

Seymour Housing Authority

Phone: (203) 888-4579 Fax: (203) 888-2096 Email: admin@seymourhousing.org

Federal Housing (Elderly/Disabled) Application Packet

Please review the attached documents and feel free to call us with any questions.

To apply for our community, please complete and return the following documents:

1. **Pre-Application:** Please complete the form in its entirety. Do not leave any blanks. If a question does not apply to you, please write "N/A". Please remember to sign and date the application.
2. **Declaration of Section 214 Status:** Please complete and sign one form for each member of your household.
3. **Background Investigation Information and Consent:** Please complete and sign one form for each household member age 18 and over.
4. **HUD-9887 & 9887-A:** Please complete one form for the entire household and have each household member age 18 and over sign this form.
5. **Parking Disclosure:** Please have the head of household sign and return one form. Please keep the other copy for your records.
6. **Pet Disclosure:** Please have the head of household check Yes or No and return form signed. Please keep one copy for your records.
7. **Copy of Birth Certificate & Social Security Cards & Photo ID:** Please include a copy of all household members.
8. **Bank Verification:** Please only fill out the name, address, social security number and sign/date the 2nd page. Do NOT fill out the account information.

You may keep the following documents for your records:

Parking Disclosure (one copy)
Pet Disclosure (one copy)
One Strike Policy
Smoke Free Policy
VAWA Forms 5380 & 5382

Please return the completed application packet to:

Seymour Housing Authority
28 Smith Street, Seymour, CT 06483

INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY RETURNED.

Your application packet will be date and time stamped when it is received. It will be placed on the waiting list but categorized as pending until the following pre-application screening is completed: credit check, police background check (including FBI records), landlord verification, third-party provider review for any adverse actions or money due to other public housing authorities.

When your application reaches the top of the waiting list, we will contact you at the phone number and address provided on your pre-application. If any of your contact information changes, you should notify us as soon as possible.

ELDERLY/DISABLED

Seymour Housing Authority
28 Smith Street
Seymour, CT 06483

<i>For Office Use Only</i>
Date Received: _____
Staff Initials: _____

Pre-Application

ALL INFORMATION MUST BE COMPLETED. PLEASE PRINT NEATLY.

Name(s): _____

Address: _____
Street Apt. # City State ZIP

Email: _____ @ _____

Daytime Phone: _____ Evening Phone: _____

Household Status (check all that apply):

The head of household/spouse is:

- Age 62 or over Handicapped Disabled None of these

List the source documenting the disability & attach proof (ex: Dr letter, disability income, etc)

Can anyone in the household document that he/she requires the features of a dwelling unit accessible for wheelchairs?

- Yes No

Number of adults (age 18 and over) in the household: _____

List all persons, beginning with the head of household, who will live in the rental unit if you are selected for occupancy						
	Name	Relationship to Head	Birth Date	Place of Birth	Sex	Social Security Number
1.		Self				
2.						

List all sources of income for ALL ADULTS (age 18 and over) of your household. Use GROSS income (the amount before any deductions) & attach proof of income (SSI, SSDI, 6 paystubs, etc)

Household Member Name	Source of Income	Gross Monthly Amount
		\$
		\$
		\$
		\$
		\$

List all assets for ALL ADULTS (age 18 and over) of your household. (Checking accounts, savings accounts, stocks, bonds, life insurance, etc.)

Household Member Name	Type of Account	Bank/Institution	Account #	Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Do you own any real estate? Yes No

If yes, please indicate address: _____

If yes, please indicate current market value: \$ _____

For statistical purposes only (please check all that apply):

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

For statistical purposes only (please check one):

- Hispanic Non-Hispanic

Are you a citizen of the United States? Yes

No

Eligible Immigration Status

List household members: _____

Are you currently in the military? Yes No

Are you a veteran? Yes No

Were you or any household member ever arrested and/or convicted for any drug related offense or for any criminal activity?

Yes No

If yes, please explain: _____

Are you or any household members registered sex offenders?

Yes No

If yes, please explain: _____

Were you or any household members ever evicted from Section 8 or other public housing?

Yes

No

If yes, please explain: _____

Please provide your current landlord and past landlord information for the past 5 years:

Current Landlord Name: _____
Address: _____
Phone: _____
Best Time to call: _____
Dates of Residency: _____

Previous Landlord Name: _____
Address: _____
Phone: _____
Best Time to call: _____
Dates of Residency: _____

Previous Landlord Name: _____
Address: _____
Phone: _____
Best Time to call: _____
Dates of Residency: _____

Previous Landlord Name: _____
Address: _____
Phone: _____
Best Time to call: _____
Dates of Residency: _____

Previous Landlord Name: _____
Address: _____
Phone: _____
Best Time to call: _____
Dates of Residency: _____

I/We certify that the information given to the Seymour Housing Authority on household composition, income, assets, allowances, and other items on this application is accurate and complete to the best of my/our knowledge and belief. **I/We understand that false statements or information are grounds for disqualifying this application. I/We also acknowledge that any misrepresentations are in violation of state and federal law.**

Signature of Head of Household

Date

Signature of Co-Head/Other Household Member Age 18 and Over

Date

For Office Use Only:

Program: Elderly/Disabled Moderate Rental/Family

Application #: _____

Bedroom Requirements: _____

Date Received: _____

Time Received: _____

SHA Staff: _____

Occupancy Specialist Applications Clerk

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division): Hartford Field Office, One Corporate Center 20 Church Street, 19th Floor Hartford, CT 06103-3220	O/A requesting release of information (Owner should provide the full name and address of the Owner): Seymour Housing Authority 28 Smith Street Seymour, CT 06483	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): Executive Director, Seymour Housing Authority, 28 Smith Street, Seymour, CT 06483
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202, Sections 202 and 811 PRAC, Section 202/162 PAC, Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures

Additional Signatures, if needed

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved; 2) whether you actually have (or had) access to such income, wages, or benefits for your own use; and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet
 - b. Form HUD-9887
 - c. Form HUD-9887-A
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1)
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly, handicapped, or disabled, and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms.

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350 3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc.Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

BACKGROUND INVESTIGATION INFORMATION AND CONSENT/AUTHORIZATION

Please complete one form for each household member age 18 and over.

As part of a background check, the Housing Authority of the Town of Seymour may obtain a report about you from your local police department as well as the state police department for the purpose of evaluating you as a housing authority resident. Please provide the following information about yourself.

Applicant Name: _____
(First/Middle/Last)

Social Security #: _____ Date of Birth: _____
(For Identification Purposes Only)

Please list all addresses in the last 5 years. List current address first.

- 1. Current Address: _____
How long at current address? _____
- 2. Former Address: _____
How long at this address? _____
- 3. Former Address: _____
How long at this address? _____

Have you been know by other names in the past five years? ___ YES ___ NO
If yes, please list those names here: _____

Have you ever been arrested or convicted of any offense? ___ YES ___ NO
If yes, please provide details here: _____

IF YOU WISH TO BE CONSIDERED FOR HOUSING, YOU MUST SIGN THIS AUTHORIZATION. PLEASE READ THOROUGHLY.

I hereby consent and authorize the Housing Authority of the Town of Seymour and/or its agents to prepare and obtain reports including, but not limited to, information as to my criminal history. Public records may be used in obtaining this information, such as civil and court records.

By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

I agree that withholding any of the information requested in this document or submitting false information in connection with this document constitutes valid grounds for rejecting the application.

Authorization Signature of Applicant: _____ Date: _____

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Please complete one form for each household member age 18 and over.

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(For Identification Purposes Only)

Please list all addresses in the last 5 years. List current address first.

- 1. Current Address: _____
How long at current address? _____
- 2. Former Address: _____
How long at this address? _____
- 3. Former Address: _____
How long at this address? _____

Have you been know by other names in the past five years? YES NO
If yes, please list those names here: _____

Have you ever been arrested or convicted of any offense? YES NO
If yes, please provide details here: _____

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Authorization Signature of Applicant: _____ Date: _____

BANK ACCOUNT(S) or OTHER ASSET(S) VERIFICATION
Required Information - Please return this form within 5 days

DATE: _____

TO: _____

(Name and address of third party who is being requested to verify this information)

FROM: The Seymour Housing Authority
 28 Smith Street
 Seymour, CT 06483
 T. (203) 888-4579; F. (203) 888-2096
 (Name and address of housing project requesting the information)

RETURN THIS VERIFICATION TO THE "FROM" ADDRESS LISTED ABOVE

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

★ APPLICANT/TENANT NAME _____

★ APPLICANT/TENANT ADDRESS _____

★ APPLICANT/TENANT SOCIAL SECURITY NUMBER _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) or the State of Connecticut. HUD and the State of Connecticut require the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the address listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed envelope for this purpose. The applicant/tenant has consented to this release of information as shown on the reverse or on the attached page.

=====

Please verify all single and/or joint accounts held with the bank.
 Please do not leave any blank areas. If any item does not apply, please mark it "N/A".

Checking Accounts:

Account No.	Current Balance	Average 6 Month Balance	Interest Rate (N/A if no interest)
#	\$	\$	%
#	\$	\$	%
#	\$	\$	%

Savings Accounts:

Account No.	Current Balance	Interest Rate (N/A if no interest)
#	\$	%
#	\$	%
#	\$	%

Certificates of Deposit:

Account No.	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	\$	%		
#	\$	%		
#	\$	%		

CONTINUED ON THE REVERSE SIDE

Bonds/Money Market Funds/Other Securities:

Type of Asset	Account No.	Current Cash Value*	Interest Rate or Dividend	Projected Income for the next 12 months	Previous Year's Income:
	#	\$		\$	\$
	#	\$		\$	\$
	#	\$		\$	\$

Keogh/401k/IRA:

Type of Account	Account No.	Current Cash Value*	Interest Rate:
	#	\$	%
	#	\$	%
	#	\$	%

*Current cash value is the amount the holder would receive if converted to cash (minus any penalties).

Name and Title of Person Supplying this Information

Signature

Firm/Organization

Date

Telephone Number

Fax Number

=====

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

★ Applicant/Tenant Signature _____

★ Date _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

=====

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a)(6), (7), and (8).** Violation of these provisions are cited as violations of 42 U.S.C Section **408 (a) (6), (7), and (8).**

Sec. 8-46. of the Connecticut General Statutes states that any person who makes a false statement concerning any of the eligibility requirements for a public housing project, as defined in subsection (b) of section 21a-278a, in an application for admission to or continued occupancy of such public housing may be fined not more than five hundred dollars or imprisoned not more than six months or both.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or
 - Parole status under 212(d)(5) of the INA 6/; or
 - Threat to life or freedom under 243(h) of the INA 7/; or
 - Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

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Signature

Date

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HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET
SEYMOUR, CONNECTICUT - 06483



TELEPHONE (203) 888-4579
FAX (203) 888-2086
E-MAIL admin@seymourhousing.org
TTY 711

Parking Disclosure

The Seymour Housing Authority excels in fulfilling its mission to the community to provide safe, decent and affordable housing. We are considered a High Performer by HUD. You can rest assured that you will have an affordable and decent place to live while residing in our elderly/disabled housing.

However, in as much as the Seymour Housing Authority does not have sufficient enough spaces for all of its occupants, those tenants who do not have an assigned parking space must park on the street in accordance with the Town of Seymour Parking Regulations.

If there are no parking spaces available to you upon occupancy, you will be placed on our parking waiting list based on date and time of your occupancy, or when you obtain a vehicle in accordance with our parking policy.

We would love to be able to provide off street parking for your needs, however, we are limited by property availability. We are disclosing this fact to you so that you may make an informed decision prior to taking occupancy.

Thank you for your attention to this matter. If you would like to obtain a copy of our parking policy, you may contact the office at 203-888-4579 to request one.

Thank you,

David J. Keyser, PHM
Executive Director

I have read and understood the above parking disclosure, _____
(Signature Required)

I have read and understood the above parking disclosure, _____
(Signature Required)

Brenda A. White - *Chairperson/Tenant Commissioner*
Dominick Bellucci - *Vice Chairperson/Tenant Commissioner*
Virginia Dota - *Treasurer/Tenant Commissioner*
Susan Horelick - *Assistant Treasurer*
Rebecca Golebieski - *Commissioner*

David J. Keyser, PHM
Executive Director
and Secretary



An Equal Opportunity Employer



HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET
LOCK DRAWER 191
SEYMOUR, CONNECTICUT - 06483



TELEPHONE (203) 888-4579
FAX (203) 888-2096
E-MAIL admin@seymourhousing.org
TDD (203) 888-2942

Please keep.

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Susan Horelick - *Vice Chairperson*
Virginia Dota - *Treasurer/Tenant Commissioner*
Dominick Bellucci - *Assistant Treasurer/Tenant Commissioner*
Paul Beres - *Commissioner*

David J. Keyser, PHM
*Executive Director
and Secretary*



An Equal Opportunity Employer



SEYMOUR HOUSING AUTHORITY
PET POLICY

Dear Applicant,

The Seymour Housing Authority has adopted a Pet Policy in effect as of September 6, 1993, for all tenants and future tenants.

This pet policy includes a security deposit of \$200.00 that is required for all tenants if they own a pet, along with the following stipulations.

1. Only one animal, OR one cage, OR one fish tank.
2. Non- aggressive breeds only.
3. A current Rabies Certificate for your cat or dog, and a Certificate of Licensing for dogs only from the Town of Seymour, CT. Also required is a verification of the pet being spayed or neutered. Proof of these items must be submitted to the Housing Authority 90 days prior to occupancy.
4. A Comprehensive Personal Liability Insurance Policy in the amount of \$300,000, or an Owners, Landlords, and Tenants Insurance Policy (the policy must be free of pet exclusions), in the amount of \$100,000/\$300,00, is required and filed with the Housing Authority annually.
5. A signed statement from next of kin stating that the pet will be removed from the apartment in the event that the Tenant is absent from the apartment or upon his/her demise.
6. Exclusions apply to Special Purpose Animals. See Pet Policy.

Sincerely,
David J. Keyser, PHM
Executive Director

Do you own a pet? _____ YES _____ NO

By signing below, I acknowledge receipt of the Pet Policy.

Signature

Date

Signature

Date

Please keep.

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Sincerely,
David J. Keyser, PHM
Executive Director

Please keep.

HOUSING AUTHORITY OF THE TOWN OF SEYMOUR
28 Smith Street, Seymour, CT 06483
Telephone: 888-4579; Facsimile: 888-2096

"ONE STRIKE AND YOU'RE OUT" POLICY STATEMENT

It is the Mission of the Seymour Housing Authority to provide safe, decent, and affordable housing to its community. To assist us in achieving that goal, HUD has implemented President Clinton's "One Strike and You're Out" Policy by enacting the Housing Opportunity Program Extension Act of 1996 ("Extender Act"). In accordance with provisions of the "Extender Act", the Seymour Housing Authority will deny occupancy to applicants and take aggressive action to evict tenants in its federally subsidized or financed public housing on the basis of illegal drug-related activities and alcohol abuse when such abuse leads to behavior that threatens the health and safety or peaceful enjoyment of the premises by other residents. The Seymour Housing Authority will consider the following criteria in determining eligibility for rental in its federally subsidized or financed public housing.

Eligibility

In consideration of eligibility for occupancy to the Seymour Housing Authority's federally subsidized or financed public housing the following criteria will apply and will result in denial or rejection of an application:

- A history of crimes of physical violence to persons or property.
- A history of crimes involving the illegal manufacture, sale, distribution, use of, or possession with intent to manufacture, sell, use or distribute, a controlled substance.
- A history of crimes which would adversely affect the health, safety or welfare of other tenants.
- Any previous evictions from public housing within the past three years because of drug-related criminal activity.

The Seymour Housing Authority will deny occupancy to persons it has reasonable cause to believe, based on illegal use or a pattern of illegal use of controlled substances, may interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants.

Continued Occupancy

In consideration of continued occupancy with the Seymour Housing Authority the following criteria will apply and will result in an eviction action:

- Any drug-related or criminal activity occurring on or off Housing Authority property will be treated as a "serious violation of the material terms of the lease". Criminal activity is cause for eviction even in the absence of convictions or arrests. Criminal activity includes any individual's involvement in the possession, sale, or distribution of controlled substances, including violations of liquor laws.

- Alcohol abuse is grounds for termination of tenancy if the Seymour Housing Authority determines that such abuse interferes with the health, safety, or right to peaceful enjoyment of the premises by other tenants.
- Any person whom the Seymour Housing Authority determines is illegally using a controlled substance, or whose illegal use of a controlled substance is determined to interfere with the rights of other tenants.
- Discharge or illegal possession of firearms.
- Anyone involved in fights, assaults, acts of violence or disputes on or outside Housing Authority property.
- Any household that is reported on more than one occasion to have a high degree of traffic to and from his/her apartment.

The Seymour Housing Authority will aggressively administer these provisions in cooperation with the President's "One Strike and You're Out" policy for public housing residents. The Seymour Housing Authority will conduct comprehensive background checks that include screening for criminal activity. We will work with courts and State and Local law enforcement agencies to gain access to criminal records.

Seymour Housing Authority

Smoke Free Public Housing Policy

Background

On December 5, 2016, HUD published a Final Rule in the Federal Register, "Instituting Smoke-Free Public Housing." This rule requires each public housing agency (PHA) administering public housing to implement a smoke-free policy no later than 18-months from the effective date of the rule. The effective date is February 3, 2017, meaning that all public housing must be non-smoking no later than August 3, 2018. The rule must ban the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy must also extend to all outdoor areas up to 25 feet from the public housing and administrative office buildings.

Per the American Lung Association cigarette smoking is the number one cause of preventable disease in the United States. The elderly and young populations, as well as people of chronic illnesses, are especially vulnerable to the adverse effects of smoking and secondhand smoke. The EPA has identified secondhand smoke as a Class A carcinogen. A class A carcinogen is a cancer-causing agent. Allowing smoking within apartment units exposes all residents and site staff to these known carcinogens.

Furthermore, Smoking is a leading cause of residential fires and the number one cause of fire deaths in the U.S. Some insurance companies offer discounts on property casualty insurance for multi-unit owners with a 100% smoke-free policy.

Apartment turnover costs can be two to seven times greater when smoking is allowed.

E-cigarettes pose health risks and contain detectable levels of carcinogens and toxic chemicals. These chemicals are also present in secondhand emissions. E-cigarettes are not a safe alternative to smoking, and there is no scientific evidence that they help smokers quit.

This smoke free policy also prohibits the use of electronic nicotine delivery systems (also known as e-cigarettes, e-cigars, e-hookahs, vaping and e-pipes) anywhere that tobacco smoking is prohibited.

For these reasons, Seymour Housing Authority (SHA) will be implementing this Smoke Free Public Housing Policy.

Definitions

For the purposes of this policy the following definitions and assumptions will apply.

Definition of Smoking: The term smoking means inhaling, exhaling, breathing or carrying any lighted cigarette, cigar, pipe or other tobacco product, as well as marijuana or any other similar lighted product in any manner or any form. Further, this includes smoking of medical marijuana. Burning of incense, sage and similar products are also not allowed. **Smoking of e-cigarettes, e-cigars, e-hookahs, vaping and e-pipes is also prohibited by this policy.**

Individual apartments are defined as the interior and exterior spaces tied to a particular unit. This includes, but is not limited to bedrooms, hallways, kitchens, bathrooms, patios, unit entryways and building entryway areas.

Common spaces are defined as areas within the building that are open to the public, including but not limited to community rooms, community room bathrooms, community kitchens, lobbies, reception areas, hallways, laundry rooms, stairways, offices and elevator, and within 25 feet outside of the building(s) including entry ways, windows, porches and patios.

Non-Smoking Buildings are classified as buildings where smoking had been allowed in the past but, at the time of implementation, smoking will be allowed in designated areas outside the building. Smoking is prohibited by residents and their guests and visitors in all units, hallways, and common areas, and within a small perimeter outside the building not less than 25 feet.

The Designation of a Non-Smoking Building does not mean that smokers are prohibited from living at non-smoking buildings. It means that residents and visitors must smoke outdoors in designated areas. Residents that live in designated Non-Smoking Buildings agree to acknowledge the Smoke Free Policy when they sign their Lease. Current residents will sign a Lease Addendum agreeing to the terms of the Smoke Free Policy. Violating the policy (by smoking in a Non-Smoking Building) will constitute a lease violation and could result in enforcement actions up to and including eviction.

Purposes

To be compliant with HUD Policy and Regulations.

To mitigate the irritation and known health effects of secondhand smoke.

Minimize the maintenance, cleaning, and redecorating costs associated with smoking.

Decrease the risk of smoking-related fires to property and personal safety.

To allow all staff the opportunity to perform their job duties in an environment that is non-smoking.

Policy

Smoking will not be permitted in individual apartments or the common spaces of the Rev. Callahan House and the Norman Ray House.

This policy applies to everyone (residents, guests, visitors, service personnel and SHA employees) who visits, lives and works at SHA properties.

It shall be the resident's responsibility to inform his/her household members, and guests of this no smoking policy.

The resident shall prohibit smoking by his/her household members or guests while on the premises that would violate this policy.

Failure to comply or upon repeated violations to this policy may be cause for lease enforcement action up to and including termination of resident tenancy.

It will be the responsibility of all SHA employees to inform residents, guests, visitors, and service personnel of the SHA No-Smoking Policy and to enforce the policy.

The Smoke Free Policy does not mean that the residents/employees will have to quit smoking in order to live and/or work at SHA properties/campus. The policy will only limit smoking in designated areas.

The Smoke Free Policy will not mean that applicants who smoke will be excluded from applying to gaining access to SHA's Public Housing Programs or designated Smoke Free dwellings.

Disclosure

SHA is not a Guarantor of Resident Health: The Smoke Free Policy does not make the SHA a guarantor of resident health or of the smoke-free condition of the resident's unit or common areas.

Enforcement

If a resident or employee complains about being bothered by smoke or knows of another resident who has violated the policy, the following steps will be taken:

1st Violation-Site staff will visit the resident and document whether or not he or she smelled or witnessed evidence of smoke inside the unit. Staff will follow-up with a letter acknowledging the conversation and outcome.

2nd Violation -Site staff will visit the resident and document whether or not he or she smelled or witnessed evidence of smoke inside the unit. The resident will be subject to eviction and the resident will be sent a Pre-Termination notice for violations including, but not limited to; repeated violations of the Dwelling Lease provisions and for disturbing their neighbor's peaceful enjoyment of the premises.

Adopted 10/4/2017

Amended 5/8/2019

Amended 11/2019

Please keep.

Seymour 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 **Federal Elderly/disabled LIPH programs under the Seymour Housing Authority** are 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 **Federal Elderly/disabled LIPH programs**, 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 **Federal Elderly/disabled LIPH programs**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing

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

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

because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Federal Elderly/disabled LIPH programs** 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 **One Corporate Center 20 Church Street, 10th Floor Hartford, CT 06103-3220.**

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.hud.gov/>.

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 **Federal Elderly/disabled LIPH programs Seymour Housing Authority located at 28 Smith Street, Seymour CT 06483. Telephone 203-888-4579, Fax 203-888-2096.**

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 **BH Care; the Umbrella Center for Domestic Violence Services 127 Washington Ave 3rd floor west, North Haven, CT 06473. 24hr/7days Hotline 203-736-9944. Family Centered Services of CT, 235 Nicoll St, New Haven, CT 06511 Phone 203-624-2600**

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 **BH Care; the Umbrella Center for Domestic Violence Services 127 Washington Ave 3rd floor west, North Haven, CT 06473.**

24hr/7days Hotline 203-736-9944. Family Centered Services of CT, 235 Nicoll St, New Haven, CT 06511 Phone 203-624-2600

Victims of stalking seeking help may contact **BH Care; the Umbrella Center for Domestic Violence Services 127 Washington Ave 3rd floor west, North Haven, CT 06473. 24hr/7days Hotline 203-736-9944. Family Centered Services of CT, 235 Nicoll St, New Haven, CT 06511 Phone 203-624-2600.**

If you feel you are in eminent danger dial the Police at 911.

For More resources find United Way on their website: www.211CT.ORG.

Attachment: Certification form HUD-5382

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

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Please keep.

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

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

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

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

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

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

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

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

10. Location of incident(s): _____

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

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.