Sample Forms Included

Rent Reasonableness Checklist and Certification Utility Allowance Worksheet

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□

□

Housing Habitability Standards Inspection Checklist County documentation of age of unit

□

□

Lead Screening Worksheet

Lead-Based Paint Document Checklist

□

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards VAWA (if applicable)

□

□

□□□□

Program Lease Agreement

**Rent Reasonableness - Certification**

To verify that the rent for the unit you have selected is reasonable, find the address of another unit in the neighborhood that is similar to the unit you have chosen. It must be the same type of unit and have the same number of bedrooms. The rent must be the same or more than the rent for the unit you have selected. Some ideas for places to look for comparable units include the local paper, the owner, your friends, and local real estat2 agents

Completed form must be in the client file to document rent reasonableness.

Address of Unit:

Type of

Unit/Construction:

{Check type)

Number of

Bedrooms:

Approximate

Square footage:

General Housing

Condition:

Location/

**Accessibility (i.e.,** near schools, bus, park, etc.): ;

Selected Unit

Apt. 1-4 Floors

D

D

Apt. 5+Floors Duplex/Townhouse Manufactured Home Single Family

D

D

0

0

Other:

**Comparable** Unit **#1**

Apt. 1-4 floors Apt. 5+Floo Duplex/Townhouse

0

0

0

0

Manufactured Home Single Family

D

0

Other:

Comparable Unit #2

Apt. '\-4 Floors

D

0

Apt 5+Floors Duplex/Townhouse Manufactured Home Single Family

0

0

0

0

Other:

Comparable Unit #3

Apt. 1-4 Floors

□

0



Apt. 5+Floors Duplex/Townhouse Manufactured Home Single Family

0

D

D

O

Other:

1

I

Amenities: Check all that

apply

Approximate year built:

Utilities(type)

Air Conditioner Garbage Disposal Dishwasher Washer/Dryer Carpet

Recreational Facilities.

0

0

0

D

0

D

0

Storage Areas Parking Maintenance Seivice Housing Servlc.es Other:

D

D

0

D

Air Conditioner Garbage Disposal Dishwasher Washer/Dryer Carpet

Recreational! Facilities. Storage Areas Parking

0

0

0

0

0

0

D

D

0

Maintenance Service Housing Services Other:

0

0

Air Conditioner Garbage Disposal Dishwasher Washer/Dryer Carpet

Recreational Facilities. Storage Areas Parking

0

D

0

D

0

D

0

□

0

Maintenance Service Housing Services

0

D

Other:

Air Conditioner Garbage Disposal Dishwasher Washer/Dryer

c carpet

0

0

D

0

□

0

Recreational Facilities. Storage Areas

0

0

Pa<king

0

Maintenance Service Housing Services Other:

0

0

Utilities Included?

Versi on 0912015

* Yes

No

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Yes

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* + No

Yes

No

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Yes

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Page I

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Selected** Unit | **Comparable Unit #1** | **Comparable Unit #2** | **Comparable Unit #3** |
| ; Unit Rent  I |  |  |  |  |
| **Average Unit Rent (add** the **3 comparable** unit **rents above and divide by three):**  j | | | |  |
| ;  > |  |  |  |  |
| **Utility Allowance** |
| **Gross Rent** |  |  |  |  |
| **Handicap Accessible:**  --- | ■□  **Yes**  □No | □Yes  0No | □**Yes**  □No | □**Yes**  □No |

•





**CERTIFICATION:**



1. Comparison **with Fair Market Rent**

Proposed Contract Rent + Utility Allowance = Proposed Gross Rent Applicable Fair Market Rent: $ \_

Does Proposed Gross Rent exceed Fair Market Rent?

□

■



**Y ES**

0No

1. **Rent Reasonableness**
   * ed n a comparison wit h rents for comparable units, I have determined that the proposed rent for the unit

Bas

upo

0 is Dis **not** reasonable.

|  |
| --- |
| Name: |
| Signature: Date: |
| Title: |
| Agency: |

version 09'2015 Page2

## 2021 Home Forward

**SECTION 8 UTILITY ALLOWANCE SCHEDULE**

Home Forward Utility Allowance can be found here: http://homeforward.org/sites/default/files/2021%20Utility%20Allowances%20Eff%2004-01-2021.pdf

###### Utility Allowance Schedule

See Public Reporting and Instructions on back.

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

Office of Public and Indian Housing

OMB Approval No. 25577-0169

exp.7/31/2022

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The following allowances are used to determine the total cost of tenant- furnished utilities and appliances. | | | Date (mm/dd/yyyy): | | | |
| Locality:  **Home Forward, Multnomah County, OR** | | | Unit Type: **Multi-Family (Apartment/Semi-**  **Detached/Duplex)** | | | |
| Utility or Service: | **0 BR** | **1 BR** | **2 BR** | **3 BR** | **4 BR** | **5 BR** |
|  | Monthly Dollar Allowances | | | | | |
| **Heating** | | | | | | |
| a. Natural Gas |  |  |  |  |  |  |
| b. Bottle Gas/Propane |  |  |  |  |  |  |
| c. Electric ***(avg)*** |  |  |  |  |  |  |
| d. Electric Heat Pump ***(avg)*** |  |  |  |  |  |  |
| e. Oil |  |  |  |  |  |  |
| f. Wood |  |  |  |  |  |  |
| **Cooking** | | | | | | |
| a. Natural Gas |  |  |  |  |  |  |
| b. Bottle Gas/Propane |  |  |  |  |  |  |
| c. Electric ***(avg)*** |  |  |  |  |  |  |
| **Other Electric & Cooling** | | | | | | |
| Other Electric (Lights & Appliances) ***(avg)*** |  |  |  |  |  |  |
| Air Conditioning ***(avg)*** |  |  |  |  |  |  |
| **Water Heating** | | | | | | |
| a. Natural Gas |  |  |  |  |  |  |
| b. Bottle Gas/Propane |  |  |  |  |  |  |
| c. Electric ***(avg)*** |  |  |  |  |  |  |
| d. Oil |  |  |  |  |  |  |
| **Water, Sewer, Trash Collection** | | | | | | |
| Water | **See Attached Water, Sewer & Trash Collection Schedule** | | | | | |
| Sewer |
| Trash Collection |
| **Tenant-supplied Appliances** | | | | | | |
| Range / Microwave Tenant-supplied |  |  |  |  |  |  |
| Refrigerator Tenant-supplied |  |  |  |  |  |  |
| **Other--specify: Monthly Charges** | | | | | | |
| Electric Charge $17.95 (avg) |  |  |  |  |  |  |
| Natural Gas Charge $8.36 |  |  |  |  |  |  |
| **Actual Family Allowances**  To be used by the family to compute allowance. *Complete below for the actual unit rented.* | | | | Utility or Service | | per month cost |
| Heating | | $ |
| Cooking | | $ |
| Name of Family | | | | Other Electric | | $ |
| Air Conditioning | | $ |
| Water Heating | | $ |
| Address of Unit | | | | Water | | $ |
| Sewer | | $ |
| Trash Collection | | $ |
| Range / Microwave | | $ |
| Refrigerator | | $ |
| Other | | $ |
| Number of Bedrooms | | | | Other | | $ |
| Total | | $ |

**Housing Habitability Standards Inspection Checklist**

**About this Tool**

The standards for housing unit inspections under SSVF are the HUD housing habitability standards. These standards apply only when an SSVF participant household is receiving rapid re-housing financial assistance or moving into a new (different) unit in association with homelessness prevention. Inspections must be conducted prior to initial occupancy.

The habitability standards are different from the Housing Quality Standards (HQS) used for other HUD programs. In contrast to HQS inspections, the habitability standards do not require a certified inspector. As such, SSVF program staff may conduct the inspections, using a form such as this one to document compliance.

**Instructions:** Mark each statement as ‘A’ for approved or ‘D’ for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Habitability Standards Checklist 1

|  |  |
| --- | --- |
| **Approved or Deficient** | **Element** |
|  | 1. *Structure and materials*: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards. |
|  | 2. *Access*: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire. |
|  | 3. *Space and security*: Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep. |
|  | 4. *Interior air quality*: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents. |
|  | 5. *Water Supply*: The water supply must be free from contamination. |
|  | 6. *Sanitary Facilities*: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste. |
|  | 7. *Thermal environment*: The housing must have adequate heating and/or cooling facilities in proper operating condition. |
|  | 8. *Illumination and electricity*: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire. |
|  | 9. *Food preparation and refuse disposal*: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner. |
|  | 10. *Sanitary condition*: The housing and any equipment must be maintained in sanitary condition. |
|  | 11. *Fire safety*: Both conditions below must be met to meet this standard. |
| a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing- impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. |
| b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas. |

Habitability Standards Checklist 2

(Source: U.S. Department of Housing and Urban Development, Docket No. FR-5307-N-01, Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re- Housing Grantees under the Recovery Act)

###### CERTIFICATION STATEMENT

I certify that I am not a HUD certified HQS inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards. Property does not meet all of the above standards.

Therefore, I make the following determination: Property is approved.

Property is not approved.

Date:

Evaluator’s Signature:

Please Print. Name: CBO Exec. Dir. Initial:

Zip:

State:

City:

Client Name:

Street Address: Apartment:

Habitability Standards Checklist 3

**1001 SW Baseline St. Hillsboro, OR 97123**

**Prevention & Re-Housing Washington County, Oregon RENTAL ASSISTANCE AGREEMENT**

**Instructions:** This Agreement covers Community Action “Tenant-Based” Rental Assistance and must be completed by the Contractor, Community Action, and Landlord when providing rental assistance under both the homelessness prevention and rapid re-housing components. **When paying rental arrears *only, a Rental Assistance Agreement is required as arrears are considered rental assistance.* The Rental Assistance Agreement does not take place of the lease between the program participant and landlord.**

Contractor:

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

**COMMUNITY ACTION**

Program Participant: Address of Unit being Rented: Name of Apartment Complex, if applicable: Landlord Address: Phone:

When providing tenant-based rental assistance, the Rental Assistance Agreement with the Landlord must terminate and no further rental assistance payments be made if:

* The program participant moves out of the housing unit;
* The lease terminates and is not renewed;
* The program participant becomes ineligible to receive further rental assistance.

During the term of the Rental assistance, the Landlord must provide Community Action a copy of any notice to the program participant to vacate the housing unit, or any compliant used under state or local law to commence an eviction action against the program participant.

**Terms of Agreement:** (term of the rental assistance agreement should be for the length of time the Contractor anticipates providing assistance. All payments must be made directly to the Landlord.

**Security Deposit:** \*Contractor will pay a Security Deposit to Landlord in the amount of $

1

**Rental Arrears:**

Contractor will pay Rental Arrears to Landlord I the amount of $

**RENTAL ASSISTANCE AGREEMENT**

* Number of months of arrears paid:

**Monthly Rent:**

* The monthly rent payable to the Landlord is $
* Of the monthly rent amount, the Contractor and Participant portions are as listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Community Action Portion** | **Client Portion** | **Notes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **Payment Due Date:** (payment due date, grace period, and late payment penalty requirements must be the same as indicated in program participant’s lease.
* The payment due date is:
* The grace period for payment is:
* Late penalty requirements are:

\*\*\*Contractor cannot use Program funds to pay late payment penalty costs, late fees are the sole responsibility of the lessee, program participant\*\*\*

Date:

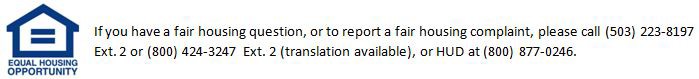
Client Signature

Date:

Landlord Signature

Date:

Signature of Contractor’s Authorized Representative

2

###### Community Action Rental Assistance Statement of Receipt

I have received a copy of the brochure entitled: *Protect Your Family from Lead ln Your Home.*

Participant Print Full Name Date

Participant Signature

Address

### Lead Screening Worksheet

**About this Tool**

The *HPRP Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. HPRP staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant’s case file. Please see the *Lead-Based Paint Requirements Summary* for additional information.

###### INSTRUCTIONS

To prevent lead-poisoning in young children, grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant’s file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

Zip

State

Unit Number

Name of Participant

Address City

Program Staff

**BASIC INFORMATION**

###### PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is ‘no,’ a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant’s file.

If the answer to both of these questions is ‘yes,’ then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978? Yes



No

1. Will a child under the age of six be living in the unit occupied by the household receiving assistance?

Yes No



1

###### PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is ‘yes,’ the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant’s file.

If the answer to all of these questions is ‘no,’ then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit? Yes



No

1. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

Yes No



1. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?

Yes No



1. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving HPRP assistance for a security deposit or arrears)?

Yes (Obtain documentation for the case file.) No



1. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a). Yes



No

Please describe the exemption and provide appropriate documentation of the exemption.

###### PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing HPRP financial assistance to the unit as outlined in the following training on HUD’s website at: [http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm.](http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm)

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant’s file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

2

1. Has a visual assessment of the unit been conducted? Yes

No

1. Were any problems with paint surfaces identified in the unit during the visual assessment? Yes

No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

###### PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
   * 20 square feet on exterior surfaces Yes No
   * 2 square feet in any one interior room or space Yes No
   * 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim Yes No

If *any* of the above are ‘yes,’ then safe work practices and clearance are required prior to clearing the unit for assistance.

###### PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted? Yes

No

1. Have all identified problems with the paint surfaces been repaired? Yes

No

1. Were all identified problems with paint surfaces repaired using safe work practices?

3

Yes No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Was a clearance exam conducted by an independent, certified lead professional? Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Did the unit pass the clearance exam? Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant’s file.

4

**ATTACHMENT 1: LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE**

I, , certify the following:

* + I have completed HUD’s online visual assessment training and am a HUD-certified visual assessor.
  + I conducted a visual assessment at on

.

* + No problems with paint surfaces were identified in the unit or in the building’s common areas.

(Signature)

(Date)

Client Name: Case Number:

5

**DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.*

**Agent/Landlord’s Disclosure:**

1. Presence of lead-based paint or lead-based paint hazards (check one below):

*Initial* Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)

*Initial*

Agent/Landlord has *no knowledge* of lead-based paint and/or lead-based paint hazards in the housing.

1. Records and reports available to the lessor (check one below):

*Initial*

Agent/Landlord has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents).

*Initial*

Agent/Landlord has *no reports or records* pertaining to lead-based paint and/or lead- based paint hazards in the housing.

**Tenant’s Acknowledgment**

*Initial* **(c)** Tenant has received copies of all information listed above.

*Initial* **(d)** Tenant has received the pamphlet: **“*Protect Your Family from Lead in Your Home”***

**Agent/Landlord Acknowledgment**

*Initial* **(e)** Agent/Landlord has informed the lessor of the lessor’s obligations under 42 U.S.C.

4582(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

*The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.*

Agent/Landlord Date

Tenant Date

Tenant Date

Visual Lead Based Paint Assessment

*Lead Warning Statement: Housing built prior to 1978 may contain lead-based paint. Lead from paint, paint chips and dust poses health* hazards *if not managed properly. Lead exposure is especially harmful to young children and pregnant* women.

For any unit constructed before 1978 in which a child under the age of 6 and/or a pregnant female will be residing, HUD requires a Lead Based Paint Visual Assessment prior to assistance and at least annually thereafter. A visual assessment must be conducted for the assisted dwelling unit, any common areas servicing the assisted unit, and exterior painted surfaces associated with the dwelling unit or common areas.

Visual assessments are required to determine if there is any deteriorated paint. Deteriorated paint is defined as •Any interior or exterior paint or other coating that is peeling, chipping, chalking, or cracking, or any paint or coating located on an interior or exterior surface or fixture that is otherwise damaged or separated from the substrate."

If deteriorated paint is identified through the visual assessment, it must be repaired prior to providing assistance for the unit. HUD has identified size thresholds for how the repairs must be made, these thresholds are known as de minimis levels. It is important 10 note that de minimis levels control how a repair must be made, not whether the repair is made. As always, if deteriorated paint is identified, it must be repaired.

If the area of deteriorated paint is larger than the de minimis level, it must be repaired using HUD defined lead

safe work practices, and a post-repair lead clearance must be obtained. Clearance requires analysis of dust lead samples and must be performed by an individual authorized by EPA regulations. Repairs/stabilization of deteriorated paint below the de mininis level should be conducted in a manner that minimizes the amount of dust released (wet sanding or scraping) and areas of repair should be thoroughly cleaned.

All households should receive the EPA *Protect Your Family from Lead in Your Home* brochure.

For more information about protecting your children from lead hazards or to learn about opportunities to have your children tested for lead exposure contact the Josiah Hill Ill Clinic: [www.jhillclinic.org](http://www.jhillclinic.org) or (503) 802-7369 Unit Address:

|  |  |  |  |
| --- | --- | --- | --- |
| Visual Lead-Based Paint Assessment | | | |
| 1. | YES | NO | Will a child under six be residing in this unit? |
| 2. | YES | NO | Was this unit constructed before 1978? |
| 3. | YES | NO | If answer to #1 and #2 is yes, did visual assessment identify deteriorated paint? |
| 4. | YES | NO | If answer to #3 is yes, did deterioration exceed de minimis levels? |

If answer to #3 is yes., provide notes identifying location and nature of deteriorated paint:

Visual Assessment by Participant Signature Date

4/26/2016

**VIOLENCE, DATING VIOLENCE OR STALKING**

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

**Office of Housing**

**0MB Approval No. 2502-0204**

**Exp. 6/30/2017**

LEASE ADDENDUM

**Violence Against Women and Justice Department Reauthorization Act of 2005**

|  |  |  |
| --- | --- | --- |
| TENANT | LANDLORD | UNIT NO. & ADDRESS |

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.**

**Purpose of the Addendum**

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

**Conflicts with Other Provisions of the Lease**

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

**In**

**Term of the Lease Addendum**

**The effective date of this Lease Addendum is in effect until the Lease is terminated,**

**, This Lease Addendum shall continue to**

**VAWA Protections**

**The Landlord not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause'' for termination of assistance, tenancy or occupancy rights of the victim of abuse.**

**1. may**

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

**days,**

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

Tenant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landlord Date

**Form HUD-91067**

**(9/2008)**

**NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT**

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

**0MB Approval No. 2577-0286**

**Expires 06/30/2017**

1

**Notice of Occupancy Rights under the Violence Against Women Act***1*



**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 Community Action ESG Rental Assistance 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 Community Action ESG Rental Assistance 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 Community Action ESG Rental Assistance Program, you may not be denied assistance, terminated from participation, or be evicted from your rental**

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.**

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**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 Community Action ESG Rental Assistance 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**

**HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.**

**If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or find alternative housing.**

**In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for**

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**documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.**

**Moving to Another Unit**

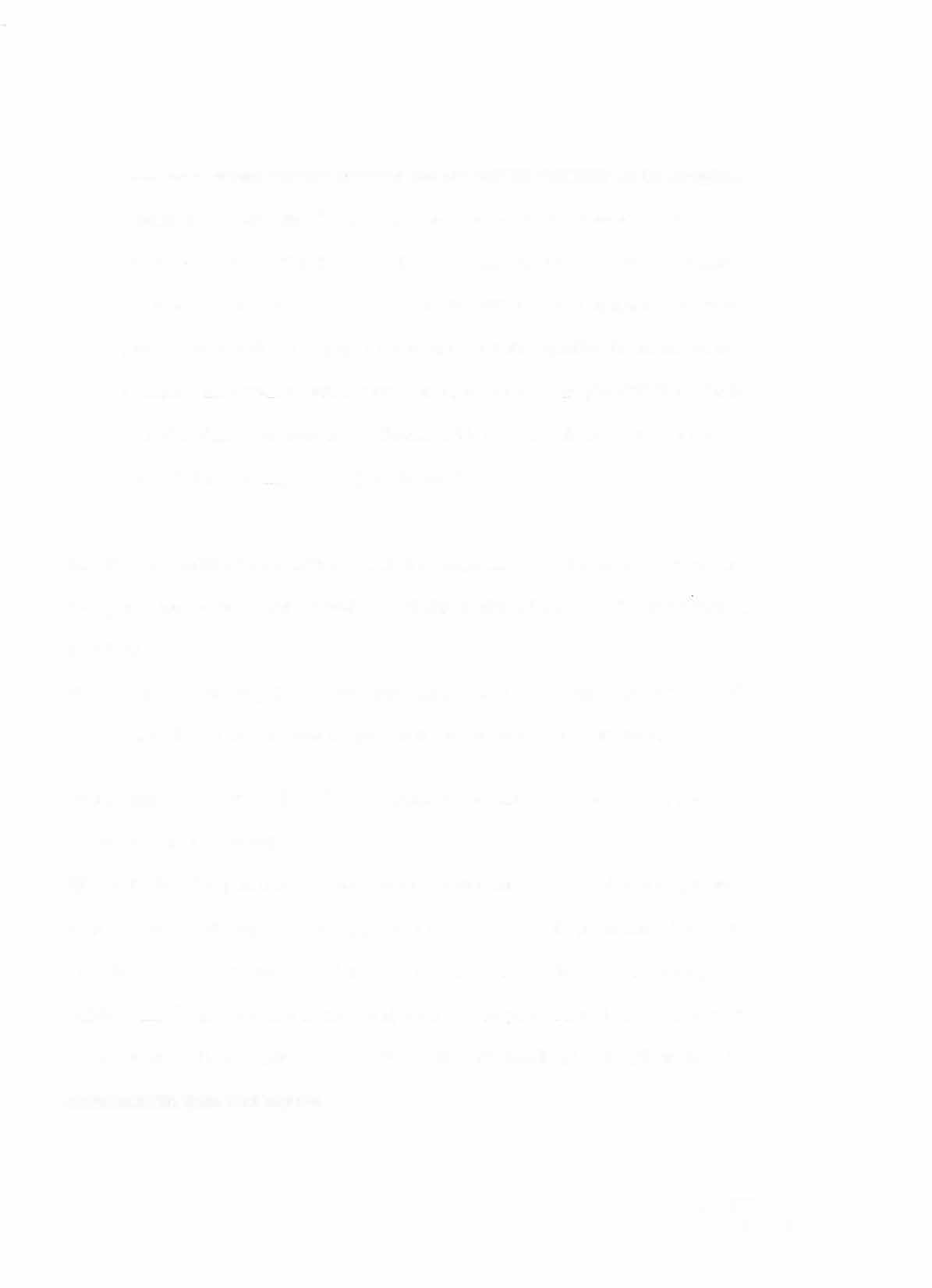
**Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:**

* 1. **You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.**
  2. **You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form or may accept another written or oral request.**
  3. **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer, you would suffer violence in the very near future.**

**OR**

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

**HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.**

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

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

**HP can, but is not required to, ask you to provide documentation to "certify'' that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.**

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###### You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

* **A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.**
* **A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or**

**administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.**

c **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.**

**o Any other statement or evidence that HP has agreed to accept.**

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

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**If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.**

**Confidentiality**

**HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.**

**HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.**

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

* **You give written permission to HP to release the information on a time limited basis.**
* **HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.**
* **A law requires HP or your landlord to release the information.**

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**VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.**

**Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

**You can be evicted, and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.**

**The protections described in this notice might not apply, and you could be evicted, and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:**

1. **Would occur within an immediate time frame, and**
2. **Could result in death or serious bodily harm to other tenants or those who work on the property.**

**If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.**

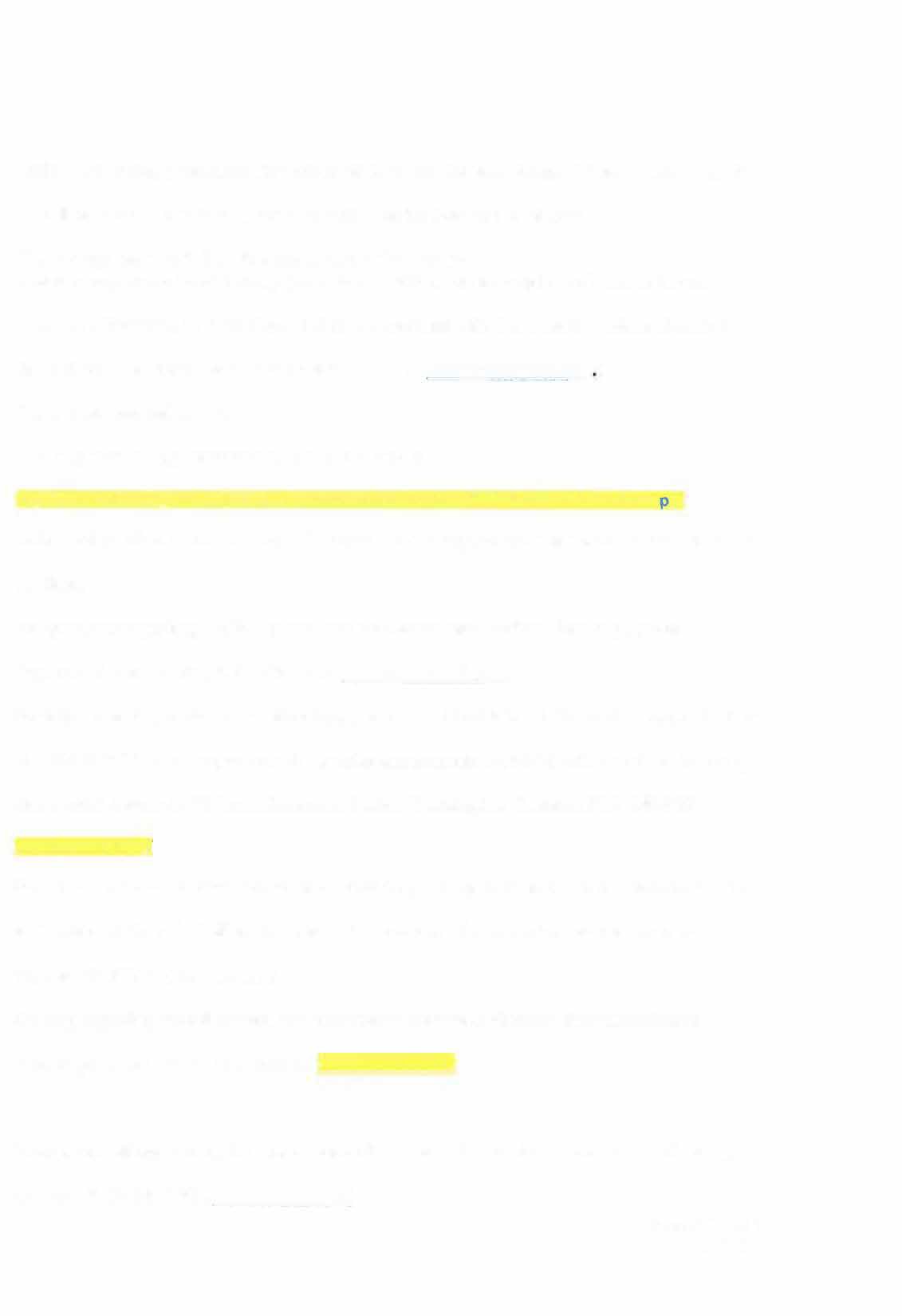
**Other Laws**

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

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**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 Community Action, Housing Specialist Supervisor, Traci Downer (503) *9*06-64*9*5** [**tdowner@caowash.org**](mailto:tdowner@caowash.org)

**For Additional Information**

**You may view a copy of HUD's final VAWA rule at 11ttps://portal.hud.gov/hudRortal/documents/huddoc?id=5720-F-03VAWAFinRule. df Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.**

**For questions regarding VAWA, please contact Community Action, Housing Special Supervisor, Traci Downer (503) *9*06-64*9*5,** [**tdowner*@*caowash.org.**](mailto:tdowner@caowash.org)

**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 (ITY). You may also contact Domestic Violence Resource Center Washington County, (503) 640-5352,** www.dvrc-or.org

**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.victimso**](http://www.victimsofcrime.org/our)**fcrime**[**.org/our­**](http://www.victimsofcrime.org/our) **programs/stalking-resource-«nter.**

**For help regarding sexual assault, you may contact Domestic Violence Resource Center Washington County, (503) 640-5352,** [**www.dvrc-or.org/**](http://www.dvrc-or.org/)

**Victims of stalking seeking help may contact Domestic Violence Resource Center Washington County, (503) 640-5352,** [**www.dvrc-or.org/**](http://www.dvrc-or.org/)

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CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,

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

**0MB Approval No. 2577-0286**

**Exp. 06/30/2017**

SEXUAL ASSAULT, OR STALKING,



AND ALTERNATE DOCUMENTATION

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 S.2003.**
2. **A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or**

**administrative agency; or**

1. 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 THEVICTIM OF DOMESTIC VIOLENCE,**

**DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**Form HUD-5380**

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1. **Date the written request is received by victim:**
2. **Name of victim:**
3. **Your name (if different from victim's):**
4. **Name(s) of other family member(s) listed on the lease:**
5. **Residence of victim:**
6. **Name of the accused perpetrator (if known and can be safely disclosed):**

1. **Relationship of the accused perpetrator to the victim:**
2. **Date(s) and times(s) of incident(s) (if known):**

**10. Location of incidents(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.

**Form HUD-5380**

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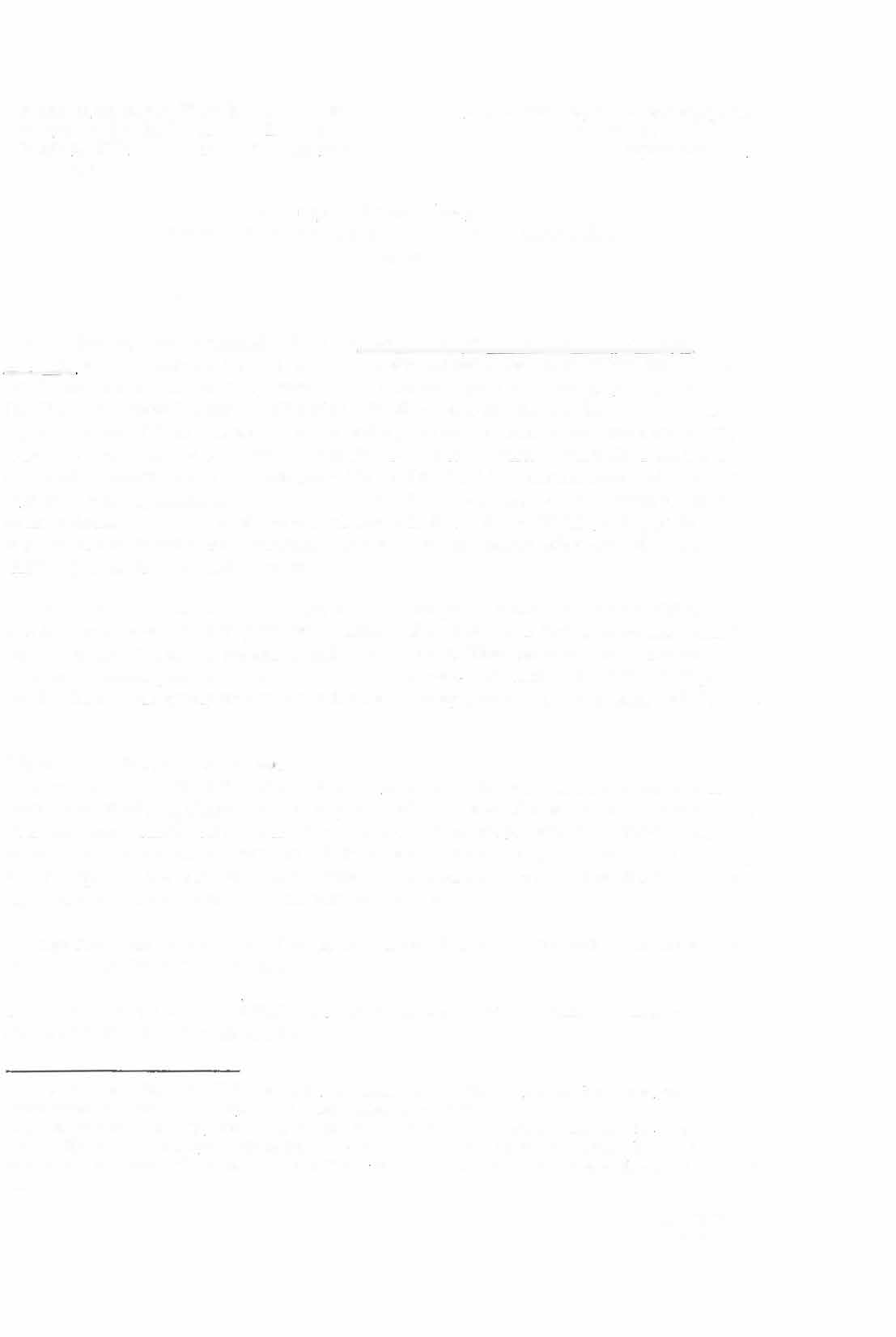
**MODEL EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLECE, SEXUAL ASSAULT, OR STALKING;**

**VAWA Appendix D**

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

**0MB Approval No. 2577-0286**

**Expires 06/30/2017**



**Emergency Transfer Plan for**

**OREGON HOUSING AND COMMUNITY SERVICES**

**Grantees**

**Emergency Transfers**

**Oregon Housing and Community Services statewide network of Community Action Agencies 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),** 1 **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.2 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 Community Action is 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 Lis 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.**

**1 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.**

**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.**

**Form HUD-5381 Rev/060517**

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###### Emergency Transfer Request Documentation

**To request an emergency transfer, the tenant shall notify their Community Action Agency and submit a written request for a transfer. The Community Action Agency wi11 provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:**

* 1. **A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the Community Action Agency's program; OR**
  2. **A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.**

**Confidentiality**

**Community Action will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the CAA written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act for All Tenants for more information about the responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.**

**Emergency Transfer Timing and Availability**

**CAAs cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, CAAs will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe; the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the tennis and conditions that govern occupancy in the unit to which the tenant has been transferred. CAAs may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.**

**If Community Action has no safe and available units for which a tenant who needs an emergency is eligible, Community Action will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, CAA will also assist tenants in contacting local organizations that are offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.**

**Safety and Security of Tenants**

**Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.**

**Tenants who are or have been victims of domestic violence are encouraged to contact the Domestic Violence organization in their areas, https:/iapps.state.or.us/DomesticViolence/, the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan.**

**Form HUD-5381**

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**For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224**

**(TTY).**

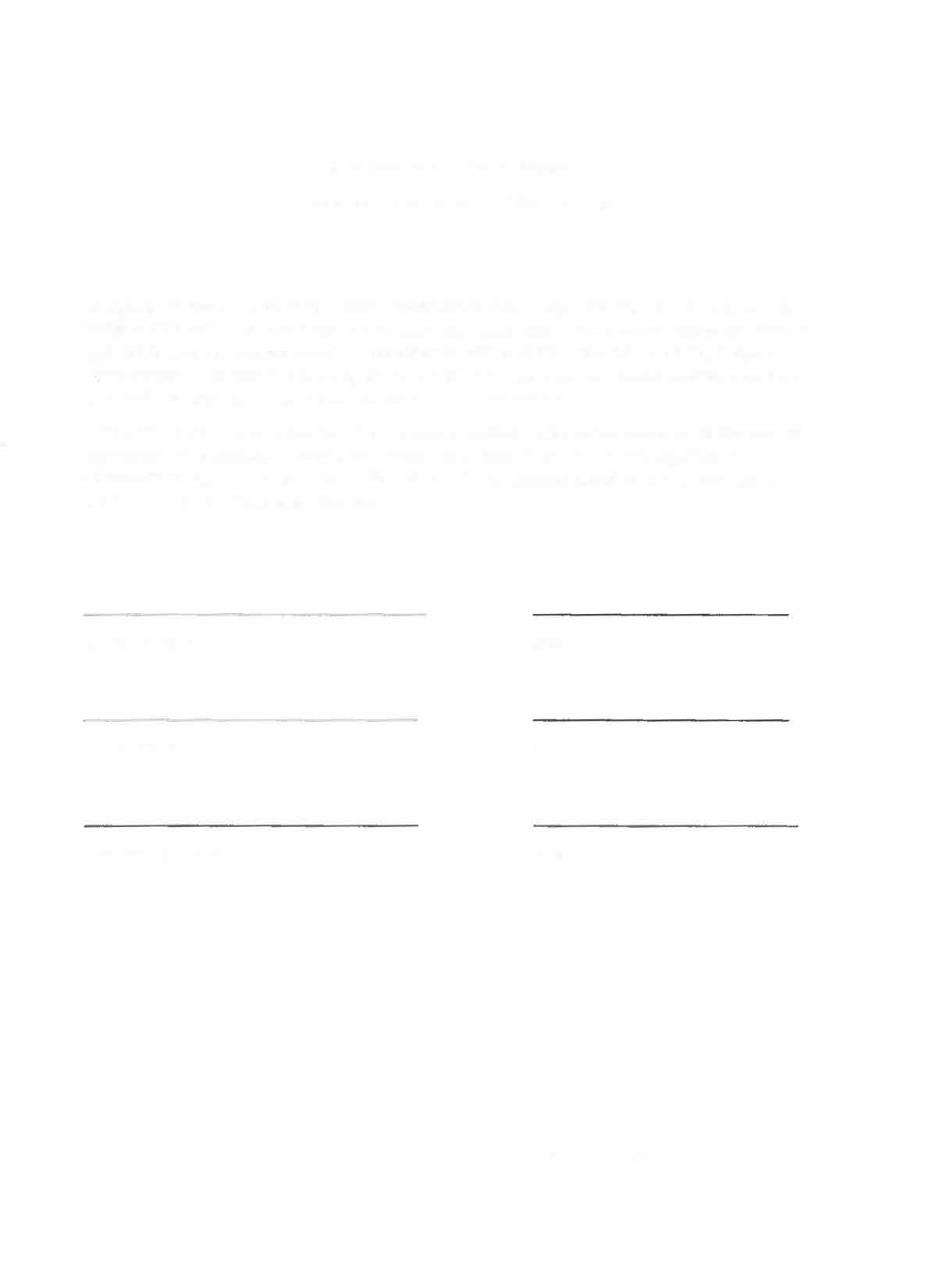
##### Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.

**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**](http://www.victimsofcrime.org/our) **programs/stalking-resource-center.**

**Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.**

**Form HUD-5381**

**(12/2016)**



**Community Action Rent Assistance VAWA Notice of Occupancy and Rights Receipt**

**By signing this form, I declare that a representative from Community Action has provided me with the Violence Against Womens Act Notice of Occupancy and Rights packet. It was explained that the Violence Against Womens Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking, and these rights are not only available to women, but are available equally to all individuals regardless of sex, gender Identity, or sexual orientation.**

**I understand that the packet provided to me explains my rights under VAWA, and that a HUD-approved certification form is attached to this packet which I can submit to my Property Manager/Landlord (should I be or become a victim of domestic violence, dating violence, sexual assault, or stalking) in order to exercise my rights under this Act.**

**Client Signature Date**

**Client Signature Date**

**CAO Staff Signature Date**

**Developed 12/7/17**