

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security disability payments (SSI), Workman’s Compensation, retirement benefits, WFFA, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and other sources.

Household Members	Employer	Total Weekly Wages	WFFA	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income
1.							
2.							
3.							
4.							

A) Do you or does anyone in your household own their own business or own any interest in a business? YES NO If yes, describe _____

B) Do you or does anyone in your household earn any income from self-employment? YES NO If yes, describe _____

C) Do you or does anyone in your household have a court order for child support? YES NO If yes, list amount and frequency of payments on court order _____

D) Do you or does anyone in your household receive child support payments through a state Child Support Enforcement agency? YES NO If yes, you are required to provide a print-out from this agency showing the total amount of payments received during the past twelve (12) months.

E) Does any member of the household receive child support directly from an absent parent? YES NO If yes, list name of absent parent _____

F) Do you or anyone in your household receive goods (diapers, formula, clothing, etc.) from an absent parent in lieu of child support? YES NO If yes, explain _____

G) Does any absent parent or other individual pay for expenses or services (medical expenses, daycare, school expenses) in lieu of child support? YES NO If yes, please explain _____

H) Do you or does anyone in your household receive Social Security or SSI payments? YES NO If yes, Please list amount(s) _____

I) Do you or does anyone in your household receive any type of pension or retirement income? YES NO If yes, please list amount(s) _____

J) Do you or does anyone in your household receive unemployment benefits? YES NO If yes, you are required to provide a print-out from the Employment Security Commission showing the amount of the current benefits.

K) Do you or does anyone in your household receive Work First Family Assistance (WFFA, TANF)? YES NO If yes, list amount _____

INCOME EXCLUSIONS

Does any member of your household receive food stamps? YES NO If yes, list amounts _____

EXPENSES/DEDUCTIONS

Childcare Expenses: Does any household member pay out-of-pocket childcare expense for a child age 12 or under? YES NO If yes, list name, address and phone number of childcare provider _____

Do you have a DSS child care Voucher? YES NO If yes, it is required that you provide a copy of the Voucher.

Disability Expenses: Do you pay for a care attendant or for any equipment for any household member with disabilities that is necessary to permit that person or someone in the household to work? YES NO If yes, are these expenses reimbursed by any person and/or agency? YES NO

Medical Expenses: (Only applicable to a household whose head or spouse is 62 years of age or older or whose head or spouse is a person with a disability.)

Does any household member pay for MEDICARE? YES NO If yes, list amount _____

Does any household member pay for any type of medical insurance? YES NO If yes, list insurance company and amount paid _____

Does any household member anticipate medical expenses that will exceed 3% of gross annual income during the next 12 months that will not be reimbursed by or paid by any source outside of the household (this includes prescription drugs and medical costs)? YES NO If yes, list name and address of doctor and/or pharmacy needed to verify _____

I do hereby swear or affirm that all of the information contained in this form about me and my household is true and correct. I also understand and acknowledge that any change in household income and/or compositions must be reported to the housing agency immediately (within five days of the change).

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department and/or agency of the United States.

SIGNATURES REQUIRED:

Head of Household _____ Date: _____

Spouse: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

I, _____, do hereby certify that I give Foothills Regional Commission permission to obtain information about my family from the following sources. This information will be used to verify eligibility and/or continuing eligibility for participation in the Section 8 Housing Choice Voucher Program.

- State Wage Information Collection Agencies
- Social Security Administration
- Employment Security Commission
- Departments of Social Services
- Employers (past and present)
- Private Employment Verification companies
- Workforce Investment Agencies (WIA)
- Pension/Retirement providers
- Childcare providers
- Doctors and medical facilities
- Pharmacies
- U.S. Military
- Veteran's Administration
- Banks and/or financial institutions
- Local charitable agencies
- Local government agencies
- Utility providers
- Schools, colleges and educational facilities
- Child support enforcement agencies
- Courts and Post Offices
- Previous landlords (including Public Housing Agencies and/or subsidized housing providers)
- Law Enforcement Agencies
- Other sources as deemed necessary by the housing agency for the proper administration of the program.

Information obtained by Foothills Regional Commission will be used solely for the purpose of determining and/or re-determining eligibility for assistance through the Section 8 Housing Choice Voucher Program. All information obtained will be kept confidential. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies applicable to the Section 8 Housing Choice Voucher Program.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. This form is valid for fifteen (15) months from the date signed:

Head of H/H _____	Date: _____
Spouse: _____	Date: _____
Other Adult: _____	Date: _____
Other Adult: _____	Date: _____
Other Adult: _____	Date: _____

FOOTHILLS REGIONAL COMMISSION
Section 8 Housing Choice Voucher Program

Background Screening Consent

Federal law requires the PHA to obtain drug and criminal background and lifetime sex offender registration information pertaining to all household members applying for and/or receiving housing assistance.

Therefore, all adult household members age 18 and older, must sign a criminal background consent form to authorize the PHA to conduct background screenings.

The PHA retains the right to deny the application of any applicant and/or to terminate the housing assistance for any participant who does not consent to a background check.

Please list all states in which you have lived: _____

I understand that a criminal background screening is required to determine eligibility for placement on the waiting list and/or continued housing assistance. I authorize Foothills Regional Commission (FRC) to verify the above information and I consent to release of any necessary information required for eligibility determination.

I hereby authorize law enforcement agencies and/or an agency contracted by FRC to release criminal records and/or sex offender registration information to FRC.

Applicant/Participant Signature: _____ Date: _____

Name of Head of Household: _____

**FOOTHILLS REGIONAL COMMISSION
SECTION 8 HOUSING
P.O. BOX 841
RUTHERFORDTON, N.C. 28139-0841**

**HOUSING CHOICE VOUCHER PROGRAM
INSPECTION CERTIFICATION**

The Housing Choice Voucher Program requires that the family comply with the program requirement to be available for scheduled inspections (biennial, re-inspections, quality control inspections and/or inspections resulting from tenant complaints). It is a violation of the Family Obligations and grounds for termination of the housing assistance when a family fails to comply with this requirement.

Based on the significant and continuing increase in the cost of fuel, the program will no longer be willing to schedule a final inspection when you fail to comply with this program requirement. The program notifies you in writing of scheduled inspection dates. It is your responsibility to be available on that date and/or to have another adult available who can allow entry into the unit for completion of the inspection. It is an option for the inspection to be rescheduled if you have a conflict (request for a change **must** be made prior to the day of the scheduled inspection).

Effective with October 2008 annual reexaminations, program participants who fail to be available for **any** scheduled inspection will be informed of termination of the housing assistance based on violation of the Family Obligations. Via signature of this file document, you are certifying:

- That your Housing Counselor has informed you of this change;
- That you understand your responsibility to be available and/or have another adult available to allow entry into the unit on the scheduled date of the inspection;
- That you understand your responsibility to inform the housing office **prior to the date of the inspection** if you have a conflict and a need for the inspection to be re-scheduled.
- That you understand the housing assistance will be terminated based on violation of the Family Obligations if you fail to comply with this requirement.

Head of Household

Date

Housing Counselor

Date

***** NOTICE *****

In the event you have permission to keep a pet on the premises, you are being advised that the pet must be restrained during the inspection of the unit. In the event the pet is not restrained, the inspection will not be completed and you will be in violation of the program rules, which could lead to the termination of your rental assistance.

The following household member's EIV-reported income has been reviewed and verified by the PHA.

Head of Household Name

DATE

By signing below, the PHA certifies that:

- Each member of the household who is at least 18 years of age has signed a consent form in accordance with HUD regulations.
- Any substantial disparities between tenant-reported and EIV-reported income have been verified in accordance with the Federal Privacy Act and HUD regulations.

PHA Staff - Printed Name

PHA Staff - Signature

Date

By signing below, the household member certifies that: The PHA has discussed the EIV-reported income information that pertains to him/her; and

- Agrees with the EIV-reported information or Disputes the EIV-reported information for the following reason(s):
- Not employed by listed employer
 - Stopped working for employer on (specify date) / /
 - Not receiving SS/SSI benefits
 - Stopped receiving SS/SSI benefits on (specify date) / /
 - Not receiving unemployment compensation
 - Stopped receiving unemployment compensation on (specify date) / /
 - Other: _____

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

I, _____, authorize the PHA to disclose my EIV income information to _____. I understand that the PHA is not responsible for any misuse or subsequent disclosure of my EIV income information to the above-named individual or any other person that may obtain my EIV income information from me or the above-named individual.

Signature of each household member who is at least 18 years of age

Head of Household

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Foothills Regional Commission

SECTION 8 HOUSING

TENANT CERTIFICATION OF INFORMATION RECEIVED

Print Name: _____ Date: _____

I hereby acknowledge and certify that I have received the following recertification documents:

- ***Family Obligations** - what your obligations are while receiving housing assistance
- ***VAWA (Violence Against Women)** pamphlet - what your rights are if you have been the victim of domestic violence
- ***EIV (Enterprise Income Verification)** pamphlet - Information concerning what happens when housing assistance is terminated
- ***Fraud Sheet** - not accurately report income or household composition

I also acknowledge it is my responsibility to read the information.

Signature

This information is to be returned with your recertification paperwork.

If you have any questions, please contact your housing counselor as listed below:

For last names beginning with the letters A – G: Becky McKelvey, Lead Housing Counselor
Phone: (828) 351-2329 email: BMcKelvey@foothillsregion.org

For last names beginning with the letters H-Oates: Jennifer Fox Housing Counselor
Phone: (828) 351-2343 email: jfox@foothillsregion.org

For last names beginning with the letters Odums-Z - Sharanda Brown Lead Housing Counselor
Phone: 828-351-2334 sbrown@foothills.org

Foothills Regional Commission
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

FAMILY OBLIGATIONS

Program participants are required to fulfill obligations specified by the Federal Regulations and the Administrative Plan to avoid termination of assistance. These obligations are:

1. Supply accurate and complete information required as requested by housing program staff.
2. Family is responsible for breaches of Housing Quality Standards (HQS) damages or other breaches of HQS standards caused by the family. This includes the family's responsibility to maintain utilities (electricity, gas, fuel, water) in the unit at all times. It also includes the family's responsibility to maintain a smoke detector that is operable at all times.
3. Allowing housing staff to inspect the unit at reasonable times and after reasonable notice. This also includes the family's responsibility to either be available for scheduled inspections or make arrangements for another adult to be at the unit so that the inspection (or re-inspection) can be completed.
4. The family may not commit any serious or repeated violations of the lease. This includes failure to pay the tenant portion of rent, repeated late payments and/or other charges, failing to use the dwelling unit solely as a private dwelling, allowing individuals to occupy the unit who are not authorized by the lease, and failure to maintain the unit in a manner that is safe, decent and sanitary (i.e. proper disposal of garbage, rubbish and other waste). **TENANT DAMAGES ARE A SERIOUS LEASE VIOLATION.**
5. The family must notify the housing office and the owner prior to vacating the unit.
6. The family must fulfill obligations to the owner for unpaid tenant rent in order to be eligible for a Voucher to relocate.
7. The family must promptly give the housing office a copy of any owner eviction notice.
8. The family must use the assisted unit for residence of the family. It must be the family's only residence.
9. The family must promptly inform the program of any changes in household members. This includes the birth, adoption, court-awarded custody of a child, or foster children. The family must request PHA approval to add a household member. Additions that are not classified as a "natural expansion" (such as a marriage, birth, legal adoption) cannot be approved since this would be placing this person ahead of others on the waiting list. An exception may be warranted to add a parent, grandparent or other family member who is disabled and determined to be no longer able to live independently.

10. The family must promptly notify the PHA if any family member no longer resides in the unit.
11. If approved by the PHA, a foster child and/or live-in-aide may reside in the unit.
12. Members may engage in legal profit-making activities in the unit, but only if such is incidental to primary use of the unit for residence by members of the family and provided the property owner is in agreement with the activities.
13. The family must not sublease or sublet the unit.
14. The family must not assign the lease or transfer the unit.
15. The family must promptly notify the PHA of absence from the unit, and supply any information regarding absences that the PHA requests.
16. The family must not own or have any interest in the unit.
17. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
18. The members of the family may not engage in drug-related criminal activity or criminal activity or develop a pattern of involvement in criminal type activities either on or off the premises of the assisted unit.

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial of admissions and/or termination of assistance under the PHA's policies.

Therefore, if the PHA makes a determination to deny admission and/or terminate assistance based on an unfavorable history or criminal act, the PHA will include in its notice of denial and/or notice of termination a statement of the protection provided by the Violence Against Women Act (VAWA) of 2005. The PHA will offer the applicant and/or tenant the opportunity to provide a signed statement certifying that the cause of the unfavorable history and/or criminal activity is that a member of the applicant family and/or the assisted household is or has been a victim of domestic violence, dating violence or stalking.

The applicant and/or tenant must submit the HUD approved certification with her or his request for an informal review or must request an extension in writing at that time. The PHA will grant an extension of 14 business days and will postpone the informal review until the documentation has been received and/or the extension period has elapsed. If the signed statement meets the PHA's requirements, no informal review and/or hearing will be scheduled and the PHA will proceed with approval of admission on the waiting list.

19. The assisted family and/or members of the family may not receive Section 8 tenant-based rent assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative Federal, State or local housing assistance program.

20. ANY FAMILY THAT IS TERMINATED AND NOT IN GOOD STANDING ON THE PROGRAM WILL BE REPORTED TO HUD'S NATIONWIDE DATABASE AND WILL NOT BE ABLE TO RECEIVE ANY ASSISTED HOUSING BENEFITS NATIONWIDE FOR A PERIOD OF AT LEAST FIVE YEARS.

Adult head of household

Date

Other adult Household Member

Date

Rev 1/11/2023



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



451 7th Street, SW

HUD OIG Hotline, GFI

Washington, DC 20410

December 2005

Foothills Regional Commission¹

Notice of Occupancy Rights under the Violence Against Women Act²

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.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Foothills Regional Commissions (FRC) Housing Choice Voucher Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under the **FRC Housing Choice Voucher Program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ 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 you are receiving assistance under the **FRC Housing Choice Voucher Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the **FRC Housing Choice Voucher Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

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 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

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.

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.
- 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 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.

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.

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

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 **US Department of Housing and Urban Development Greensboro Office**.

For Additional Information

You may view a copy of HUD's final VAWA rule at Violence Against Women Reauthorization Act of 2013 (<https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.)

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 **Pam Hall at (828) 351-2374**.

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).

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	Cleveland County	704-481-0043
	McDowell County	828-652-6150
	Polk County	828-894-2340
	Rutherford County	828-245-8595

Victims of stalking seeking help may contact	Cleveland County	704-481-0043
	McDowell County	828-652-6150
	Polk County	828-894-2340
	Cleveland County	828-245-8595

Attachment: Certification form HUD-5382