

THE VILLAGES AT OLD HICKORY



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.

**The Villages at Old Hickory applications should be submitted to the address below.
A paper application can also be obtained at this location.**

**The Villages at Old Hickory
550 Old Hickory Blvd.
Jackson, TN 38305**



The Villages at Old Hickory

550 Old Hickory Blvd. Suite 26A
Jackson, TN 38305

731-668-8503
(FAX) 731-664-8996

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

- Please complete **ALL** sections of the applications that apply to you.
- Incomplete applications **CAN NOT** be accepted.
- When you return your application, please bring photo 10 for **ALL** household members 18 and over, birth certificate and social security card for ALL household members, proof of **ALL** household income - Social Security, SSI, VA, Child Support, Pension and/or last six employment check stubs.
- **PLEASE DO NOT** answer any question with N/A, use NONE.
- Every family member 18 years old and over **MUST** sign **ALL** forms.
- **PLEASE DO NOT** use white out or liquid paper. If you need to correct a mistake, draw one line through the information, initial, and write correct information.

Please feel free to contact the Management Office at 731.668.8503, if you have any additional questions. We look forward to hearing from you soon.

Thanks for your interest in our housing community.

Keren L. Shelton
Site Manager

“MAKE THE VILLAGES YOUR NEW HOME”





November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

| | |
|--------------------------------|---|
| Purpose | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information. |
| Penalties for Committing Fraud | <p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▪ Evicted from your apartment or house;▪ Required to repay all overpaid rental assistance you received;▪ Fined up to \$ 10,000;▪ Imprisoned for up to 5 years; and/or▪ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p> |
| Asking Questions | When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is. |
| Completing The Application | When you answer application questions, you must include the following information: |
| Income | <ul style="list-style-type: none">▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▪ Any money you receive on behalf of your children (child support, social security for children, etc.);▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▪ Earnings from second job or part time job;▪ Any anticipated income (such as a bonus or pay raise you expect to receive) |
| Assets | <ul style="list-style-type: none">▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you. |

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

| | |
|-------------------------|--|
| Signing the Application | <ul style="list-style-type: none"> ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. ▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct. |
| Recertifications | <p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> ▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. ▫ Any move in or out of a household member; and, ▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value. |
| Beware of Fraud | <p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ Do not pay any money to file an application; ▫ Do not pay any money to move up on the waiting list; ▫ Do not pay for anything not covered by your lease; ▫ Get a receipt for any money you pay; and, ▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges). |
| Reporting Abuse | <p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p> |



APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

THE VILLAGES AT OLD HICKORY
550 OLD HICKORY BLVD. SUITE 26A
JACKSON, TN 38305
(731) 668-8503 (Phone); (731) 664-8996 (Fax)

Received by _____ Date ____/____/____ Time ____:____ AM/PM

PLEASE DO NOT WRITE ABOVE BLACK LINE

Applicant Name _____

Address _____

City, State, Zip Code _____

Home Phone (____) _____ - _____ Work Phone(____) _____ - _____

Alternate Phone Number (____) _____ - _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Please identify all children who are the subject of joint custody agreement with someone who will not be residing in the unit.

Give relationship of each family member to the head.

| | Member's Full Name | Joint Custody | Relationship | Birth Date | Age | Social Security Number |
|----|-----------------------|------------------|--------------|---------------|-----|------------------------------|
| HH | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

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 5 or 6: _____

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)? If "yes", monthly Amount \$ _____
- ☐ Yes ☐ No 11. Now receive or expect to receive SNAP (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 AMOUNT |
|-------------|---------------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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. What medical expenses do you expect to incur in the next twelve months?

6. If you use the same pharmacy on a regular basis, please provide the name and address:

Pharmacy Name _____

Address _____

RENTAL HISTORY

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? _____

Reason for leaving? _____

Name and address of your former landlord:

Telephone Number _____

How long have you lived here? _____

Reason for leaving? _____

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 below:

(If yes, completion of a Student Certification Form 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 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Manager's Signature

____/____/____
Date



"MAKE THE VILLAGES AT OLD HICKORY YOUR NEW HOME"



**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

**Jackson Housing Authority
Mark C. Reid, Executive Director
125 Preston Street – P.O. Box 3188
Jackson, TN 38303-0188
Phone: 731-422-167 Fax: 731-425-4605**

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 the Jackson Housing Authority.

SIGNED:

DATE:

WITNESS:

NAME:

SS NUMBER:

DATE OF BIRTH:

PRESENT ADDRESS:

NCIC _____ Positive _____ Negative

REMARKS:

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.

Housing Authority Representative

Date



The Villages at Old Hickory

550 Old Hickory Blvd. Suite 26A
Jackson, TN 38305

731-668-8503
(FAX) 731-664-8996

Violence Against Women Act (VAWA) Acknowledgement

Date ____/____/____

- By signing below, I/we acknowledge that on the above date, I/we received HUD forms 5380 and 5382 in regards to the VAWA guidelines.

Applicant Signature

____/____/____
Date

Spouse/Co-Head Signature

____/____/____
Date

JHA Staff Signature

____/____/____
Date



JACKSON HOUSING AUTHORITY

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **JHA'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 **JHA'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 **JHA's Low Income Public Housing Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing

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.

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 **JHA'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

JHA 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 JHA chooses to remove the abuser or perpetrator, JHA 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, JHA 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, JHA must follow Federal, State, and local eviction procedures. In order to divide a lease, JHA 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, JHA 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, JHA 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.

JHA 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.

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

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

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

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

Confidentiality

JHA 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.

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

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

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

VAWA does not limit JHA'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, JHA 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 JHA 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 JHA can demonstrate the above, JHA 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)544-3367

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, JHA 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 **the 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 **the 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 **the 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):

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.