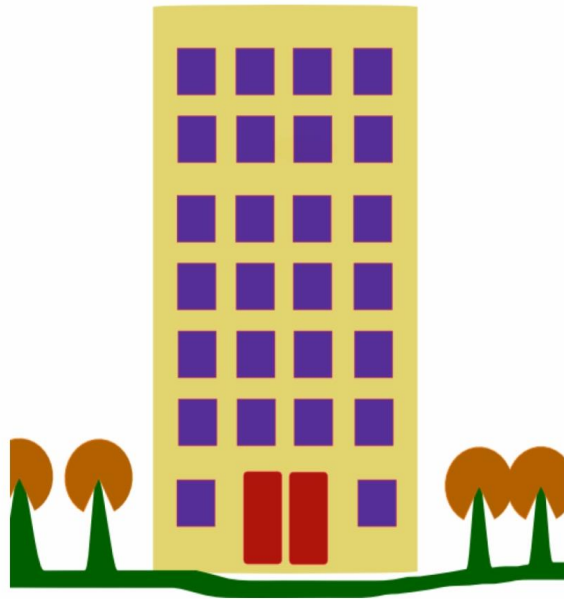


# MCMILLAN TOWERS



**This application is fillable. However, it cannot be submitted online. Once you have completed the application, you must print it out and mail or deliver it to the address listed below. Please make sure you have provided all the information requested and signed each highlighted area before submission.**

**McMillan Towers applications should be submitted to the address below. A paper application can also be obtained at this location.**

**McMillan Towers  
212 S. Fairgrounds St.  
Jackson, TN 38301**



# McMillan Towers

212 S. Fairgrounds St.  
Jackson, TN 38301

731-425-4638  
(FAX) 731-422-3283

## APPLICATION INSTRUCTIONS

1. Answer **ALL** questions.
2. If an answer **DOES NOT** apply **DO NOT** write N/A. Answer with the word "NONE".
3. Do not lie or falsify any information; your application will be denied.
4. If you do not know how to answer a question LEAVE IT BLANK. We will go over your application when you return it to the office and we can discuss any issues at that time.
5. Call to make an appointment to return your application.

## BRING THE FOLLOWING BACK WITH YOUR APPLICATION

1. Completed application
2. Birth certificates for all family members
3. Social security cards for all family members
4. Photo 10 for all household members 18 and over
5. Social Security award letter
6. Food Stamp award letter
7. Proof of whole life insurance policy with current cash value
8. Checking account information
9. Savings account information
10. Pay stubs (4 most recent)
11. Current Direct Express balance from the bank

If you have any questions about any of the items listed above, please feel free to come by or call the leasing office at 731-425-4638.

Sincerely,

Varshala Weddle (Mrs. Vee), Site Manager



**For Office Use Only**

Received By \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE****McMillan TOWERS, LLC****212 South Fairground Street****Jackson, TN 38301****(731) 425-4638 (Phone)****(731) 422-3283 (Fax)**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household and all other members who will be living in the unit.

Give relationship of each family member to the head.

|    | Member's Full Name | Relationship | Birth Date | Age | Social Security Number |
|----|--------------------|--------------|------------|-----|------------------------|
| HH |                    | HEAD         |            |     |                        |
| 2  |                    |              |            |     |                        |
| 3  |                    |              |            |     |                        |

2. Race of Head of Household (Check one; for statistical purposes only)

☐ White      ☐ African American      ☐ American Indian/Alaskan Native  
☐ Asian/Pacific Islander      ☐ White/African American

3. Ethnicity of Head of Household (For statistical purposes only)

☐ Hispanic      ☐ Non-Hispanic

4. Marital Status

☐ Single      ☐ Married      ☐ Separated Date \_\_\_\_\_ ☐ Widowed  
☐ Legally Separated Date \_\_\_\_\_ ☐ Divorced

5. Does anyone live with you now who are not listed above?
- ☐
- Yes
- ☐
- No

6. Do you expect a change in your household composition?
- ☐
- Yes
- ☐
- No

Explain if you answered "yes" to either question 4 or 5: \_\_\_\_\_

7. Is the head of household, spouse, or co-head handicapped or disabled?
- ☐
- Yes
- ☐
- No

(For program and unit eligibility purposes only)

8. Please identify any special housing needs you household has \_\_\_\_\_

9. Are you currently living in or have you ever lived in a subsidized housing unit?

☐ Yes ☐ No If "yes" provide the following:

Name of Complex: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Telephone Number: \_\_\_\_\_

Dates you resided in unit: \_\_\_\_\_

### **INCOME AND ASSET INFORMATION**

Please answer each of the following questions. For each "yes" provide details in the chart below. Does any member of your household:

☐ Yes ☐ No 1. Work fulltime, part-time, or seasonally?

☐ Yes ☐ No 2. Expect to work for any period during the next year?

☐ Yes ☐ No 3. Work for someone who pays them cash?

☐ Yes ☐ No 4. On a leave of absence from work due to lay-off, medical, maternity or military leave?

☐ Yes ☐ No 5. Now receive or expect to receive unemployment benefits?

☐ Yes ☐ No 6. Now receive or expect to receive child support? Case Number \_\_\_\_\_

☐ Yes ☐ No 7. Entitled to child support that he/she is NOT now receiving? Case Number \_\_\_\_\_

☐ Yes ☐ No 8. Now receive or expect to receive alimony?

☐ Yes ☐ No 9. Have an entitlement to receive alimony that is not currently being received?

☐ Yes ☐ No 10. Now receive or expect to receive TANF (AFDC)?

☐ Yes ☐ No 11. Now receive or expect to receive food stamps? If "yes" monthly  
Amount \$ \_\_\_\_\_

☐ Yes ☐ No 12. Now receive or expect to receive Social security, SSI, or disability benefits?

☐ Yes ☐ No 13. Now receive or expect to receive income from a pension or annuity?

☐ Yes ☐ No 14. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? (Include the payment of rent and/or utilities)

☐ Yes ☐ No 15. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposits, stocks, bonds, or income from rental property

| MEMBER NAME | SOURCE OF INCOME/TYPE OF INCOME | ANNUAL INCOME |
|-------------|---------------------------------|---------------|
|             |                                 |               |
|             |                                 |               |

### EMPLOYMENT HISTORY

Name and address of your present employer:

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

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Dates of employment \_\_\_\_\_

Name and address of spouse or co-head employer:

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

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Dates of employment \_\_\_\_\_

### ASSET INFORMATION

1. List all checking and savings accounts (including IRA's, Keogh accounts, and (Certificates of Deposits) of all household members.

| FAMILY MEMBER | BANK NAME | CHECKING SAVINGS | ACCOUNT NUMBER | CURRENT BALANCE |
|---------------|-----------|------------------|----------------|-----------------|
|               |           |                  |                |                 |
|               |           |                  |                |                 |

2. List the value of all stocks, bonds, trusts, pension contributions, or other assets owned by any household member \_\_\_\_\_  
 \_\_\_\_\_

3. ☐ Yes ☐ No Do you own a home or other real estate? If "yes" provide the following:

Address of property \_\_\_\_\_

Value of property \$ \_\_\_\_\_

4. ☐ Yes ☐ No Have you sold or given away real estate or other assets in the past two year? If "yes" list the asset and the market value at the time you disposed of it:

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

5. ☐ Yes ☐ No Do you or any member of your household have life insurance? If "yes", List the following:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

☐ Term ☐ Whole Life If Whole Life, current Cash Value \$ \_\_\_\_\_

## EXPENSES

1. ☐ Yes ☐ No Do you incur child expenses for the care of a child 12 or younger? If "yes" provide the following:  
Child care provider \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Weekly Cost \_\_\_\_\_
2. ☐ Yes ☐ No Do you pay a care attendant or for any equipment for a handicapped or disabled household member(s) that is necessary to enable that person or someone else in the household to work? If "yes" provide the following:  
Care Attendant \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Weekly Cost \_\_\_\_\_
3. What is the nature and cost of any equipment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following section is to ONLY be completed by households where the head, spouse, co-head is elderly (62 or over), handicapped or disabled:**

1. ☐ Yes ☐ No Do you have Medicare?  
If "yes" what is your monthly premium? \$ \_\_\_\_\_
2. ☐ Yes ☐ No Do you have any other kind of medical insurance? If "yes" provide the following:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Premium Amount \$ \_\_\_\_\_
3. ☐ Yes ☐ No Do you have outstanding medical bills on which you are paying? If "yes" list them here:  
\_\_\_\_\_  
\_\_\_\_\_
4. What medical expenses do you expect to incur in the next twelve months?  
\_\_\_\_\_  
\_\_\_\_\_
5. If you use the same pharmacy on a regular basis, please provide the name and address:  
Pharmacy Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**RENTAL HISTORY**  
**Include ALL prior addresses and landlords**

Name and address of your present landlord:

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

Telephone Number \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

\_\_\_\_\_

Name and address of your former landlord:

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

Telephone Number \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

\_\_\_\_\_

Name and address of your former landlord:

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

Telephone Number \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

\_\_\_\_\_

Name and address of your former landlord:

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

Telephone Number \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

\_\_\_\_\_

Name and address of your former landlord:

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

Telephone Number \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

\_\_\_\_\_

Name and address of your former landlord:

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

Telephone Number \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

\_\_\_\_\_

Name and address of your former landlord:

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

Telephone Number \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

\_\_\_\_\_

Have you ever been evicted?    ☐ Yes   ☐ No   If "yes", when and why? \_\_\_\_\_

\_\_\_\_\_

## **STUDENT INFORMATION**

Will any member of the household be enrolled as a full or part-time student at an institution of higher education?     ☐ Yes   ☐ No   If "yes" list the name of the institution:

\_\_\_\_\_

(If yes, completion of a Student Certification is required)

## **CRIMINAL HISTORY**

Have you or any member of your household ever been arrested or convicted of a crime?

☐ Yes   ☐ No   Head of Household

☐ Yes   ☐ No   Spouse/Co-head

☐ Yes   ☐ No   \_\_\_\_\_

☐ Yes   ☐ No   \_\_\_\_\_

(List all family members eighteen(18) and over; For all "yes answers please provide additional information, including the date, location, and nature of the crime below)

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

## **EMERGENCY INFORMATION**

Name and address of nearest relative NOT living with you:

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

Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name and address of person to be contacted in the event of an emergency:

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

Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

## **APPLICANT CERTIFICATION**

I/we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and/or information provided on this application will be deemed material noncompliance with my lease and grounds for eviction.

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.



\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

| Date Of Application | Time of Application | Head of Household | Unit Size | Income Level |     |    | Need for Accessible Unit |   | Comment Contact | Removed Rejected Date | Move-in Date | Preference Type |
|---------------------|---------------------|-------------------|-----------|--------------|-----|----|--------------------------|---|-----------------|-----------------------|--------------|-----------------|
|                     |                     |                   |           | ELI          | VLI | LI | Y                        | N |                 |                       |              |                 |
|                     |                     |                   |           |              |     |    |                          |   |                 |                       |              |                 |



"MAKE McMILLAN TOWERS YOUR NEW HOME"



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.

|  |                       |
|--|-----------------------|
| <b>Applicant Name:</b>   |                       |
| <b>Mailing Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>Name of Additional Contact Person or Organization:</b>  |                       |
| <b>Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>E-Mail Address (if applicable):</b>   |                       |
| <b>Relationship to Applicant:</b>  |                       |
| <b>Reason for Contact: (Check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from unit<br/> <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process<br/> <input type="checkbox"/> Change in lease terms<br/> <input type="checkbox"/> Change in house rules<br/> <input type="checkbox"/> Other: _____ </div> </div>   |                       |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |                       |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |                       |
| <b>Legal Notification:</b> 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.

**JACKSON HOUSING AUTHORITY  
SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**

This questionnaire is to be administered to every applicant and/or tenant for public housing at the Jackson Housing Authority. It is used to determine whether an applicant/resident needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the special features.

---

Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

---

1. Will you, or any member of your family require any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired        |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired       |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom and Bath on first floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom                   |
| <input type="checkbox"/> Live-In-Attendant           |  |

2. Can you and all family members use the stairs unassisted? ☐ Yes ☐ No  
If No, please indicate how JHA should accommodate your family \_\_\_\_\_

---

3. Will you or any of your family members need a live-in-aide to assist you?  
☐ Yes ☐ No If Yes, please explain \_\_\_\_\_

---

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

---

5. What is the name of the family member needing the features identified above?

---

Whom should we contact to verify your need for special apartment?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

---

Applicant Signature

Date



# McMillan Towers

212 S. Fairgrounds St.  
Jackson, TN 38301

731-425-4638  
(FAX) 731-422-3283

## APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program.

### *Information Inquiries about:*

- Child Care Expenses
- Citizenship
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

### *Individuals or Organizations that may release information:*

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, past and present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Credit
  - Handicapped Assistance
  - Medical Care
- Pensions/Annuities
- Schools and Colleges
- Department of Veterans Affairs
- Department of Immigration and Naturalization
- Utility Companies
- Welfare Agencies

*I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.*

Signature

Date

Signature

Date

*I certify that the above named-individual has read this document fully or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.*

Representative

Date



# McMillan Towers

212 S. Fairgrounds St.  
Jackson, TN 38301

731-425-4638  
(FAX) 731-422-3283

Jackson Police Department  
P.O. Box 2587  
Jackson, Tennessee 38302

ATTN: Central Records

To Whom It May Concern:

I do hereby authorize the Jackson Police Department to release any complaint, criminal, Misdemeanor or traffic records which they, the Madison County Sheriff's Department, Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation (FBI), may retain to McMillan Towers.

SIGNED:

\_\_\_\_\_

DATE:

\_\_\_\_\_

WITNESS:

\_\_\_\_\_

NAME:

\_\_\_\_\_

SS NUMBER:

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

PRESENT ADDRESS:

\_\_\_\_\_

NCIC

\_\_\_\_\_ Positive \_\_\_\_\_ Negative

REMARKS:

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



# McMillan Towers

212 S. Fairgrounds St.  
Jackson, TN 38301

731-425-4638  
(FAX) 731-422-3283

## RENTAL VERIFICATION

Date: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_

Please provide the information requested and fax this form back to our office at 731-422-3283.

Thank you for your prompt response.

Name of applicant (please print) \_\_\_\_\_

I hereby authorize release of the information requested below for my rental address at:

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

|                       |      |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

### LANDLORD

\_\_\_\_ Current resident    \_\_\_\_ Past resident    \_\_\_\_ Other    Move -In Date: \_\_\_\_\_ Lease Ending Date: \_\_\_\_\_

Amount of Rent: \$ \_\_\_\_\_    # of Late Payments: \_\_\_\_\_    How Late: \_\_\_\_\_

|                               |     |    |
|-------------------------------|-----|----|
| Has Proper Notice Been Given? | YES | NO |
|-------------------------------|-----|----|

|  |     |    |
|--|-----|----|
| Is there currently any past due amount owed on the resident's account? | YES | NO |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Has the resident complied with all community policies? | YES | NO |
|--|-----|----|

|   |     |    |
|---|-----|----|
| Have legal proceedings ever been filed on this applicant? | YES | NO |
|---|-----|----|

|                                      |     |    |
|--------------------------------------|-----|----|
| Is applicant eligible for re-rental? | YES | NO |
|--------------------------------------|-----|----|

|   |     |    |
|---|-----|----|
| Did applicant keep unit and common areas clean and free of damages? | YES | NO |
|---|-----|----|

|   |     |    |
|---|-----|----|
| Did applicant permit persons other than those on the lease to live in the unit? | YES | NO |
|---|-----|----|

|   |     |    |
|---|-----|----|
| Has the applicant ever given any false information? | YES | NO |
|---|-----|----|

Additional Comments: \_\_\_\_\_

|                     |      |       |     |
|---------------------|------|-------|-----|
| Signature and Title | Date | Phone | Fax |
|---------------------|------|-------|-----|

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I have received a copy of the VAWA HUD-5380 and the attachment HUD-5382

Resident Signature

Date

## **JACKSON HOUSING AUTHORITY**

### **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

#### **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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Jackson Housing Authority's Low Income Public Housing 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 **Jackson Housing Authority's Low Income Public Housing 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 **Jackson Housing Authority's Low Income Public Housing 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 **Jackson Housing Authority's Low Income Public Housing 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**

Jackson Housing Authority 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.

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

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

If Jackson Housing Authority chooses to remove the abuser or perpetrator, Jackson Housing Authority 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, Jackson Housing Authority 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, Jackson Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, Jackson Housing Authority may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, Jackson Housing Authority 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, Jackson Housing Authority 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.

Jackson Housing Authority 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. Jackson Housing Authority's emergency transfer plan provides further information on emergency transfers, and Jackson Housing Authority 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**

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

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

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

## **Confidentiality**

Jackson Housing Authority 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.

Jackson Housing Authority must not allow any individual administering assistance or other services on behalf of Jackson Housing Authority (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.

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

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

VAWA does not limit Jackson Housing Authority'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, Jackson Housing Authority 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 Jackson Housing Authority 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 Jackson Housing Authority can demonstrate the above, Jackson Housing Authority 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:

U.S. Department of Housing and Urban Development  
200 Jefferson Avenue, Suite 300

Memphis, TN 38103  
Telephone Number – 901-554-3367

**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, Jackson Housing Authority must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Jackson Housing Authority's Deputy Director at 731-422-1671 ext. 121.**

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

**WRAP Wo/Men's Resource and Rape Assistance Program Located at 512 Roland Avenue in Jackson TN 38301 or call 731-668-0411.**

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

**WRAP Wo/Men's Resource and Rape Assistance Program Located at 512 Roland Avenue in Jackson TN 38301 or call 731-668-0411.**

Victims of stalking seeking help may contact

**WRAP Wo/Men's Resource and Rape Assistance Program Located at 512 Roland Avenue in Jackson TN 38301 or call 731-668-0411.**

**Attachment:** Certification 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  
Exp. 06/30/2017

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

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

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

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

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

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

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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

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

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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.