



82 NW 5th AVENUE, Delray Beach, Florida 33444 Telephone: (561) 272-6766 / Fax: (561) 272-7352

PERSONAL DECLARATION

IT IS YOUR OBLIGATION TO NOTIFY US WITHIN TEN (10) WORKING DAYS IF ANY INFORMATION CHANGES

IF YOU REQUIRED ASSISTANCE FILLING OUT THESE FORMS, PLEASE SEE THE RECEPTIONIST

Prospective participants will receive consideration without discrimination because of race, creed, color, sex, age national origin, handicap or veteran status.

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Delray Beach Housing Authority and ask for Bridgette Huff at (561) 272-6766.

Name: _____

Present Address: _____

Home Phone: _____

Work Phone: _____

EMERGENCY CONTACTS: Please list two (2) individuals we may contact if you are not available.

Name: _____

Relationship: _____ Contact Number: _____

Name: _____

Relationship: _____ Contact Number: _____

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:	Cell Phone:
Name of Additional Contact Person or Organization:	
Address:	
Telephone:	Cell Phone:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact (Check all that apply):	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to Contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in House rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late Payment of Rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

Signature of Applicant

Date

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

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



APPLICANT/TENANT CERTIFICATION

I/We certify that the information given to the Delray Beach Housing Authority Agency on my/our household composition, income, net asset, family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and/or State Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Other Adult

Date

Other Adult

Date



PROVIDING FALSE INFORMATION NOTICE

IMPORTANT NOTICE

Chapter 409.325 of Florida Statutes makes it a crime, punishable by fine of \$50.00 to \$5,000 or by imprisonment for up to five (5) years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by a fine of up to \$10,000 or by imprisonment of up to five (5) years or both for making any false, fictitious or fraudulent statements or representation or making our using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a tenant knowingly give the Authority false information about your income, or fail to report your changes in your family composition or income in person within 10 days of a change, you may be charged with fraud under Chapter 409.325 and/or Section 1001 of Title 18 of the United States Code.

If, as a result of committing fraud, withholding information, or making a misrepresentation to the Housing Authority, you receive any Rental Assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the Delray Beach Housing Authority and will be subject to local, state and federal prosecution as well. This could also result in fine, imprisonment or both as well as the loss of your eligibility for any of this Agency's Housing Programs.

I/We certify that the information given to the Delray Beach Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statement or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I/We have read the above statement, or had it read and explained to me/us and understand the consequences of not correctly reporting my family composition and all of my/our income.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Other Adult

Date

Other Adult

Date



CONSENT FOR CRIMINAL RECORD AND CREDIT CHECK

SECTION 8 PROGRAM AND PUBLIC HOUSING APPLICANTS AND PARTICIPANTS ACKNOWLEDGE AND CONSENT FOR CRIMINAL RECORD AND CREDIT CHECK

It is the goal of the Delray Beach Housing Authority to secure safe, decent and sanitary housing for all its residents and voucher holders. To help ensure that this goal is accomplished, the Authority completes a criminal background and credit record check on all its applicants. The reason for this is to complete a criminal background and credit record check on all its applicants. The reason for this is to preclude admissions of persons whose habits and practices may have a detrimental effect on other residents or the housing environment or may interfere with the quiet enjoyment of residents and their homes.

Arrests, convictions or falsifications of income will be considered in determining eligibility. Arrests or convictions involving the illegal use of a controlled substance, illegal drugs, alcohol abuse, theft, violence, child abuse, burglary, history of disorderly conduct, or a history of disturbing the peace, constitutes grounds for immediate denial. Arrests or convictions of these crimes or any other criminal offense may serve as grounds for denial by the program eligibility interviewer, if in the judgement of the interviewer the conduct represents a threat to the property, health, safety or welfare of Authority personnel or residents. The credit record check shall be used to verify income.

Also, please be advised that arrests, convictions or proof of falsification of income as described above, may be grounds for eviction or termination of eligibility for persons already admitted to Public Housing or the Section 8 Program.

Your application and any information obtained pursuant to a criminal information request becomes a public document and as such is available to the public upon request.

I have read the above information or had it read and explained to me and I fully understand and consent to the same.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Other Adult Date

Other Adult Date



FRAUD POLICY

Any individual who knowingly makes a false statement of representation, or knowingly fails to disclose a material fact in order to obtain a lower rent for housing accommodations than the rental, shall be guilty of fraud.

Tenants found to have committed fraud as defined in Section 421.101 Florida Statutes, shall be subject to the following action:

- a. Where the amount of the fraud is **less** than two thousand dollars (\$2,000.00), the Authority will allow the Tenant to make repayment pursuant to a repayment agreement to be entered into between the Authority and the Tenant. Failure on the part of the Tenant to make repayment will result in termination of assistance in the Section 8 Program and eviction in the case of Public Housing.
- b. Tenants found to have committed fraud in the amount **more** than two thousand dollars (\$2,000.00) will be subject to termination of assistance in the Section 8 Program or eviction in the case of Public Housing. In addition the matter will be referred to the State's Attorney for prosecution.
- c. A second offense of fraud, without regard to dollar amount, will result in the termination of assistance or eviction, whichever is applicable, as well as referral to the State's Attorney for prosecution.

If the DBHA determines that an intentional, fraudulent discrepancy exists between a tenant's income as declared to the DBHA and the income declared to the IRS (regardless of who prepared the tax return) the lease will be cancelled without benefit of a hearing. The EIV report will be used by the DBHA to make such determination.

I have read the information above or had it read and explained to me and I fully understand.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Other Adult

Date

Other Adult

Date



ONE STRIKE, YOU'RE OUT

In accordance with Federal Regulations mandating the implementation of more stringent criminal background screening of all applicants for public housing assistance, the **“ONE STRIKE, YOU'RE OUT”** Policy was developed by the Department of Housing and Urban Development (HUD).

In response to this mandated policy, the Delray Beach Housing Authority conducts criminal history checks on all applicants (16 years of age and older) through the Delray Beach Housing Authority, through the Florida Department of Law Enforcement (FDLE) with the ability to screen an applicant, at its discretion, through the Federal Bureau of Investigation (FBI) giving special attention to those applicants with:

1. A history of arrest and/or conviction for criminal activity or eviction involving drug related activity and crimes of physical violence to persons or property, or other criminal acts which adversely affect the health, safety or welfare of other residents, including but not limited to:
 - a. Possession of Drugs
 - b. Distribution of Drugs
 - c. Gang-Related Activity
 - d. Rape
 - e. Child
 - f. Murder/Attempted Murder
2. A pattern of continuous or repeated arrest and/or conviction for the same activity, including but not limited to:
 - a. Public Intoxication
 - b. Disturbance
 - c. Resisting Arrest
 - d. Public Indecency

I/We have read and understand the DBHA One Strike, You're Out Policy Statement. I/We further understand that DBHA will be conducting a criminal history check on all members of my/our household 16 years of age and older and that my/our application will be withdrawn on the basis of an unfavorable criminal history.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Other Adult Date

Other Adult Date



OBLIGATION OF THE FAMILY

OBLIGATIONS OF THE FAMILY UNDER THE SECTION 8 RENT SUBSIDY PROGRAM

Purpose: This section states the obligation of a participant family under the program. Your family must follow the rules listed below in order to continue participating in the Section 8 Voucher Program.

A- The family must:

1. Pay your rent on the first day of every month. Pay utility bills and supply appliances that the owner not required to supply under the Lease.
2. Supply required information that the DBHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). Information includes any requested certification, release or other documentation necessary for a regularly scheduled re-examination or interim re-examination of the family income and composition in accordance with HUD requirements.
3. Notify your DBHA Housing Specialist if you move in a child under the age of 6 or become pregnant while living in a unit built before January 1, 1978.
4. Report any changes that occur in income and family composition. Promptly notify the DBHA of the birth, adoption, or court-awarded custody of a child.
5. Disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
6. Supplied true and complete information.
7. Allow the DBHA to inspect the dwelling unit at reasonable times after reasonable notice. The family is responsible for an HQS breach caused by the family as described in Sec. 982.404(b).
8. Notify the DBHA before vacating the dwelling unit. Use the dwelling unit solely for residence by the family (no lodgers or boarders). The unit must be the family's only residence.
9. Promptly notify the DBHA if any family member no longer lives in the unit. Supply any information requested by the DBHA to verify that the family is living in the unit or information related to family absence from the unit. **If you want to move after the first year of your lease, give the DBHA a thirty (30) day written notice and give the owner a minimum of thirty (30) days written notice or if your lease requires sixty (60) to ninety (90) day notice, abide by that rule.**
10. Promptly notify the DBHA when a family member is away from the unit for an extended period of time.
11. Request DBHA approval to add any other family member as an occupant of the unit. The composition of the assisted family residing in the nit must be approved by the DBHA. You must submit written permission from the landlord to add anyone to the household. No other person (i.e. nobody but members of the assisted family) may reside in the unit (except for a foster child or live-in aide).
12. Promptly give the DBHA a copy of any owner eviction notice.
13. Give the DBHA a copy of any owner eviction notice.
14. Promptly report to your landlord in writing all damage and needed repairs.

15. Allow your landlord reasonable access to your unit.
16. Keep your unit clean, safe and sanitary.

B- The Family (including each family member) must not:

1. Own or have any interest in the dwelling unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space. If the Owner is a cooperative, the Family may be a member of the cooperative.
2. Commit fraud, bribery or any other corrupt or criminal act in connection with the Section 8 Housing Program. Contract rent is set by HUD regulations. Your lease will indicate the amount of rent that you are to pay to the landlord. If the landlord is asking more for rent than the lease states, you may not pay the additional amount. Extra payments to your landlord are a violation of your lease and your assistance may be terminated.
3. Receive Section 8 tenant-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or Local housing assistance program.
4. Engage in drug-related criminal activity or violent criminal activity, including criminal activity, or violent criminal activity by any family member.
5. Commit any serious or repeated violation of the lease.
6. Sublease or lease the unit, assign the lease or transfer the unit to another family or individual.
7. Damage the unit or premises (other than ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Give notice to mover during the first year of the lease and may not move more than one time in any twelve month period.

It is against the law for a tenant to withhold payment of rent because a landlord has not done repairs requested by the tenant.

I have read and understand the family responsibilities of both the Section 8 Voucher and the Lease. I further understand DBHA must provide landlords with information about my tenancy upon request.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Other Adult Date

Other Adult Date



WATCH OUT FOR LEAD BASE PAINT POISONING!

There is a possibility that housing constructed before 1978 may contain lead-based paint. Children get lead poisoning when they eat bits of paint that contain lead. If a child eats enough lead paint, his/her brain will be damaged. The child may become mentally retarded or even die.

- If your child/children is/are under 7 years of age and you live in a house or apartment built prior to 1978, we strongly recommend that you contact a doctor or the local health department to have your child screened for lead in the blood.
- If your child/children is/are under 7 years of age and have been found to have an elevated lead blood level, you should notify the Delray Beach Housing Authority at once, so your unit may be tested for lead based paint.
- If the unit you live in or want to live in was built before 1978, ask the landlord if it has been tested for lead based paint.

Older houses and apartments often have layers of lead paint on the walls, ceilings, and wood work. Outdoors, lead paints and primers may have been used in many places, such as on walls, fences, porches, and fire escapes. When the paint chips off or when the plaster breaks, there is real danger for babies and younger children.

Water leaks from faulty plumbing, defective roofs, or exterior holes and breaks may admit rain or dampness into the interior of your home, damaging the walls or ceilings, causing paint to peel, crack or flake. These conditions should be corrected immediately.

If you have seen your child putting pieces of paint or plaster in his/her mouth, you should take him/her to a doctor, clinic, or hospital as soon as you can. In the beginning states of lead poisoning, a child may not seem really sick. Do not wait for signs of poisoning.

Of course, a child might eat paint chips or chew on a painted railing or window sill when parents are not around. Has your child been especially cranky? Is he/she eating very little? Does he/she throw up or have stomachaches often? These could be signs of lead poisoning. Take him/her to a doctor's office or to the clinic.

Be sure to tell the rest of the family and people who babysit for you, about dangers of lead poisoning. Remember that you as a parent play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a bit difference. You will also be asked to sign a copy of this statement at your next certification.

Signature of Head of Household **Date**

Signature of Spouse or Other Adult **Date**

Other Adult **Date**

Other Adult **Date**



**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME
Publication/Pamphlet**

This will confirm that the Delray Beach Housing Authority has provided me with a copy of the Protect your Family from Lead in your home pamphlet.

Signature of Head of Household _____ **Date**

Signature of Spouse or Other Adult _____ **Date**

Other Adult _____ **Date**

Other Adult _____ **Date**



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

THINGS YOU SHOULD KNOW

PURPOSE	<p>This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.</p>
PENALTIES FOR COMMITTING FRAUD PENALTIES	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">- Evicted from your apartment or house- Required to repay all overpaid rental assistance you received fined up to \$10,000.00- Imprisoned for up to 5 years and/or prohibited from receiving future assistance
ASKING QUESTIONS	<p>Your State and Local Governments may have other laws and penalties as well.</p> <p>When you sit down with the person who fills out your application, should know what is expected of you, if you do not understand, something say so. That person can answer your questions or find out what the answer is.</p>
COMPLETING THE APPLICATION	<p>When you give your answers to application questions, you must include the following information:</p>
INCOME	<ul style="list-style-type: none">- All sources of money you and any “adult” member of your family receive (wages, welfare payments, alimony, social security, pension, etc.)- Any money you received on behalf of your children (child support, social security for children, etc.)- Income from assets (interest from a saving account, credit union, or certificate of deposit, dividend from stocks, etc.)- Earnings from a second job- Any anticipated income (such as bonus or pay raise you expect to receive
ASSETS	<p>All bank accounts, saving bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult in your family household who will be living with you. Any business or asset you sold in the last 2 years for less than the full value.</p>
FAMILY HOUSEHOLD MEMBER	<p>The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.</p>

Do not sign any forms unless you have read it and understand it, and are sure everything is complete and accurate.

SIGNING THE APPLICATION

When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or a private agency to verify that it is correct.

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask with you must recertify. You must report on recertification forms.

RECERTIFICATION

All income changes, such as pay increase or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.

Any household member who has moved in or out.

All assets that you or your family/household members own and any asset that was sold in the last two years for less than its full value.

You should be aware of the following fraud schemes:

BEWARE FRAUD

- Do not pay any money to file an application**
 - Do not pay any money to move up on the waiting list**
 - Do not pay for anything not covered by your lease**
 - Get a receipt for any money you pay**
 - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)**
-

REPORTING ABUSE

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project to the PHA. If you cannot report to the manager, call the local HUD Office of the HUD Hotline (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, room 8254,451 Seventh Street SW, Washington, DC, 20410.

If you believe you have been discriminated against you, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 424-5890.

**DRUG FREE
COMMUNITY**

It is a violation of your lease agreement to use, sell or distribute illegal drugs on the property. You will be evicted from your dwelling unit if you violate these rules.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Other Adult Date

Other Adult Date



ASSETS

- 1- Do you or any household member own or have an interest in any real estate, boat, and/or mobile home?
YES NO

If yes list: _____

- 2- Have you sold any real estate in the last two years? YES NO

If yes list: _____

- 3- Do you own any stocks, bonds, CD, Money Market, Annuity, etc.? YES NO

If yes list: _____

- 4- Do you have savings or checking accounts? YES NO

If yes, give bank account numbers and amounts:

BANK	ACCOUNT NUMBERS	AMOUNT
		\$
		\$
		\$

- 5- Do you own a car? YES NO

If yes give model, year and tag number: Model: _____ Year: _____ Tag #: _____

- 6- Does anyone outside of your household pay for any bills or give you money? YES NO

If yes explain: _____

- 7- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? YES NO

If yes explain: _____

- 8- Have you or any household member lived in any assisted housing? YES NO

If yes, list where and when below: _____

9- Have you or anyone in your household ever been convicted and or arrested of any crime, other than traffic violations? YES NO

If yes explain: _____

10- Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? YES NO

If yes explain: _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing immediately.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Other Adult Date

Other Adult Date



TOTAL HOUSEHOLD INCOME

You must list all money earned or received by everyone living in your household. This includes money from Wages, Self-Employment, Child Support, Family Support, Contributions, Social Security, Disability Payments, Workmen’s Comp, Retirement Benefits, TANF, Veterans Benefits, Rental Property Income, Stock Dividends, and Income from Bank Accounts, Alimony or any other source of income.

List amounts received below:

Family Member	Employer Name	Gross Weekly Wage Amount	TANF/ AFDC Amount	Weekly/ Monthly Child Support Amount	Social Security/ SSI Benefits	Unemployment Benefits	All other income
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

IF YOU DO NOT REPORT ALL INCOME
YOU MUST REPAY...
IT'S THE LAW!!!



CERTIFICATION

I hereby certify that:

I have _____ I have not _____

made a disposition of property in a transaction other than an arm's length arrangement in the previous two (2) years.

If property was disposed of for less than market value:

Fair Market Value of Property _____

Value of Consideration Received _____

Difference _____

I/We understand that the above statements are true and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Other Adult Date

Other Adult Date



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VOLUNTARY SEPARATION OF EMPLOYMENT

Effective Date: 1/31/12

This notice is to inform you that the Delray Beach Housing Authority as adapted the Voluntary Separation of Employment Policy to the Section 8 Administrative Plan. This means that if you voluntarily quite your job, your rental portion will not change (to a reduced rent) until 90-days after the date of separation of employment.

The family share of the rent is to decrease due to voluntary separation of employment: if a Section 8 Voucher Participant voluntarily quits their job, the DBHA will not apply or make adjustment to the rental payment for three (3) months (90-days) following notification to the Housing Authority. This means that for the next three (3) months following the voluntary separation from employment, the DBHA will not pay any increased Housing Assistance Payment to the landlord. After completing proper verification, the DBHA will calculate the Total Tenant Payment (TTP) resulting from the decrease in income, three months (90-days) after the date of separation from employment. Changes in TTP will be effective on the first day of the month following the 90 day period.

Example: A head of household or other adult (over the age of 18) whose income is used to calculate TTP quits their job on December 15th. The amount the tenant owes the landlord will remain unchanged until April 1st (3 months later).

Should the person how quit their job find employment during the three month period, the TTP will be recalculated as soon as possible using the new income amount.

This applies only to individuals who make a decision to voluntarily terminate their employment. It does not apply to job separation that occurred as a result of getting fired, company layoffs, prolonged illness or occurrences beyond the employee's control.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Other Adult Date

Other Adult Date



VIOLENCE AGAINST WOMAN ACT (VAWA) SECTION 8 PROGRAM

Federal Law reauthorizing the Violence Against Woman Act (VAWA) provides certain rights and protections to Housing Choice Voucher Residents and member of their households. This law requires that you be notified of **your** rights and obligations under its provisions.

Housing Choice Voucher Residents:

- You cannot be denied a housing solely because you are or have been a victim of domestic violence, dating violence, or stalking.
- A landlord cannot refuse to rent to you solely because you are or have been a victim of domestic violence, dating violence, or stalking.
- Your abuser's acts or threats of domestic violence, dating violence, or stalking against you are not good cause for evicting you or for your assistance to be terminated. You do not violate your lease by being the victim of acts of domestic violence, dating violence, or stalking.
- Your landlord cannot evict you from your unit on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking against you, *unless* your landlord can show there is an *actual and imminent* threat to the safety of other tenants or staff if you are not evicted.
- Your assistance cannot be revoked on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking against you, unless the agency providing your voucher can show there is an *actual and imminent* threat to the safety of other tenants or staff if the voucher is not revoked.
- If you and your abuser live together, your landlord can evict your abuser for his or her acts of domestic violence, but your landlord may not evict or otherwise penalize you, *unless* (as described above) your landlord can show there is an *actual and imminent* threat to the safety of other tenants or staff if you are not evicted.
- If you and your abuser share the assistance, your abuser can be removed from the lease for his or her acts of domestic violence, but (assuming you continue to qualify for the assistance) you cannot lose the assistance on this basis, *unless* (as described above) the agency providing your assistance can show there is an *actual and imminent* threat to the safety of other tenants or staff if the assistance is not revoked.
- Your landlord may evict you for serious or repeated lease violations that are unrelated to the domestic violence, dating violence, or stalking against you, as long as it does not hold you to a more demanding set of rules than it appears to residents who are not victims of domestic violence, dating violence, or stalking.
- Your assistance may be revoked based on serious or repeated lease violations that are unrelated the domestic violence, dating violence, or stalking against you, as long as the agency providing the assistance does not hold you to a more demanding set of rules than it applies to residents who are not victims of domestic violence, dating violence, or stalking.
- Your landlord or the agency providing your housing assistance can ask you to prove, or "certify" that you are a victim of domestic violence, dating violence, or stalking and thus entitled to the above rights.
- If the landlord or public housing agency asks you to certify that you are a victim of domestic violence, dating violence, or stalking, you must be given at least 14 business days to collect the necessary proof. Your landlord or public housing agency is also free to grant additional time.
- There are certain documents that your landlord or public housing agency *must* accept as a proof that you are a victim of domestic violence, dating violence, or stalking, including police or court records and certain statements from attorney's, medical professionals, and domestic violence advocates. The landlord or

public housing agency also has discretion to accept any other kind of evidence that shows you are a victim of domestic violence, dating violence, or stalking.

- Specifically, anyone of the following is sufficient proof that you are a victim of domestic violence, dating violence, or stalking entitled to the above rights.
 - A written, signed statement from a victim services provider that states under the penalty of perjury that the provider believes the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
 - A written, signed statement from a medical professional that states under penalty of perjury that the medical professional believes the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
 - A written, signed statement from an attorney that states under penalty of perjury that the attorney believes the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
 - A police record that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
 - A court record (for example, a protective order) that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
- In general, your landlord or public housing agency must keep confidential any information you provide about the violence against you unless you give permission for it to share the information with someone else. The landlord may use this information, however, if it needs the information in an eviction proceeding (for example, in order to evict an abuser). The landlord or public housing agency can also disclose this information if required to do so by law.
- If you move out of a public housing unit in violation of your lease in order to protect your health and safety or that of a member of your family because you have a reasonable belief that you are threatened with harm from further domestic violence, dating violence, or stalking if you remain in the unit, you may move to another public housing unit.

I have read the information above or had it read and explained to me and I fully understand.

Signature of Head of Household **Date**

Signature of Spouse or Other Adult **Date**

Other Adult **Date**

Other Adult **Date**



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration Statement carefully and sign and return to the Delray Beach Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/;
Or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under 101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA) 3/; or
- Permanent residence under 249 of INA 4/; or
- Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA 5/; or
- Parole status under 212(d) (5) of the INA 6/; or
- Threat to life or freedom under 243(h) of the INA 7/; or
- Amnesty under 245A of the INA 8/.

Signature of Head of Household

Date

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

(See reverse side for footnotes and instructions)



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration Statement carefully and sign and return to the Delray Beach Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/;
Or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under 101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA) 3/; or
- Permanent residence under 249 of INA 4/; or
- Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA 5/; or
- Parole status under 212(d) (5) of the INA 6/; or
- Threat to life or freedom under 243(h) of the INA 7/; or
- Amnesty under 245A of the INA 8/.

Signature of Other Adult _____

Date _____

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

(See reverse side for footnotes and instructions)

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five (5) years, or both. The following footnotes pertain to noncitizen who declare eligible immigration status in one of the following categories:

2/ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3/ Immigrant status under 101(a) (15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a) (15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.

4/ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

5/ Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

6/ Parole status under 212(d) (5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d) (5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].

7/ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

8/ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "check" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child in the statement.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 82)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report.

You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Delray Beach Housing Authority
82 NW 5th Avenue
Delray Beach, Florida 33444-2679

**I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:**

Signature _____ **Date** _____

Printed Name _____



NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT, FORM HUD-5380

DELRAY BEACH HOUSING AUTHORITY

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the housing choice voucher program 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 the housing choice voucher program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the housing choice voucher program, 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 the housing choice voucher program 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

The DBHA 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 the DBHA chooses to remove the abuser or perpetrator, the DBHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the DBHA 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, the DBHA must follow Federal, State, and local eviction procedures. In order to divide a lease, the DBHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

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

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

Moving to Another Unit

Upon your request, the DBHA 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, the DBHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA.

The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

The DBHA 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.

The DBHA's emergency transfer plan provides further information on emergency transfers, and the DBHA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

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

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

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

Confidentiality

The DBHA 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.

The DBHA must not allow any individual administering assistance or other services on behalf of the DBHA (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.

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

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

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

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **the Delray Beach Housing Authority** or **Miami HUD Field Office**.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

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

For questions regarding VAWA, please contact Delray Beach 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 **Aid to Victims of Domestic Abuse (AVDA) 24-Hour Crises Line 1-800-355-8547**.

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 Victim Services and Rape Crisis Center 24/7 Rape Crisis Violent Crime Hotline (561) 833-7273 Toll Free (866) 891-7273

Victims of stalking seeking help may contact **Aid to Victims of Domestic Abuse (AVDA) 24-Hour Crises Line 1-800-355-8547**.

Attachment: Certification form HUD-5382



**EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING
(HCV VERSION)**

Attachment: Certification HUD-5382

DELRAY BEACH HOUSING AUTHORITY

**Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence,
Sexual Assault, or Stalking
Housing Choice Voucher Program**

Emergency Transfer

The DBHA is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),³ HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.⁴ The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that **public housing and housing choice voucher (HCV) programs** are in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

³ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

⁴ 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.



**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL
ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION,
FORM HUD-5382**

**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

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 victims): _____

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.