and Community Affair's Emergency Solutions Grant Program intended to help prevent and alleviate homelessness. Assistance through this program at our agency can only be received once in a year and is dependent on housing status and income guidelines set by applicable federal regulations. Note: these funds are only allowed for expenses that are more than a person's available resources, and which promote housing stabilization. Therefore, ability to maintain housing after assistance will be considered in the eligibility process and clients will be required to put the household's available resources toward the costs as well.

Please complete the entire application and **do not leave any questions blank**. If a question does not apply to you, please answer with N/A. Be sure to sign and date the application on page 8 and the releases of information and HMIS participation on page 11 and 12.

Please also review the verification documentation charts that outline what documents should be provided and include those that are appropriate for your household along with your application. Please be sure all pages of each verification documentation are included. Note: If these documents are not provided at the time your application is submitted, we cannot process the application or determine eligibility until such time as everything is received. If we have not received all required verification documents within 30 (thirty) days of the submission of your application, your application will be closed, and you will need to resubmit a new application if you are still in need of assistance.

Applications and corresponding verification documents can be submitted by email, fax, mail, or dropped off in person to the following:

Email: housing@nortexrpc.org
Fax: (940) 322-6743
Mail: PO Box 5144, Wichita Falls, TX 76307
Drop Off: 4309 Old Jacksboro Hwy, Suite 200, Wichita Falls, TX 76302

If you have questions about the application and verification documents or if you need help completing this application, please contact the Housing Services Case Manager at **(940)322-5281 x 119** for assistance. If you reach a voicemail, please leave a message with your name, need, and call back number. The case manager will return your call as soon as possible but within 2 (two) business days. In person contact with the case manager is by appointment only and must be arranged ahead of time. You will not be able to meet with the case manager when dropping off an application or verification documents unless you have arranged an appointment beforehand.

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VERIFICATION DOCUMENTATION BY ASSISTANCE TYPE

Please check the box for the type of assistance you're seeking and include any relevant verification documents listed here along with the mandatory documents listed below with this application.

☐	**Assistance with past due balances for water, electricity, or gas services that have been, or will be, disconnected/terminated**	**Most recent bill showing the full past due balance and the termination of service notice, if applicable.**	**Service must be in the name of the applicant or a household member**
☐	**Assistance with past due rent to prevent imminent eviction and loss of housing**	**Current lease agreement, most recent notice of late payments showing full past due balance, and eviction notice or written statement by landlord of intent to evict.**	**The applicant has to be named on the lease as the head of household or a household member**
☐	**Assistance to gain housing due to current homelessness**	**Statement from shelter or support statement person providing temporary housing or motel/hotel receipts or statement from person familiar with your situation (ex. Case worker, social service agency, etc.)**	**Must be able to verify homeless status**

MANDATORY VERIFICATION DOCUMENTATION FOR ALL APPLYING HOUSEHOLDS

Check if included	REQUIRED DOCUMENTS	REQUIRED FOR THE FOLLOWING PERSONS	EXAMPLES OF ACCEPTABLE PROOF	SPECIAL NOTES
☐	**Identification (ID)**	**Person submitting application and person on the name of the bills/lease agreement for which assistance is requested**	**Unexpired Driver's license, State ID, Visa, Passport, birth certificate, etc. (Any ID that does not have a picture must provide additional photo ID such as school ID, job ID, etc.)**	
☐	**Social Security Number**	**All household members**	**SS card, Letter from Social Security, official State or Federal program document/letter with SSN listed**	
☐	**Residence**	**Person submitting application**	**TX Driver's license/State ID, utility bill (less than 45 days old-no cell phone bills), current rental lease, public assistance letter, support statement (letter from person who provides you housing)**	**To be used to verify residence, a Texas ID or Driver's license must be unexpired and show the address listed on the application**
☐	**Income** **(All income sources for the last 2 (two) months)**	**All persons considered members of the household over the age of 18**	**All paystubs for the last 2 (two) months, TANF Letter, Social Security Award letter, Child Support award or payment letter, Workers Comp, Pension statement, Support statement (with donor's name, address, phone number, type of support provided, amount provided and how often)**	**Employment verification form can be completed by your employer if you are unable to provide check stubs or if your employment ended within the last 60 days. A completed HHSC termination of employment form is acceptable.**
☐	**Assets** **(Money or any items that can be sold or transferred and result in cash)**	**All persons considered members of the household over the age of 18**	**Most recent bank statement for any checking, savings, or other money accounts.**	**If your income is direct deposit on a debit card, you must provide a statement from the bank that is associated with the card. The Customer Service Department for your card can give instructions to help you get this statement.**

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☐	**Immigration Status**	**Non-US citizens (Please note: At least one person on the lease agreement must be able to provide)**	**Employment authorization card (Form I-766), 1-94, Visa, Passport, or other document from INS**	

A. CONTACT INFORMATION

Name (as shown on driver's license or government ID):			**Birth Date:**
Gender:	**Race:**	**Hispanic (circle): YES NO**	**Marital Status:**
Street Address:			
City/State/Zip			**County:**
Mailing Address (if different from above):			
City/State/Zip:			**County:**
Home/Cell Phone:	**Work Phone:**	**Other Contact:**	
Email Address:			
Emergency Contact Name	**Relationship**		**Phone:**

B. HOUSEHOLD MEMBER(S) INFORMATON

Name of Household Member (List only persons that are part of your household—not persons with whom you may be sharing housing)	Relationship to Head of Household	Date of Birth	Gender	Race	Hispanic Ethnicity	SSN/Alien Registration Number
	SELF					

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C. HOUSEHOLD COMPOSITION INFORMATION

1) Is anyone in the household a Veteran? NO _____ YES_____

Name(s): _____

Important information for former military services members: Women and men who served in any branch of the United States Armed Forces, including Air Force, Army, Navy, Marines, Coast Guard, Reserves, or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at https://veterans.portal.texas.gov/.

2) Is anyone in the household disabled? NO _____ YES _____

Name(s): _____

3) Are any household members covered by health insurance? NO _____ YES_____

Name(s) and Insurance Coverages: _____

4) Are any household members temporarily absent from the home? NO _____ YES _____

Name: _____

Reason for temporary absence: _____

5) Do you anticipate any other members will join your household within the next 12 months?

NO _____ YES _____

If yes, explain:

_____

_____

D. HOUSING STATUS

Current Living Situation: (circle)	**Rent Apt/House**	**Own House**	**Staying with Family/Friend**	**Hotel/Motel (self-paid)**	**Other:**
	Hotel/Motel (Agency-paid)	**Outside/Street/ Abandoned Building**	**Vehicle**	**Homeless Shelter**	**Domestic Violence Shelter**

How long have you lived in your current situation? _____

What was your previous living situation? _____ How long were you in that situation? _____

If you rent or own, how many bedrooms do you have? _____

If you need housing, how many bedrooms do you need? _____

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If you currently rent or own, what is your Monthly Rent/Mortgage Amount? $ _____
If you are renting, are utilities included with the rent: _____ No _____ Yes
If no or if you're responsible for any utilities, what utilities do you pay:
Are you receiving assistance to help with utility cost: _____ No _____ Yes
If yes, what agency is providing assistance:
Have you received an eviction or disconnection/termination notice? _____ No _____ Yes
Have you received rental or utility assistance in the last 6 months for past due:
What agency provided the assistance:
Do you currently have an application with another agency for assistance:
If yes, what is the name of the agency:

E. HOUSING SUBSIDIES – List any assistance you receive to assist with rent. Please provide the monthly rent amount, the amount paid by the Agency, and the rent amount you actually pay monthly.

ASSISTANCE	MONTHLY RENT TOTAL	AGENCY AMOUNT PAID MONTHLY	YOUR AMOUNT PAID MONTHLY
Housing Choice Voucher (Section 8)			
Public Housing Authority			
TBRA			
HOPWA			
Other			

F. SOURCES OF INCOME – Write in the box the total average monthly amount of income received by all household members for each type of income.

Employment	$	Self-employment	$	SSI	$	SSDI	$
TANF	$	Unemployment	$	Workers Comp	$	Child Support	$
Pension	$	SS Retirement	$	Student Grants/Loans	$	Military	$
Family Support	$	Commissions	$	Bonuses	$	Alimony	$
Other	$	Other Source:					

Is anyone in your household receiving SNAP benefits? _____If yes, how much per month:_____

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G. Household Monthly Budgets- Please record your total income from all sources and total basic expenses for last month as well as what you expect them to be for this month and next month.

Income Sources	Last Month Amounts	This Month Amounts	Next Month Amounts
Employment			
Support			
Benefits			
Total Income	**= $**	**= $**	**= $**
Basic Expenses			
Rent/Mortgage			
Utilities			
Vehicle/Transport/Gas			
Groceries/House Supplies			
Medical/Prescriptions			
Total Expenses	**= $**	**= $**	**= $**

H. NEED FOR ASSISTANCE- Please describe the reason you were/are unable to pay your rent and/or utility expenses:

_____

_____

_____

_____

I. CURRENT EMPLOYMENT CONTACT INFORMATION- Please provide information on all employment by household members over the age of 18.

Household Member's Name		Work Phone	
Employer's Name and Street Address	City	State	Zip Code
Monthly Salary: _____ Hourly Rate of Pay: _____ How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly			# of Hours worked per week
Household Member's Name		Work Phone	

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Employer's Name and Street Address	City	State	Zip Code

Monthly Salary: _____ Hourly Rate of Pay: _____

How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly

# of Hours worked per week

FORMER EMPLOYMENT CONTACT INFORMATION – Please complete for household members that lost employment within the last 3 months.

Household Member's Name	Work Phone

Employer's Name and Street Address	City	State	Zip Code

Monthly Salary: _____ Hourly Rate of Pay: _____

How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly

# of Hours worked per week

Last Date of Employment:

Last Date Income Received from Employer:

Will you receive any additional payments from this employer:
If yes, when:

Household Member's Name	Work Phone

Employer's Name and Street Address	City	State	Zip Code

Monthly Salary: _____ Hourly Rate of Pay: _____

How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly

# of Hours worked per week

Last Date of Employment:

Last Date Income Received from Employer:

Will you receive any additional payments from this employer?
If yes, when:

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J. HOUSEHOLD ASSETS –Please list all accounts below and provide complete statements for anyone who has any of the following types of assets including persons under the age of 18. (Debit cards, Paypal, Direct Express cards, etc. are bank cards and a statement from the bank is required)

Asset Source	Balance/Cash Value	Name of Institution
Checking Account		
Savings Account		
Retirement/Pension Fund		
Real Estate (excluding your home in which you reside)		
Additional Checking/Savings		
Other		

K. Please use this space to provide information about any additional household members, income, or assets that did not fit in the above spaces:

_____

_____

_____

_____

L. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine eligibility to receive assistance under an ESG/ESG CARES program through the Texas Department of Housing and Community Affairs. Your signature acknowledges that the information provided is correct. Please note your signature also acknowledges you are being made aware: ***Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined under this title or imprisoned for not more than five years or both.***

Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date

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Client Questionnaire

To meet reporting requirements of the Texas Department of Housing and Community Affairs (TDHCA) and to ensure you are matched with the most appropriate services, we ask that you complete this questionnaire. Additional copies for any other adult household members can be found on our website or by request from the housing case manager. Completion of this questionnaire is voluntary and your preference not to answer a question does not disqualify you from receiving services. However, please understand that incomplete information may have an impact on what services you are referred to or eligible to receive.

1. Are you currently unsheltered (staying in a public place or place not fit for habitation) or staying at an emergency shelter? **YES ____ NO____ Prefer Not to Say____**

2. Have you been continuously unsheltered or at an emergency shelter for the last 12 months?

   YES ____ NO____ Prefer Not to Say____

3. Have you experienced repeated, separate episodes (with at least 7 days in between) of being unsheltered or staying at emergency shelters in the past?

   YES ____ NO____ Prefer Not to Say____

   a. If yes, have you experienced at least four (4) episodes in the last three (3) years?

   YES ____ NO____ Prefer Not to Say____

   b. If yes, has the total combined length of those episodes over the last three (3) years equaled at least twelve (12) months?

   YES ____ NO____ Prefer Not to Say____

4. Do you have a disabling condition of a long-continuing or indefinite duration which substantially impedes your ability to live independently?

   YES ____ NO____ Prefer Not to Say____

   a. If yes, would your condition be improved by the provision of more suitable housing conditions?

   YES ____ NO____ Prefer Not to Say____

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b. If yes, is your disabling condition a severe and persistent mental illness or emotional impairment? **YES ____ NO____ Prefer Not to Say____**

c. If yes, is your disabling condition a substance or alcohol abuse problem?

YES ____ NO____ Prefer Not to Say____

5. Are you a survivor of domestic violence, dating violence, sexual assault, or stalking?

YES ____ NO____ Prefer Not to Say____

a. Are you currently fleeing circumstances of domestic violence, dating violence, sexual assault, or stalking? **YES ____ NO____ Prefer Not to Say____**

b. How many months ago was the most recent experience of domestic violence, dating violence, sexual assault, or stalking? _____

6. Have you ever served on active duty in the Armed Forces of the United States?

YES ____ NO____ Prefer Not to Say___

7. Have you been diagnosed with AIDS and/or tested positive for HIV?

YES ____ NO____ Prefer Not to Say____

8. Are you under the age of 25 and living independently?

YES ____ NO____ Prefer Not to Say____

a. Are you under the age of 18?

YES ____ NO____ Prefer Not to Say____

b. Are you the parent of a child in your custody?

YES ____ NO____ Prefer Not to Say____

i. If yes, how many children do you have? _____

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TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS -RELEASE AND CONSENT FORM

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT

Administrator/Management Name: Nortex Regional Planning Commission	**TDHCA Number:** ESG/ESG Cares
Contact Name: Jessica Cisneros	**Contact Title:** Housing Services Case Manager
Address: 4309 Old Jacksboro Hwy., Ste 200 Wichita Falls, TX 76302	**Phone:** (940)322-5281
Email Address: housing@nortexrpc.org	**Fax:** (940)322-6743

II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name:

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affair's (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Bank and other Financial Institutions	Utility Providers	Previous Landlords
Public Housing Agencies	Appraisal Districts	Insurance Carrier

III. APPLICANT CERTIFICATION

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

Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY. **Revised May 2010**

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Homeless Management Information Systems (HMIS)

Notice of Use and Authorization to Release Information

Notification of Use

Nortex Regional Planning Commission utilizes a Homeless Management Information System (HMIS), which is a computerized recordkeeping database, to improve the records and data which inform and direct provision of services related to shelter and housing within our service area. We will input the information you give staff as part of your application, intake, and other contacts in this system. The entering of client data into HMIS is mandated for all programs that receive HUD funding. The benefits to you of the database include improved coordination of information, services, and resources that are most appropriate for your needs. In addition, your participation can help us to improve the availability of important housing-related funding and services for people in our area by keeping track of what is needed and by how many people. We will use the summary of the identified needs (without using anyone's name or Social Security Number) to advocate for additional and more appropriate resources. We protect the information in the computerized system by limiting who can enter or read the information to those who work directly with you or have administrative responsibilities. The paper forms and computers are stored in a location that is accessible only to those persons. We ask each staff member who is authorized to read or enter information into the computer to make a commitment to maintain the confidentiality and security of the system and the information you provide.

Authorization to Release

By checking one of the boxes below, you indicate your consent to provide or withhold access of your information to other agencies in our service area who provide shelter, housing, or other needed services. If consent is given, these other agencies will have access to the information you provide to us which will be helpful to you and the other agency should you be referred for services or transferred to another program. Coordination of services allows agencies to best meet your needs. At any time in the future, you may notify us that you choose to withdraw your consent and any information entered after consent is withdrawn will not be visible to another agency. This consent to share information is valid for 12 months. If you check the box indicating no consent to participate, we will keep your information confidential and only your name and primary identifiers will appear in HMIS to other agencies. The authorized staff within this agency will continue to have full access to your records. Our staff will use the information in your record to plan and provide services for you.

I, _____ ☐ DO CONSENT ☐ DO NOT CONSENT
(printed client name)

to have information I share in applications, documents, interviews, and other meetings with staff visible within HMIS. I understand that I may revoke this release of information at a future date and any information placed in HMIS upon that revocation will not be visible.

_____ _____
(client signature) *(date)*

I CERTIFY THAT I HAVE REVIEWED THIS CONSENT FORM WITH THIS PERSON AND INFORMED THEM: PARTICIPATION IN THE WELLSKY COMPUTERIZED RECORD SYSTEM IS VOLUNTARY; THEIR IDENTITY WILL NOT BE REVEALED TO UNAUTHORIZED PERSONS, AND THEY CAN REFUSE TO ANSWER ANY QUESTION.

_____ _____
(signature of staff) *(date)*

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

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

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

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact housing@nortexrpc.org or Jessica Cisneros at 940-322-5281 x 119 or go to You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4**.** If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

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

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

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

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

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

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

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan,
housing@nortexrpc.org or Jessica Cisneros at 940-322-5281 x 119
. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

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

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

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

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

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

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

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

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

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

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

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

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact housing@nortexrpc.org or Jessica Cisneros at 940-322-5281 x 119 . Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting housing@nortexrpc.org or Jessica Cisneros at 940-322-5281 x 119 . You can also find additional information on filing VAWA complaints at https://www.hud.gov/VAWA and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit https://www.hud.gov/fairhousing/fileacomplaint.

Need further help?

- For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa.
- To talk with a housing advocate, contact housing@nortexrpc.org or Jessica Cisneros at 940-322-5281 x 119 .

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

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

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

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

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

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

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

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

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

What if I require this information in a language other than English? To read this in Spanish or another language, please contact housing@nortexrpc.org or Jessica Cisneros at 940-322-5281 x 119 or go to . You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

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

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact housing@nortexrpc.org or Jessica Cisneros
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TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. **Name(s) of victim(s):** _____
2. **Your name** (*if different from victim's*)**:** _____
3. **Name(s) of other member(s) of the household:** _____

   _____
4. **Name of the perpetrator** *(if known and can be safely disclosed)***:** _____
5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

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

   ☐ Phone Phone Number: _____

   Safe to receive a voicemail: ☐ Yes ☐ No

   ☐ E-mail E-mail Address: _____

   Safe to receive an email: ☐ Yes ☐ No

   ☐ Mail Mailing Address: _____

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

   ☐ Other Please List: _____
6. **Anything else your housing provider should know to safely communicate with you?**

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

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

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

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

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

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

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

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

_____ _____

Signature **Date**

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.