



**Housing Authority of the County of Clallam**  
2603 South Francis Street , Port Angeles, WA 98362  
(360) 452-7631 Fax (360) 457-7001  
TTY State Relay Service (800-833-6388)

## APPLICATION INSTRUCTIONS - PLEASE READ

Applications must be completed in ink and should be mailed to:

Applications for Port Angeles/Sequim  
2603 S. Francis Street, Port Angeles, WA 98362

OR

Applications for Forks  
P.O. Box 1453, Forks, WA 98331

Applications will also be accepted at HACC offices. Hours and/or days of operation may vary for individual offices. Information on our application process and individual properties can be found at our website: [www.hacc-housing.org](http://www.hacc-housing.org)

### THINGS TO KNOW

**1** Prior to being offered a unit **each applicant will be screened for tenant suitability.** This screening consists of, but is not limited to, a **criminal background check** (including drug-related criminal activity), **credit check**, and a **landlord history screening.**

**2** **Disability Status / Right to Reasonable Accommodation**  
IF YOU HAVE A DISABILITY as outlined under Section 504 of the Americans with Disabilities Act or State or Local Fair Housing Laws, and require an accommodation that would allow you to live and use an apartment or access facilities or programs in a manner equal to that of a non-disabled tenant/applicant, you may qualify for a Reasonable Accommodation. For example, if you need;

- ❖ A structural change or repair in your apartment, or a special type of apartment;
- ❖ A change/repair in some other part of the housing development; or Housing Authority Facilities; or,
- ❖ A change in our rules, policies, or how we do things (i.e., how we communicate with you or give you information),

You may request a Reasonable Accommodation from you local Housing Authority Representative, and they will direct you on how to proceed with the process.

**3** **Incomplete applications cannot be accepted.** Incomplete applications will be returned. Please submit the following items with your application:

- ❖ **Valid Picture Identification** for all household members 18 years of age and older.
- ❖ **Documentation of Social Security Number** (for all members of the applicant household).  
Examples: Social Security Card or letter from the social security administration with social security number).
- ❖ **Green Cards, I-94 (White cards), passports or other immigration documents** for all non-citizen members of the household.
- ❖ **Birth certificates** for all dependent children.

**4** **We rent from a waiting list of applications based application date and time.** In our Public Housing units we also use a preference system for admission. Your place on the waiting list is determined by the information supplied and the date and time you complete the application. If you fail to respond to requests for information, you name will be removed from the waiting list. It is important that you keep us informed of how to reach you. If you are removed from the waiting list for a failure to respond to requests for information, you will be required to wait one year before reapplying for assistance, absent extenuating circumstances beyond your control.

**5** **False information is grounds for denial, eviction or termination of assistance.** Third party independent verification of the information you provide is required by the regulations we follow (i.e. the Department of Housing and Urban Development). You will be denied access to our programs if you misrepresent any information on the application. If the misrepresentation is found after a lease is signed, you lease may be terminated. You may also be charged with additional rent or with a criminal violation.

# INITIAL APPLICATION INSTRUCTIONS

## Personal Information

A personal identifier number (PIN) will be assigned to you when your application is processed. This number will be used to identify your family's application in our database. This number will be provided to you in the eligibility letter that is sent to you after we have processed your application. It is important to have this number when you call to check on your application status.

## Mailing Address

We must have a current mailing address to contact you at all times. If we are unable to contact you by mail, you may be removed from the waiting list without further notice. If you are removed from the waiting list for a failure to respond to requests for information, you will be required to wait one year before reapplying for assistance, absent extenuating circumstances beyond your control.

## Occupancy Guidelines

In determining the proper bedroom size for each family, generally speaking, we calculate two persons per bedroom. Children of the opposite sex over the age of 4 may not be required to share a bedroom in most cases. Please carefully analyze your family composition and select a property with the appropriate bedroom size for your family – not all properties have the 3 or 4 bedroom units. The following is a **guideline only**:

<u>Unit Size</u>	<u>Number of Persons</u>	
	<u>Minimum</u>	<u>Maximum</u>
Studio	1	1
1 Bedroom	1	2
2 Bedroom	2	4
3 Bedroom	3	6
4 Bedroom	4	8

## Waiting List Selections

HACC policy utilizes some preferences for admissions to certain programs (*does not apply to Peninsula Apartments*). The information you provide on the application will determine if you qualify for any eligible preferences. Changes in your circumstances (income, living situation, etc.) while you are on the waiting list should be reported as it may affect your place on the waiting list.

## Ethnicity and Race

The housing authority collects statistical data on ethnicity and race in accordance with federal regulations. This is for statistical purposes only. The information provided will NOT affect your application for assistance.

## Family Information

List EVERYONE who will live with you, including live-in aides and any unborn children you are expecting.

## Personal Interview or Home Visit

When your name reaches the top of the waiting list, we will conduct either a home visit or an in-office appointment to go over your application in person and answer your questions. *All adults who will be residing in the assisted unit must attend this interview.*

## Rental History

We require at least five years of rental history, with an additional history. In addition, if your rental history does not include at least five years of rental history and at least two previous landlords, we may require a qualified co-signer on your rental agreement (*does not apply to Peninsula Apartments*). It is your responsibility to provide us with the information necessary to contact your past landlords. We reserve the right to deny your application if, after making a good faith effort, we are unable to verify your rental history. If you owned – rather than rented – your previous home, you will need to furnish mortgage company references and proof of title ownership or transfer. If you have a rental history that includes a rental agreement terminated for serious or repeated violations of the lease or past due debts to previous landlords for damages or unpaid rent, your application may be denied.

## Consent/Release Forms

There are several forms as a part of the application process that require each adult household member's signature. These forms will allow us to obtain information needed to verify your eligibility. It is your responsibility to grant this consent and to provide accurate information needed to assist us in contacting the appropriate agencies.

# HOUSING AUTHORITY OF THE COUNTY OF CLALLAM

Port Angeles Office: 2603 South Francis Street, Port Angeles, WA 98362

Phone (360) 452-7631 \* Fax (360) 457-7001 \* e-mail info@hacc-housing.org

Forks Office: 210 Fir Avenue, Forks, WA 98331

Phone (360) 374-5853 \* Fax (360) 374-5587 \* e-mail peninsulaapts@hacc-housing.org

## PRE-APPLICATION FOR HOUSING

Complete pre-applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit size and type and applicant admission preferences (if applicable). Applicants with disabilities may seek assistance with the completion of the application at the HACC office.

**The Housing Authority is currently accepting applications for the following programs, please check below which program you're applying for (you may check more than one):**

### Port Angeles Location

- Elderly/Disabled Units (Manor, Villa, Terrace)  
Studio, 1 & 2-bedroom units
- Family Development – Mt. Angeles View  
1, 2, 3, & 4 bedroom units
- Wildwood Terrace Apartments  
1 & 2 bedroom units

### Sequim Location

Sunbelt Apartments  
Waitlist is closed

### Forks Location

- Homestead Apartments  
1 & 2 bedroom units
- Peninsula Apartments  
1 & 2 Bedroom Units

1. Name of head of household: \_\_\_\_\_
2. Name of adult co-head of household: \_\_\_\_\_
3. Mailing Address, Street, Apt. \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

4. Please list any other names your have used (i.e. maiden names) \_\_\_\_\_

*This information is requested to comply with Equal Opportunity requirements and will not affect your application for housing assistance*

Race of Head:  African American/Black  Asian/Pacific Islander  
 Native American/Alaskan Native  Caucasian/White

Ethnicity of Head:  Hispanic/Latino  Non-Hispanic/Non-Latino

Primary Language: \_\_\_\_\_ Translation Services Needed?  Yes  No

**BELOW LIST EACH PERSON WHO WILL RESIDE IN YOUR HOUSEHOLD WHEN YOU ARE RECEIVING ASSISTANCE. PLEASE START WITH HEAD OF HOUSEHOLD AND USE THE FOLLOWING CODES UNDER THE "RELATION TO HEAD" COLUMN:**

### Relationship to Head:

(H) Head of Household (K) Co-Head of Household (Y) Youth under 18 (E) F/T Student 18+  
(S) Spouse (A) Other Adult Member (F) Foster Child (L) Live in Aide

### FAMILY INFORMATION

	First, Middle & Last Name	Birth Date	Sex	Social Security Number	Relation to Head (See code)	Disabled Person Yes/No	Birthplace: City, State	Full/Part-time Student? (F or PT)
H					H			
2								
3								
4								
5								
6	<small>Please include unborn children if you are pregnant</small>							

**Please submit picture ID (for those 18 or older), birth certs and social security numbers for HACC to make copies.**

**Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from TANF, Food Stamps, VA, Social Security, SSI, SSDI, Unemployment, Worker’s Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

**Preference Information:** The following information is being requested to determine if you are eligible for a preference, if applicable. Your responses will determine the order in which you are selected for an interview. If you do qualify for a preference, you will be asked to provide acceptable verification of that preference. Please check any box that may apply to your current situation.

- Is the Head of Household:  Elderly (62 or older) **or** disabled (any age)  
 Currently enrolled in college, job training, or have full/part-time employment  
 Terminally ill (please provide doctor’s note)

**IF YOU CHECKED ANY OF THE ABOVE ITEMS LISTED UNDER “PREFERENCE,”  
PLEASE PROVIDE A BRIEF EXPLANATION IN THE SPACE PROVIDED**

**BELOW:** \_\_\_\_\_  
\_\_\_\_\_

Does your family require a handicapped-modified unit? (examples: roll in shower, wheelchair accessible, etc.)  yes  no  
If yes, please explain briefly: \_\_\_\_\_

Does any family member require a reasonable accommodation? (Example: live-in aid, etc.)  yes  no If yes, please explain briefly: \_\_\_\_\_

**Landlord References:** Please provide landlord references for the last five years. We require at least five years of rental history and at least two previous landlords. **Please note** that if you do not provide adequate and complete information, you will not pass the screening criteria. In the absence of adequate references use of a qualified co-signer will be required (use of a cosigner does not apply to Peninsula Apartments).

	REFERENCE #1	REFERENCE #2	REFERENCE #3
<b>Rental Unit Address</b>			
<b>Landlord Name</b>			
<b>Landlord Mailing Address</b>			
<b>Landlord Phone Number</b>			
<b>Dates Occupied (to – from)</b>			

PHA will be contacting all former landlords for the period five years from the date of the application (attached additional sheets as needed).



**Bank Account/Asset Information**

Please list all bank accounts held by any and all household members

Account type	Bank Name	Account Number	Household Member

**Citizenship Status**

Are all members of the family U.S. Citizens?  yes  no

If no, please explain. \_\_\_\_\_

**Proof of Identification**

You must provide a driver's license number or state identification number for each adult household member:

Member Name: \_\_\_\_\_ License or ID# \_\_\_\_\_ State Issued \_\_\_\_\_

Member Name: \_\_\_\_\_ License or ID# \_\_\_\_\_ State Issued \_\_\_\_\_

**Have you currently or have you ever received housing assistance before?**  yes  no

If yes, WHERE \_\_\_\_\_ WHEN \_\_\_\_\_ From what organization \_\_\_\_\_

**Have you ever been evicted from a rental unit?**  yes  no

If yes, WHERE \_\_\_\_\_ WHEN \_\_\_\_\_ WHY \_\_\_\_\_

Have you or any member of your family ever been arrested for a misdemeanor *or* felony?  yes  no

Please explain circumstances for each arrest and/or conviction (**attach separate sheet if necessary**):

Family Member Name	Offense Charged	Date Arrested	Convicted	Explain Circumstances
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Verification of your circumstances is not required at this time, but will be required at the time of your interview. Read the following carefully and sign below:

Printed Name of Applicant(s): \_\_\_\_\_

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

**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 OR AGENCY OF THE UNITED STATES.**

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:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.

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**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.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

Housing Authority of the Co.of Clallam  
2603 South Francis Street  
Port Angeles, WA 98362  
(360) 452-7631 Fax: (360) 457-7001  
info@hacc-housing.org

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**NOTIFICATION OF RIGHTS AND OBLIGATIONS  
VIOLENCE AGAINST WOMEN ACT**

**To:** Section 8 or Public Housing Resident

**From:** Housing Authority of the County of Clallam

In January 2006, President Bush signed a law known as the Violence Against Women and Department of Justice Reauthorization Act of 2005. Portions of this law create new protections for victims of domestic violence, dating violence and stalking who are residents in public housing or who are assisted with section 8 rental assistance.

The following is a brief summary of the principal provisions of the new law, which is known as "VAWA". Additional details are set forth in the brochure delivered with this notice.

**You should know that:**

1. **Admissions:** That an applicant is or has been the victim of domestic violence, dating violence, or stalking (see attached brochure for definitions of these terms) is not an appropriate basis on which to deny program assistance or for denial of admission if the applicant otherwise qualifies for assistance or admission.

2. **Lease terms:**

- **An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of that violence.**
- **Additionally, your tenancy, assistance or occupancy rights will not be terminated as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of your household, a guest or another person under your control, and you or an immediate family member is the victim.**

**You should also know that there are some limitations to these protections:**

- **Your tenancy and/or assistance *may be* terminated if the owner, manager, or housing authority can demonstrate "an actual and imminent threat" to other tenants or to persons employed at or providing services to the development.**
- **So long as the owner, manager or housing authority does not apply a more demanding standard to you than to other tenants, your tenancy and/or assistance *may be* terminated for lease violations that are not based on an**

The Housing Authority of the County of Clallam does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to its programs. If you need to request a reasonable accommodation, contact the HACC at (360) 452-7631

**incident or incidents of domestic violence, dating violence or stalking for which VAWA provides protections.**

- **If you claim protection under VAWA against termination of your tenancy or assistance, the owner, manager, or housing authority may require you to deliver a certification concerning the incident or incidents that you believe raises the VAWA protections. If you do not deliver this certification within the time allowed, you will lose your legal protections under VAWA.**

3. **Certification:** There are three ways to certify if the owner, manager or housing authority requests you to do so. The law allows you to fill out a HUD-approved form, which will be delivered to you by the housing authority, or you may provide a police report or court record, or you may have a professional person whom you consulted about the domestic violence, dating violence or stalking provide documentation as described more fully in the attached brochure. You must deliver the certification in one of these three ways within 14 business days after your receipt of the owner, manager or housing authority's request for certification.

4. **Confidentiality:** Information provided by you about an incident or incidents of domestic violence, dating violence or stalking involving you or a member of your household will be held by the owner, manager, or housing authority in confidence and not shared without your consent, except that this information may be disclosed in an eviction proceeding or otherwise as necessary to meet the requirements of law.

5. **Removal of/Termination of Assistance to Perpetrator of Physical Violence:** VAWA contains a new provision of federal law that allows the owner or manager to terminate the tenancy of and evict a tenant or other lawful occupant, and/or the housing authority to terminate assistance to a participant in the Section 8 program, who engages in criminal acts of physical violence against family members or others. This action may be taken against the individual alone, without evicting, terminating the tenancy of, removing, denying assistance to, or otherwise penalizing other household members.

6. **Portability/Moving to Another Location.** If you are otherwise in compliance with your lease and other the Section 8 requirements, and you must relocate in order to protect the health or safety of a person who was or is the victim of domestic violence, dating violence, or stalking you may move ("port" if Section 8 or "transfer" if public housing) to another location even though you are breaking your lease when doing so. However, the victim must have a reasonable belief that he or she is imminently threatened by harm from further violence if he or she remains in the present location.

**For additional information, please consult the attached brochure or you may contact our office at Tel. No. 360-452-7631 or E-mail [info@hacc-housing.org](mailto:info@hacc-housing.org).**

**I certify that I have received a copy of the  
NOTIFICATION OF RIGHTS AND OBLIGATIONS  
VIOLENCE AGAINST WOMEN ACT**

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Print Name

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

## CONFIDENTIALITY

Any information provided pursuant to the Violence Against Women Act (VAWA) shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

## STATE AND LOCAL LAWS

Some states have passed laws effecting applicants, tenants, owners and landlords that are more stringent than requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence or stalking.

# **V**IOLENCE **A**GAINST **W**OMEN **A**CT

## What Applicants, Tenants, Owners and Landlords Need to Know

Applicable to Public Housing and  
Section 8 Housing Choice Voucher  
Programs

*Effective January 5, 2006*

This brochure meets notification requirements of the  
federal Violence Against Women Act.

**VAWA PROTECTION FOR PUBLIC  
HOUSING AND SECTION 8  
HOUSING CHOICE VOUCHER  
ASSISTANCE APPLICANTS**

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing or housing choice voucher assistance, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence or stalking, ask if the PHA gives this preference. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

**VAWA PROTECTION FOR PUBLIC  
HOUSING TENANTS AND HOUSING  
CHOICE VOUCHER PROGRAM  
PARTICIPANTS**

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, an owner or landlord may deny, remove, or terminate assistance to an individual perpetrator of such

actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity or good cause.

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence or stalking may request and be granted portability due to the incident or threat if they are otherwise compliant with all program obligations and the perpetrator has moved out of the dwelling unit.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.