

THE FOLLOWING ARE REQUIRED DOCUMENTS THAT HAVE TO BE WITH THE COMPLETED APPLICATION AT THE TIME THE APPLICATION IS TURNED INTO CROCKETT HOUSING AUTHORITY. **APPLICATIONS WILL BE ENTERED ON THE WAITING LIST, BUT AFTER 10 DAYS OF NOT BEING A COMPLETED APPLICATION, THE APPLICATION WILL BE DENIED!**

1. SOCIAL SECURITY CARD (ORIGINAL) FOR ALL HOUSEHOLD MEMBERS
2. BIRTH CERTIFICATE (ORIGINAL) FOR ALL HOUSEHOLD MEMBERS EXCEPT FOR NEWBORNS THEN A HOSPITAL RECORD WILL DO UNTO THE ORIGINAL BIRTH CERTIFICATE IS RECEIVED
3. DRIVERS LICENSE OR ID CARD FOR ANYONE IN HOUSEHOLD OVER THE AGE OF 18
4. ALL INCOME FOR HOUSEHOLD SUCH AS THE FOLLOWING:
 - _____ Income Verification
 - _____ Wage
 - _____ Unemployment
 - _____ VA Pension
 - _____ Pension
 - _____ Social Security
 - _____ SSI
 - _____ Child Support
 - _____ Zero Income Form/Family Support Statement
 - _____ Self Employed Statement
 - _____ TANF
 - _____ Food Stamp Award Letter
 - _____ Child Care Statement
 - _____ Elderly Expense (Medical)

HOUSING AUTHORITY OF THE CITY OF CROCKETT
186 East Fannin Avenue, Crockett, Texas 75835
936-544-2057 / 936-544-8573 (FAX)

TO ALL APPLICANTS:

APPLICATIONS WILL BE ENTERED ON THE WAITING LIST, BUT AFTER 10 DAYS OF NOT BEING A COMPLETED APPLICATION, THE APPLICATION WILL BE DENIED!

1. The Crockett Housing Authority is pleased to assist you in applying for housing assistance. The purpose of the Housing Authority is to provide affordable housing to qualified applicants on a first come, first serve basis. To qualify for admission to Public Housing an applicant must:
2. Be a family as defined in the Housing Authority's Admission and Occupancy Policy;
3. Meet the HUD requirements on citizenship or immigration status, (Birth Certificates for all family members);
4. Have an annual income at the time of admission that does not exceed the income limits established by HUD, posted in the Housing Authority's office;
5. Provide documentation of Social Security Numbers for all family members or certify that they do not have Social Security Numbers;
6. Meet or exceed the Applicant Screening Criteria;
7. Meet the Screening Requirements related to criminal activity and alcohol abuse;
8. Pay any money owed to the Crockett Housing Authority or any other Housing Authority;
9. **Not have had a lease terminated in the past 12 months.**
10. Be able and willing to comply with the Crockett Housing Authority's Lease; and
11. **Not have any family members and/or guest engaged in any criminal activity that threatens life, health, safety or the right to peaceful enjoyment of the premises by other residents and not have any family members and/or guest engaged in any drug-related activity;**
12. **Not have any family member and/or guest subject to a lifetime sex offender registration in any State. A criminal record check on all adult applicants will be conducted.**

Each applicant who submits a completed and signed applicant is placed on the Crockett Housing Authority's waiting list in the order received. Determination of eligibility is done within 30 days following the completion of the application. The waiting list will then be processed in order according to the unit type, size and any admission preferences that may apply.

Please complete this application with the requested information listed below. Any documents not submitted within ten (10) days of application submission, will result in the applicant being removed from the waiting list. All family members over the age of 18 are required to sign the application. Applicants with disabilities may seek assistance with the completion of the application. The information required is as follows:

1. **Verification of income for all family members who will live in the household;**
2. **Copies of Social Security Cards and birth certificates for ALL family members;**
3. **Copies of Driver's License and/or Picture ID for ALL adult members 18+ years of age.**

If you have any questions regarding this application, requested information or assistance on completing the application, please do not hesitate to ask.

IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UPDATED WITH THE MOST CURRENT INFORMATION OR PROVIDE UPDATED INFORMATION SIX (6) MONTHS FROM THE DATE OF YOUR APPLICATION AND EACH SIX (6) MONTHS THEREAFTER. FAILURE TO DO SO WILL RESULT IN YOUR NAME BEING REMOVED FROM THE WAITING LIST.

THIS SECTION FOR OFFICE USE ONLY

Date: _____

Received By: _____

Time: _____

Bedroom Size: _____

**APPLICATION FOR ADMISSION
HOUSING AUTHORITY OF THE CITY OF CROCKETT**

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understanding this document, we will provide assistance. You must notify this office to arrange for assistance.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All persons' age 18 and over must sign this application certifying the information pertaining to them is correct. **Do not leave blank any section of the application. If that section does not apply to you, write N/A.**

1. APPLICANT INFORMATION:

Name of Head of Household: _____

Physical Address: _____

Daytime Phone: _____

City: _____

Name of Head of Contact: _____

Physical Address: _____

Daytime Phone: _____

City: _____

II. HOUSEHOLD COMPOSITION:

Race of Head of Household (check one)

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander

Ethnicity (check one)

- Hispanic or Latino
- Non-Hispanic or Latino

Adults (age 18 and over)			Relation to Head	Sex M/F	Social Security Number	Elderly Disabled	Date of Birth	Place of Birth
Last	First	MI						

Children (under age 18)			Relation to Head	Sex M/F	Social Security Number	Elderly Disabled	Date of Birth	Place of Birth
Last	First	MI						

ADDITIONAL PAGE FOR HOUSEHOLD MEMBERS
APPLICATION FOR ADMISSION
HOUSING AUTHORITY OF THE CITY OF CROCKETT

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All persons' age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave blank any section of the application. If that section does not apply to you, write N/A.

1. APPLICANT INFORMATION:

Name of Head of Household: _____	Physical Address: _____	Daytime Phone: _____
	City: _____	
Name of Head of Contact: _____	Physical Address: _____	Daytime Phone: _____
	City: _____	

II. HOUSEHOLD COMPOSITION:

Race of Head of Household (check one)			Ethnicity (check one)		
<input type="checkbox"/> White	<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Non-Hispanic or Latino		
<input type="checkbox"/> American Indian/Alaskan Native					

Adults (age 18 & over)			Relation to Head	Sex M/F	Social Security Number	Elderly Disabled	Date of Birth	Place of Birth
Last	First	MI						

Children (under age 18)			Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name & Address of Absent Parent (not living with child)
Last	First	MI					

Which of the following do you claim? (check one)

- _____ I am a citizen, naturalized Citizen or National of the United States
- _____ I am a non-citizen with eligible immigration status.
- _____ I am a non-citizen without eligible immigration status.
- _____ Pending verification

In case of emergency contact:

Name: _____

Address: _____ Telephone: _____
Street City State Zip

Does anyone in your household require special accommodation due to a disability? _____

If yes, specify requirements: _____

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household member in order for them or another family member to work? _____ If yes, itemize: _____

III. TOTAL HOUSEHOLD INCOME:

List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker’s Compensation, Unemployment benefits, retirement benefits, TANF, Veteran’s benefits, alimony, babysitting, rental property income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? _____

Does anyone help you pay bills regularly? Yes _____ No _____

If yes, who? _____ How often? _____ How much? _____

IV. ASSETS

Do any household members have or receive income from assets: (check all that apply)

- Real Estate
- Stocks/Bonds
- Savings Accounts
- Company Retirement
- Pension Fund
- Insurance Settlements
- Certificate of Deposit
- Trust
- Checking Accounts
- Other _____

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? _____

If yes, what? _____ What was its’ market value _____

How much did you actually receive? _____

V. CHILDCARE AND MEDICAL INFORMATION

Do you pay for Child Care for children age 12 or younger while you work or attend school? _____

If yes, Name of Child Care Provider: _____ How much per month? _____

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) Back-up info required.

Medical Expense	Yearly Total	Medical Expense	Yearly Total

VI. GENERAL INFORMATION

Current Landlord: _____ Address: _____ Phone: _____

Previous Landlord: _____ Address: _____ Phone: _____

Have you or any household member ever lived in public housing or received housing assistance? Yes _____ No _____

If yes, under whose name? _____

Where? _____ Date: From _____ to _____

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes _____ No _____ If yes, where? _____ How much _____

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes _____ No _____ If yes, with whom? _____ How much? _____

Have you or any household member ever used any other name or social security number than the one used on this application? Yes _____ No _____. If yes, list: _____

Are you or any household member required to report to a probation or parole officer? Yes _____ No _____

Have you or any household member ever been arrested for drug or alcohol related activity, or violent criminal activity? Yes _____ No _____. If yes, give name of household member _____

Explain: _____

Do You own a vehicle(s)? Yes _____ NO _____

If yes, list Make: _____ Model: _____ Color: _____ Tag # _____

VII. PET OWNERSHIP

DO YOU OWN OR INTEND TO HAVE A PET ON CHA PREMISES – YES _____ NO _____

PLEASE COMPLETE THE INFORMATION ON THE NEXT PAGES WHICH IS THE "PET INFORMATION SHEET"

PET INFORMATION SHEET

- I. **PET RULES:** The following rules shall apply for the keeping of animals by Residents of Public Housing operated by the Housing Authority of the City of Crockett, Texas.
- A. Common household animals as authorized by this policy means a domesticated animal, such as cats, dogs, fish, birds, rodent, rabbits and turtle, that is traditionally kept in the home for pleasure, rather than for commercial purposes. **The following breeds are not an authorized breed and will not be permitted: Pitbull, Rottweiler, Chow, Doberman Pinscher and German Sheppard. Mixed breed with the above breeds will not be permitted.**
 - B. Tenants will register their pet with the Housing Authority **BEFORE** they are brought onto the property premises and will update the registration annually.
 - C. Cats and dogs shall be limited to **SMALL BREEDS** where weight shall not exceed twenty pounds (20) and total height shall not exceed twelve (12) inches. Service and companion animals are excluded from this limitation.
 - D. **All cats and dogs shall be neutered and/or spayed, as verified by Veterinarian, cost to be paid by the Owner. Animal Owners will be required to present a certificate of health from their Veterinarian verifying all required annual vaccines. This applies to all pets, service and companion animals.**
 - E. **A \$100.00-dollar (one hundred dollar) non-refundable pet fee** shall be made to the Housing Authority. The non-refundable pet fee is used to help cover cost of damages to the unit caused by the pet. **No pet fee is necessary for fish, service or companion animals.**
 - F. Each Tenant will be allowed to house only one (1) animal at any time except for service and companion animals.

Pet's Name _____ Type _____

Breed _____ Color _____ Weight _____

Housebroken _____ City of License _____ License No. _____

Date of last Rabies shot _____

Name, address, and phone number of person(s) able to care for pet in case of Resident's permanent or temporary inability to care for animal.

1. Name: _____
Address: _____
Phone: _____

I/We agree that the information we have given is true and accurate regarding the ownership or the intent to own a pet.

SIGNATURE(S): _____ DATE: _____

Head of Household: _____

Spouse/Co-Head: _____

Other Adult 18 years or older: _____

HOUSING AUTHORITY SIGNATURE: _____

APPLICANT/TENANT CERTIFICATION

All family members age 18 and over should review the information listed on this application and MUST sign below.

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deduction, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report immediately in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the Lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial or termination of assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supply false, incomplete, or inaccurate information is punishable under Federal and State Criminal Law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of Housing assistance or termination of tenancy.

I/We do hereby attest that all the information* given to the Housing Authority of the City of Crockett on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority with 10 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

I/We understand that this application is valid for six (6) months unless renewed or updated by the applicant.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT

DATE

*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9886.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or Local Agency, Organization, Business or Individual to release and to verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or any other Housing Assistance Programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U. S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD, Credit Bureaus, Collection Agencies or future Landlords. This includes records on my payment history and any violations of my Lease or PHA Policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include by are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers
Courts and Post Offices	Welfare Agencies
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	U.S. Social Security Administration
Medical and Child Care Providers	Support and Alimony Providers
Retirement Systems	U.S. Department of Veterans Affairs
Utility Companies	Banks and Other Financial Institutions
Cred Providers and Credit Bureaus	

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disapprove correct information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State or Local Agencies, including but not limited to: State Employment Security Agencies, U.S. Department of Defense, U.S. Office of Personnel Management, the U.S. Postal Service, the U.S. Social Security Administration and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be use for the purposes stated above. The original of this authorization will remain on file with the PHA. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____ HEAD OF HOUSEHOLD SIGNATURE	_____ PRINT NAME	_____ DATE
_____ SPOUSE/CO-HEAD SIGNATURE	_____ PRINT NAME	_____ DATE
_____ ADULT MEMBER +18 YEARS OF AGE SIGNATURE	_____ PRINT NAME	_____ DATE

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF TAX RETURN IS NEEDED, IRS FORM 4506 "REQUEST O=FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

DECLARATION OF CITIZENSHIP

Tenant Name: _____

Date: _____

PLEASE COMPLETE THIS FORM

Part 1: APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	I am a noncitizen with eligible immigration status	Signature of Adult Listed to the left or Signature of Guardian for Minor

Warning – Title 18 US Code Section 1001 states that a person is guilty of a Felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. If this form contains false or incomplete information, you may be 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.

NOTE: FAMILY MEMBERS WHO HAVE CHECKED A BOX INDICATING THAT THEY ARE A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS MUST COMPLETE PART 2 OF THIS FORM.

HOUSING AUTHORITY OF THE CITY OF CROCKETT
186 East Fannin Avenue, Crockett, Texas 75835
936-544-2057 / 936-544-8573 (FAX)

CHECK/CONSENT FOR RELEASE OF CRIMINAL RECORDS
ACKNOWLEDGEMENT

I consent to allow the Crockett Housing Authority to request and obtain criminal conviction records from any law enforcement agency for the purpose of screening my application for new admissions, portability and all other re-examinations in the Crockett Housing Authority Housing Program.

By the execution of this consent form, I consent that any law enforcement agency can release criminal records to the Crockett Housing Authority.

_____	_____	_____
Print Birth Name Head of House	Signature	Date
_____	_____	_____
Print Birth Name Co-Head of House	Signature	Date
_____	_____	_____
Print Birth Name Other Adult	Signature	Date
_____	_____	_____
Print Birth Name Other Adult	Signature	Date
_____	_____	_____
Print Birth Name Other Adult	Signature	Date

NOTE: I, the above signed, have been notified and do understand that the Crockett Housing Authority, as part of the applicant screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me according to the Housing Authority's Criminal Screening Policy.

I further understand that: the check will be run (1) on my name, sex, race, date of birth and social security number; (2) I will be afforded an opportunity for an informal hearing if I contest the report and I am rejected for housing assistance based on the report; (3) The Housing Authority may choose to do a fingerprint check if they are not satisfied with the results of the first report.

Revised 03/08/2013

HOUSING AUTHORITY OF THE CITY OF CROCKETT
186 East Fannin Avenue, Crockett, Texas 75835
936-544-2057 / 936-544-8573 (FAX)

WAITING LIST POLICY
HOUSING AUTHORITY OF THE CITY OF CROCKETT

I understand that I am on the active Waiting List for a _____ bedroom apartment. In order to stay on the active waiting list, I must visit or contact the Housing Authority office six (6) months from the date below. At that time, I will report any changes in family size, income, etc. If at any time my address or telephone number should change, I will notify the office immediately.

I also understand that if I do not contact the CHA office at the end of the six (6) months, I will no longer be on the active waiting list.

Applicant Signature

Date

HOUSING AUTHORITY OF THE CITY OF CROCKETT
186 East Fannin Avenue, Crockett, Texas 75835
936-544-2057 / 936-544-8573 (FAX)

Dear Applicant:

The Crockett Housing Authority has a “Preference or Priority Status” for those who qualify for it. You are hereby given the opportunity to claim this preference if you qualify, as a part of your application process. Please check the item listed below that applies to you. You must choose one of them.

- 1. QUALIFY AS AN ELDERLY FAMILY
- 2. QUALIFY AS A HANDICAPPED OR DISABLE FAMILY
(HEAD OF HOUSEHOLD MUST BE DISABLED TO QUALIFY AS A HANDICAPPED OR DISABLED FAMILY)
- 3. INVOLUNTARY DISPLACEMENT – NATURAL DISASTER
- 4. HOMELESSNESS – VETERANS
- 5. VIOLENCE AGAINST WOMEN ACT (VAWA)
- 6. NONE OF THE ABOVE

This form is a part of your application for assistance with your housing needs. If in the future your status changes, you are responsible to notify the Crockett Housing Authority at the time of change.

THANK YOU!

APPLICANT SIGNATURE

DATE

CROCKETT HOUSING AUTHORITY
ACOP
(REFERENCE INFORMATION)

D. Local Preferences

1. Applicant families who qualify for a local preference shall have preference for admission.

2. Definition of a Local Preference
 - a. Preference shall be given to Applicant families who's head or co-head has:
 - (1) Families whose family Head and Co-Head, or whose sole member, are disabled or age 62 years of age and older; or

 - (2) Involuntary Displacement: Natural Disaster:
Displaced due to an act of God, such as an earthquake, tornado, flood, fire, etc. which makes the applicant's dwelling uninhabitable. A Federal, State or Local Government Entity must declare and official disaster in order for an applicant to obtain and verify this preference; or

 - (3) Homelessness – Veterans

 - (4) Violence Against Women Act (VAWA)

 - b. Applicants may claim qualification of a local preference when they apply for admission to the program or thereafter until they are offered a unit.

 - c. Prior to executing a Rental Agreement, the applicant must provide to CHA with verification that the applicant's current status he/she qualifies for a local preference.

CHA ACOP

HOUSING AUTHORITY OF THE CITY OF CROCKETT

186 East Fannin Avenue, Crockett, Texas 75835

936-544-2057 / 936-544-8573 (FAX)

Date: _____

Dear Applicant:

This is an information letter given to you the date you fill out an application for housing assistance at the Crockett Housing Authority. The purpose for this information letter is to ensure your understanding the importance of fulfilling the responsibilities necessary for your assistance.

The timelines noted in this letter are necessary due to changes that were given to the Crockett Housing Authority by HUD in the general operations of the program. During recent years, due to Court Action, HUD has had a set of guidelines in force that with the settlement of the Court Action, has been removed. With their removal, the Crockett Housing Authority must change the way it does business in meeting the needs of our citizens.

HUD's method of grading the Housing Authorities has changed concerning vacancy days. The number of days a unit is vacant can have a drastic effect on the Housing Authority grade. In the past, Applicants have been given **FOURTEEN (14)** days to respond to an offer, and if they did not respond their name was moved to the bottom of the Waiting List. Since the **FOURTEEN (14)** days were mandated, they were considered **exempt days** and did not count against the Housing Authority. The days vacant waiting for an Applicant to sign a lease, are no longer **EXEMPT**. They count against the Housing Authority. **This has made it necessary for the number of days an Applicant has to respond to an offer to be changed. Applicants must now respond to an offer within TEN (10) WORKDAYS (weekends excluded).** Failure to respond within this timeframe will cause the Applicant to be removed from the Waiting List and thus lose the opportunity to receive housing assistance. This makes it imperative that we have your correct mailing address at **ALL TIMES!** It is your responsibility to notify this office should you have an address change from the address on your application since it may take the Postal Service more than ten (10) days to reroute your mail to a new address that you never notified the Crockett Housing Authority of having. This change in number of days for response makes it also very important for Applicants to have the funds set aside for the Security Deposit, Utility Deposits and Pro-Rated Rent so they will be ready for housing when their name comes up on the Waiting List.

Sincerely,

Crockett Housing Authority

CROCKETT 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 **Crockett Housing Authority** 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 Crockett Housing Authority, 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 Crockett Housing Authority, 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 Crockett Housing Authority 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.

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

²Housing 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.

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 **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

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 **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

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 **[Insert contact information for relevant local organizations]**.

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 **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

**U. S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

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.

FORM HUD-5382
(12/2016)

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.

FORM HUD-5382
(12/2016)