



Application

For Housing Assistance
Ottumwa Housing Authority
Administrative Office
935 W. Main St.
Ottumwa, IA 52501

Phone: (641) 682-8369 Fax: (641) 682-7287 TDD: (641) 682 -8360
 www.ohatowers.org

Print Neatly / Read Before Completing

Time: _____ a.m. / p.m.

For
 Office
 Use
 Only

Appl. #: _____

This application is not a contract and does not bind either the applicant household or the Ottumwa Housing Authority. Notify our office in writing within 10 days for changes in mailing address, income, and family composition. Promptly respond to all and any notifications sent by OHA. All members of the household 18 years of age and older will be subject to a criminal background check and must sign this application and all attachments. Application will be dated and timed when received in our Administrative Office at 935 W. Main. Should you need an assistance completing application, please notify our staff. After we review your application and documents provided with, you will be placed on the wait list of your choice. You will be awarded preference points based on establish waitlist policy regarding household qualifications, however; should there be any changes in your household please notify us immediately so that way we can update your status. Once your name comes to the top of the waiting list we will contact you via letter. Should you have any additional questions you may contact us via phone 641-682-8369 or via email www.ohatowers.org/contact.

1. I / We are applying for: (✓ check all that apply)

- _____ Housing Choice Voucher Program(Formerly known as S8 Assistance)
- _____ 2 or 3 Bedroom Family Public Housing Apartments
- _____ 3 or 4 Bedroom Oak Terrace (Must have Housing Choice Voucher)
- _____ Public Housing Buildings
 - (___ Camelot, Efficiency/1BR/2BR),(___ Southoak, Cottages/Efficiency/1BR)
 - (___ Westgate, Efficiency/1BR/2BR)
- _____ Tindell (Must hold Housing Choice Voucher to qualify)

2. You must use correct full legal name for each household member as it appears on Social Security Card. (If there are additional household members besides the table below please let us know so we can provide additional sheet to include all household members)

	Legal Names (First Name, Middle Initial, Last Name)	Relation to Head	Gender	Age	Birth Date	Social Security Number
1		Head of Household				
2						
3						
4						
5						
6						

Are you Experiencing Homelessness at this time? Yes / No

Address Living At: _____
 Number Street Name Apt.# City State Zip Code

Mailing Address: _____
 Number Street Name Apt.# City State Zip Code

Phone #1: _____ Phone #2: _____ Message ContactPerson: _____

Notes on Contacting Household _____

3. **HOUSEHOLD INCOME / ASSET / MEDICAL:** List all household income in table below. List medical expenses for one year ago (January 1st – December 31st). For insurance payments list *current* payment amount.

Family Member(s)	Type of Income	Source of Income	Gross Amt / Rate	How Often
	Social Security	Social Security Administration		Monthly
	S.S.I.	Social Security Administration		Monthly
	Social Security Disability	Social Security Administration		Monthly
	F.I.P./Cash Assistance	Department of Human Services		Monthly
	Food Stamps	Department of Human Services		Monthly
	Child Support			Monthly
	Pension			Monthly
	Employment			
	Unemployment			Weekly
	Self Employment			
	Other /			
	Type of Asset	Name of Bank / Institution	Asset Value	Rate of Return
	Checking Account			
	Savings Account			
	Certificate of Deposit			
	Bonds			
	Mutual Fund / IRA			
	Stocks			
	Pension			
	Retirement Funds			
	Type of Expense	Name of Provider Paid To	Enter Amount	How Often
	Medicare	Social Security Administration		Monthly
	Supplemental Ins.			
	Prescriptions			Yearly
	Childcare			
	Self Employment			
	Other/			

The Race and Ethnicity questions below are being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect (either positively or negatively) your selection for the program(s).

4a. Enter your proper Racial Code below:

1. White
2. Black / African American
3. American Indian or Alaskan Native
4. Asian
5. Native Hawaiian / Other Pacific Islander
6. Other

b. Enter your proper Ethnicity Code below:

1. Hispanic
2. Non - Hispanic

(If there are additional household members besides the table below please let us know so we can provide additional sheet to include all household members)

Family Member	Racial Code	Ethnicity Code	Mixed Race Codes <i>(If Mixed Race, please indicate below the proper Racial Codes from 4a.)</i>			
Head of Household						
2						
3						
4						
5						
6						

I certify that to the best of my knowledge the above information represents my current situation and that should these circumstances change in the future that I will inform the Ottumwa Housing Authority of any change. I further understand that all information supplied must be verified before being offered Housing Assistance, not at the time of this application.

WARNING: TITLE 18 SECTION 1001 OF THE U.S.C. PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OF ENTRY IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

I certify that myself and all members of my household, do not use illegal drugs. I further attest that myself and all members of my household do not sell, possess or use any illegal drugs and that my household is a drug-free household. **I further understand that if myself, members of my household, or guests, use sell or possess illegal drugs, I may be subject to immediate housing assistance termination.**

_____ Signature of the Head of Household	_____ Date	_____ Signature of Spouse/Adult Member of Household	_____ Date
_____ Signature of Adult Member of Household	_____ Date	_____ Signature of Adult Member of Household	_____ Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Ottumwa
Housing Authority

OTTUMWA HOUSING AUTHORITY

935 WEST MAIN
OTTUMWA, IA 52501
(641)682-8369
TDD (641)682-8360
FAX (641)682-7287



Printed Name: _____

Please check the boxes of any of the below conditions that apply to your household for each of the programs listed below that your household has applied for. **IF YOU HAVE CHECKED ANY OF THE PREFERENCE BOXES BELOW, IT IS REQUIRED THAT YOU PROVIDE OTTUMWA HOUSING AUTHORITY WITH DOCUMENTATION SHOWING PROOF OF THOSE PREFERENCES WHEN TURNING YOUR APPLICATION IN TO THE OTTUMWA HOUSING AUTHORITY.**

Housing Choice Voucher Program

15 Points

- Family was terminated from the Housing Choice Voucher Program due to insufficient program funds
(Documented proof that this occurred)

10 Points

- Current resident of the city of Ottumwa, Iowa
(Copy of current lease, or any two of the following: Photo ID with current address, credit card bill or written statement from head of household in which you are residing listing your current address; current Social Security award letter; or current bank statement)

5 Points

- Victim of domestic violence within the past 6 months and is a current resident of the city of Ottumwa, IA. **At the time the family is offered a voucher, eligibility for the preference will be verified. If the family is unable to verify eligibility for the preference at that time, they will be placed back on the waiting list according to date and time of application.**
(Statement from two or more sources: copy of police report, copy of court orders, Ottumwa Women's Crisis Center, Southern Iowa Mental Health Center, River Hills Community Health Center, or case workers.)
In addition: A participant who qualifies for the preference should certify that the person who engaged in the violence will not reside with the applicant family for a period of five (5) years. If the family is admitted, Ottumwa Housing Authority may deny or terminate assistance for the breach of the agreement.
- Head of household, spouse, or sole member is considered a disabled individual
(Social Security Disability award letter, Supplemental Security Income award letter, or OHA Disability form completed by a medical provider)

(Continued on back side)

Head of household, spouse, or sole member is 62 years of age or older

(Birth Certificate or Photo ID)

Current Member of the U. S. Armed Forces, Veteran, or surviving spouse of a veteran

(Applicant must present DD214, Certificate of Release or Discharge from Active Duty. Active duty military personnel and dependents are included when on active military duty. Active duty military personnel must provide current military identification.)

Family is a household with minor children

(Birth certificate of those minor children)

Signature of Head of Household

Date

Signature of Spouse / Other Adult

Date



**Ottumwa
Housing Authority**

OTTUMWA HOUSING AUTHORITY

935 WEST MAIN
OTTUMWA, IA 52501
(641)682-8369
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Printed Name: _____

Please check the boxes of any of the below conditions that apply to your household for each of the programs listed below that your household has applied for. **IF YOU HAVE CHECKED ANY OF THE PREFERENCE BOXES BELOW, IT IS REQUIRED THAT YOU PROVIDE OTTUMWA HOUSING AUTHORITY WITH DOCUMENTATION SHOWING PROOF OF THOSE PREFERENCES WHEN TURNING YOUR APPLICATION IN TO THE OTTUMWA HOUSING AUTHORITY.**

Hi-Rise Public Housing

(Camelot Towers, Southoak Towers, and Westgate Towers)

15 Points

- Family was terminated from the Housing Choice Voucher Program due to insufficient program funds
(Documented proof that this occurred)

10 Points

- Current resident of the city of Ottumwa, Iowa
(Copy of current lease, or any two of the following: Photo ID with current address, credit card bill or written statement from head of household in which you are residing listing your current address; current Social Security award letter; or current bank statement)
- Head of household, spouse, or sole member is considered a disabled individual
(Social Security Disability award letter, Supplemental Security Income award letter, or OHA Disability form completed by a medical provider)
- Head of household, spouse, or sole member is 62 years of age or older
(Birth Certificate or Photo ID)
- Current Member of the U. S. Armed Forces, Veteran, or surviving spouse of a veteran
(Applicant must present DD214, Certificate of Release or Discharge from Active Duty. Active duty military personnel and dependents are included when on active military duty. Active duty military personnel must provide current military identification.)
- Head of household, spouse, co-head, or sole member is employed at least 20 hours per week
(Applicant must provide copies of last three (3) paycheck stubs, or employer may provide documentation to OHA or the applicant)

(Continued on back side)

2 and 3 Bedroom Family Public Housing

(Scattered Family Sites)

15 Points

- Family was terminated from the Housing Choice Voucher Program due to insufficient program funds**
(Documented proof that this occurred)

10 Points

- Current resident of the city of Ottumwa, Iowa**
(Copy of current lease, or any two of the following: Photo ID with current address, credit card bill or written statement from head of household in which you are residing listing your current address; current Social Security award letter; or current bank statement)
- Head of household, spouse, or sole member is considered a disabled individual**
(Social Security Disability award letter, Supplemental Security Income award letter, or OHA Disability form completed by a medical provider)
- Head of household, spouse, or sole member is 62 years of age or older**
(Birth Certificate or Photo ID)
- Current Member of the U. S. Armed Forces, Veteran, or surviving spouse of a veteran**
(Applicant must present DD214, Certificate of Release or Discharge from Active Duty. Active duty military personnel and dependents are included when on active military duty. Active duty military personnel must provide current military identification.)
- Head of household, spouse, co-head, or sole member is employed at least 20 hours per week**
(Applicant must provide copies of last three (3) paycheck stubs, or employer may provide documentation to OHA or the applicant)
- Family is a household with minor children**
(Birth certificate of those minor children)

Signature of Head of Household

Date

Signature of Spouse / Other Adult

Date

Ottumwa 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 **Public Housing and Housing Choice Voucher** 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 **Public Housing and Housing Choice Voucher** , 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 **Public Housing and Housing Choice Voucher**, 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 Public Housing Program or Housing Choice Voucher assistance 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 **[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 your housing program manager for Public Housing or if you are receiving Housing Choice Voucher contact Housing Choice Voucher program manager. 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:

Crisis Intervention Services (Domestic and Sexual Assault)
1-800-270-1620
500 High Avenue West
Oskaloosa, Iowa 52501

The Crisis Center
641-683-3122
Ottumwa, Iowa 52501

Legal Aid- Iowa
641-683-3166
112 3rd St East
Ottumwa, Iowa 52501

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:

Crisis Intervention Services (Domestic and Sexual Assault)
1-800-270-1620
500 High Avenue West
Oskaloosa, Iowa 52501

Victims of stalking seeking help may contact:
The Crisis Center
641-683-3122
Ottumwa, Iowa 52501

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

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

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

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

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

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

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

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

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

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

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

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

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

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

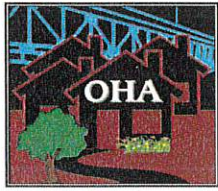
10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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



**Ottumwa
Housing Authority**

OTTUMWA HOUSING AUTHORITY

935 WEST MAIN
OTTUMWA, IA 52501
(641)682-8369
TDD (641)682-8360
FAX (641)682-7287



**EQUAL HOUSING
OPPORTUNITY**

I have received on _____ from Ottumwa Housing Authority Notice of Occupancy
(Date)

Rights under the Violence Against Women Act. I have read and understood the interpretation of VAWA Act, and at this time I, as an applicant and my household members do not wish to claim VAWA.

Print Name of Head of Household

Date

Signature of Head of Household

Date

Signature (18 years and Older)

Date

Signature (18 years and Older)

Date

Signature (18 years and Older)

Date

