For Office Use Only		
Date & Time Received:		Received By *(Management Signature)*:
Unit:	Move-In Date:	

Application for Rental Housing

Property Contact Information

Property Name:			
Bluebird Apartments			
Street Address:			
115 NE 146th Avenue			
City:		**State:**	**Zip:**
Portland		OR	97230
Phone:	**Phone (TTY):**	**Fax:**	
503-477-7653	711	503-477-7768	
Email:		**Website:**	
bluebird@nwrecc.org			
Office Hours:			

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.



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APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a unit with accessibility features due to a mobility, vision, or hearing impairment?
☐ **Yes** (*Please complete an **Accessible Unit Questionnaire)***. ☐ **No**

HOUSEHOLD COMPOSITION - Complete one ***Member Information Document*** form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household*
1		
2		
3		
4		
5		
6		
7		
8		

****Examples:** Head of Household, Co-Head, Spouse, Dependent, Other Adult, Foster Child/Adult, Live-In Aide, etc.*

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one ***Anticipated Household Addition*** form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster

1. Do you anticipate any other change in household composition over the next 12 months? ☐ Yes ☐ No
(e.g. adding a new member or removing a current member)

If Yes, please explain:

2. Is any household member temporarily absent, but under normal conditions would live in the unit? ☐ Yes ☐ No

If Yes, please explain:

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PENALTIES FOR MISUSING THIS FORM:

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 use 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 action 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. 408 (a) (6), (7) and (8).

REQUIRED SIGNATURES

All adult household members must view all documents in the Certification Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary (*One Per Household)*
- Member Information Document *(One Per Member)*
- Applicant/Tenant Income Certification Questionnaire *(One Per Adult Member)*
- Supplemental Income/Asset Document *(One Per Adult Member/One Per Household)*

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

	Member Signature	Printed Name	Date Signed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. *(Ex. Driver's License, Government Issued ID, etc.).*

Full Legal Name: _____
First Name *Middle Name* *Last Name*

Date of Birth: _____ **Gender:** ☐ Female ☐ Male ☐ Decline to Disclose

☐ Check box if member is an emancipated minor.

Social Security Number (SSN):_____ *(If you do not have a SSN please enter 999-99-9999)*

Part A: Live-In Aides do not need to complete this section.

1. Student Status: ☐ Full-Time Student ☐ Part-Time Student ☐ Not a Student
2. Do you have a spouse/legal domestic partner who is not listed on the Application Summary? ☐ Yes ☐ No
   (i.e. a spouse/legal domestic partner who is not expected to reside with you in the unit.)

*If Yes, please complete a **Separation Certification**.*

Part B: Complete this section if the member is under 18 years old and not emancipated:

1. Will this member live in the unit at least 50% of the time? ☐ Yes ☐ No
2. Name of the parent/guardian who will sign paperwork on this member's behalf: _____

Additional Information (optional):

Preferred Language:_____

Preferred Name *(if different from above)*:_____

Email Address:_____ Phone Number:_____

Driver's License # / State ID #:_____ State Issued:_____

Does this member require assistance from a Live-In Aide? ☐ Yes ☐ No

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature	Printed Name	Date

☐ Check here if an adult signed for a child.

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SUPPLEMENTAL INCOME / ASSET DOCUMENT

For Office Use Only:

Certification Effective Date:

This document reflects the sources of income & assets received by:

☐ **Individual Member:**_____

If selected, each adult with income and/or assets must complete a separate Income/Asset Document (excluding Live-In Aides).

OR

☐ **All Members**

If selected, one Income/Asset Document must be completed to reflect all income and asset sources within the household.

INCOME SOURCES

Please provide additional information for each source of income received.

	MEMBER NAME	INCOME TYPE & NAME OF SOURCE	PHONE/FAX/EMAIL
1.			Ph: Fax: Email:
2.			Ph: Fax: Email:
3.			Ph: Fax: Email:
4.			Ph: Fax: Email:
5.			Ph: Fax: Email:
6.			Ph: Fax: Email:
7.			Ph: Fax: Email:
8.			Ph: Fax: Email:
9.			Ph: Fax: Email:
10.			Ph: Fax: Email:
11.			Ph: Fax: Email:
12.			Ph: Fax: Email:
13.			Ph: Fax: Email:

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ASSET SOURCES

Please provide additional information for each asset owned.

	MEMBER NAME	ASSET TYPE	BANK/FINANCIAL INSTITUTION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Adult Household Members - *Review the information provided and initial below*

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:								
	#1	**#2**	**#3**	**#4**	**#5**	**#6**	**#7**	**#8**

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APPLICANT / TENANT INCOME CERTIFICATION QUESTIONNAIRE

(*Note: A separate questionnaire MUST be completed by each adult member of the household)

NAME: _____ **Unit #:** _____

Property Name: _____

☐ Initial Certification ☐ Recertification ☐ Addition of Household Member

RENTAL ASSISTANCE

	YES	NO		MONTHLY GROSS INCOME
1.	☐	☐	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below Housing Authority Name: _____	Note: This is not counted as household income.
2.	☐	☐	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name_____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

	YES	NO		MONTHLY GROSS INCOME
3.	☐	☐	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app- based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1)_____ 2)_____	(Use net income from business) $_____ $_____
4.	☐	☐	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: ☐ Wages ☐ Salary ☐ Overtime Pay ☐ Commissions ☐ Tips (Reported) ☐ Cash Tips (not reported or disclosed) ☐ Bonuses ☐ Other Compensation List the businesses and/or companies that pay you: Name of Employer 1)_____ 2)_____	 $_____ $_____

	YES	NO		MONTHLY GROSS INCOME
5.	☐	☐	I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do **not** count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization. Name of Person Providing Contribution 1)_____ 2)_____	$_____ $_____
6.	☐	☐	I receive unemployment benefits. My last day of employment: _____	$_____
7.	☐	☐	I receive Veteran's Administration, GI Bill, National Guard/Military benefits/income.	$_____
8.	☐	☐	I receive Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments.	$_____
9.	☐	☐	The household receives unearned income from family members aged 17 or under (example: Social Security, Trust Fund disbursements, etc.).	$_____
10.	☐	☐	I receive disability or death benefits other than Social Security.	$_____
11.	☐	☐	I receive periodic payments from lottery winnings.	$_____
12.	☐	☐	I receive Public Assistance Income (examples: TANF). **DO NOT INCLUDE FOOD STAMPS**	$_____
13.	☐	☐	I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? __	(amount received) $_____
14.	☐	☐	I receive alimony/spousal maintenance payments.	(amount received) $_____
15.	☐	☐	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1)_____ 2)_____	$_____ $_____
16.	☐	☐	I receive income from real or personal property.	$_____ (Use net earned income)
17.	☐	☐	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loan, or other grants scholarships, etc.	$_____ (amount received)
18.	☐	☐	I am claiming zero income and will be required to complete a separate Income Status Certification form.	

ASSET INFORMATION

Include all asset sources, including assets of minors.

	YES	NO		INTEREST RATE	CASH VALUE
19.	☐	☐	I have a checking account(s). # of accounts held: If yes, list bank(s) 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 CURRENT BALANCE $_____ $_____ $_____
20.	☐	☐	I have a savings account(s). # of accounts held: If yes, list bank(s) 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 CURRENT BALANCE $_____ $_____ $_____
21.	☐	☐	I have a digital wallet service(s). (e.g., Apple Pay/Apple Cash, Cash App, PayPal, Venmo, etc.) # of accounts held: If yes, list bank(s) 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 CURRENT BALANCE $_____ $_____ $_____
22.	☐	☐	I have a pay card for direct deposit of benefits or prepaid debit card(s). # of cards held: ___ If yes, list bank(s) 1)_____ 2)_____ 3)_____		 CURRENT BALANCE $_____ $_____ $_____
23.	☐	☐	I have a revocable trust(s). If yes, list bank(s) 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 $_____ $_____ $_____
24.	☐	☐	I own stocks, bonds, or Treasury Bills. If yes, list sources/bank names 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 $_____ $_____ $_____
25.	☐	☐	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.). If yes, list bank(s) 1)_____ 2)_____ 3)_____		 $_____ $_____ $_____
26.	☐	☐	I have cash on hand.		$_____

	YES	NO		INTEREST RATE	CASH VALUE
27.	☐	☐	I have Certificates of Deposit (CD) or Money Market account(s). # of accounts held: If yes, list sources/bank names 1)_____ 2)_____ 3)_____	_____% _____% _____%	$_____ $_____ $_____
28.	☐	☐	I have a Life Insurance Policy (exclude Term Life) having a cash value. If yes, how many? _____ If yes, name of insurance company(ies). _____		$_____
29.	☐	☐	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		$_____
30.	☐	☐	I receive payments through a crowdfunding platform (e.g., GoFundMe).		$_____
31.	☐	☐	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past two years. If yes, list items and date disposed: 1)_____ 2)_____ 3)_____		$_____ $_____ $_____
32.	☐	☐	I have a safe deposit box at a financial institution. Name of Institution: _____ Contents: _____ _____ _____		$_____
33.	☐	☐	I own real estate. If yes, provide description: _____ I intend to: ☐ Keep ☐ Sell ☐ Rent ☐ Give Away ☐ Foreclosure		$_____

	YES	NO		CASH VALUE
34.	☐	☐	I received a federal tax refund or refundable tax credit in the past 12 months.	$_____ Amount Received
35.	☐	☐	I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc. Do **not** include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment If yes, list type below: 1)_____ 2)_____ 3)_____	$_____ $_____ $_____
36.	☐	☐	I am a Student: ☐ Part-Time ☐ Full-Time	Name of School:_____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

_____ _____ _____

Printed Name of Applicant/Tenant Signature of Applicant/Tenant Date

Housing History Disclosure

Property Name: Bluebird Apartments Member Name: _____

Please provide the last 24 months of housing history. All adult members must complete this form at move-in.

☐ Check here if you had no established housing during the requested timeframe and provide a brief explanation.

Explanation:

Current Address

Street Address:

City: | State: | Zip Code:

Reason for leaving:

Move-In Date *(Month/Year)*: | Is this property subsidized by a HUD or RD program?* ☐ Yes ☐ No

(Check One) ☐ Rent ☐ Own ☐ Other _____ | Rent per month:

Landlord Name: | Landlord Phone:

**Applicants currently receiving assistance from HUD, who are also receiving a Health & Medical Expense/Attendant Care & Auxiliary Apparatus Expense Deduction, may be eligible for a Phase-In Hardship Exemption. In order to qualify for this exemption, you will need to provide a copy of the certification that is in place at the time of move-out from your current residence.*

Previous Addresses

Street Address:

City: | State: | Zip Code:

Reason for leaving:

Move-In Date *(Month/Year)*: | Move-Out Date *(Month/Year)*:

(Check One) ☐ Rent ☐ Own ☐ Other _____ | Rent per month:

Landlord Name: | Landlord Phone:

Street Address:

City: | State: | Zip Code:

Reason for leaving:

Move-In Date *(Month/Year)*: | Move-Out Date *(Month/Year)*:

(Check One) ☐ Rent ☐ Own ☐ Other _____ | Rent per month:

Landlord Name: | Landlord Phone:

Please use the ***Housing History Disclosure (Overflow Document)*** if additional space is required.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature | Printed Name | Date

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Housing History Disclosure *(Overflow Document)*

Property Name: Bluebird Apartments Member Name: _____

Previous Addresses *(continued)*

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

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Emergency Contact Form

Property Name: Bluebird Apartments

Instructions: As part of your application for housing, you have the option of providing 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.

☐ I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization:_____

Address:_____

Telephone Number:_____ **Cell Phone Number:**_____

Email Address *(if applicable)*:_____

Relationship to Applicant:_____

Reason for Contact *(Check all that apply)*

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance *(if applicable)*
- ☐ Eviction from unit
- ☐ Other Reason:_____
- ☐ Assist with recertification process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Late payment of rent

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.

_____ _____ _____

Member Signature | Printed Name | Date Signed

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ANNUAL LIHTC/BOND CERTIFICATION OF STUDENT STATUS

OREGON HOUSING and COMMUNITY SERVICES

This Student Self-Certification status form is in connection with the undersigned's application/occupancy in the following apartment. All ADULT household members (18 or older, Emancipated Minor and/or qualified as Head, Co-Head, or Spouse), as identified on the current Tenant Income Certification (TIC), must complete, sign and date this form at move-in and annually.

Head of Household Name: _____ Unit No. (if assigned): _____ BIN #: _____

Property Name and Address: Bluebird Apartments Portland, OR 97230

Move-in Date (if applicable): _____ Effective Date (Annual): _____

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please check A, B, or C as it applies to your household (note that "students" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. ☐ **Household contains at least one occupant who is not a student and has not been and will not be a student for any part of five (5) months or more out of the current and/or upcoming calendar year** (months need not be consecutive). If this item is checked, **and** you have student loans in repayment or deferral, please state how long is has been since you were in school: _____. If you do not have student loans and have checked this item, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

B. ☐ **Household contains all students but is qualified because the following occupant, _____, is a PART-TIME student** who has not been/will not be a full- time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, the Student Status/Financial Assistance Form is required (if applicable) **(Do not answer questions 1-5)**. Sign and date below.

C. ☐ **Household contains <u>all</u> students who were, are, or will be FULL-TIME for any part of five (5) months or more out of the current and/or upcoming calendar year** (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (Provide verification of participation. ☐ YES ☐ NO

*Full-time student households that satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered **NOT eligible**.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members aged 18 or older **must** sign and date.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

EQUAL HOUSING OPPORTUNITY

Household Demographic Reporting Form

Property Name: Bluebird Apartments

The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign and date the second page of this form as proof that the option to disclose this information was made available.

Household Members *(Please write the first and last names of all household members)*

1:	**2:**	**3:**	**4:**
5:	**6:**	**7:**	**8:**

RACE *(Select all that apply)*

Member:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
White	☐	☐	☐	☐	☐	☐	☐	☐
Black/African American	☐	☐	☐	☐	☐	☐	☐	☐
American Indian/Alaska Native	☐	☐	☐	☐	☐	☐	☐	☐
Asian *(Select all applicable subcategories below)*	☐	☐	☐	☐	☐	☐	☐	☐
Asian Indian	☐	☐	☐	☐	☐	☐	☐	☐
Chinese	☐	☐	☐	☐	☐	☐	☐	☐
Filipino	☐	☐	☐	☐	☐	☐	☐	☐
Japanese	☐	☐	☐	☐	☐	☐	☐	☐
Korean	☐	☐	☐	☐	☐	☐	☐	☐
Vietnamese	☐	☐	☐	☐	☐	☐	☐	☐
Other Asian	☐	☐	☐	☐	☐	☐	☐	☐
Native Hawaiian/Other Pacific Islander *(Select all applicable subcategories below)*	☐	☐	☐	☐	☐	☐	☐	☐
Native Hawaiian	☐	☐	☐	☐	☐	☐	☐	☐
Guamanian or Chamorro	☐	☐	☐	☐	☐	☐	☐	☐
Samoan	☐	☐	☐	☐	☐	☐	☐	☐
Other Pacific Islander	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐
Decline to Report	☐	☐	☐	☐	☐	☐	☐	☐

Continue on Next Page

EQUAL HOUSING OPPORTUNITY

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Household Demographic Reporting Form

ETHNICITY *(Select one)*								
Member:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Hispanic or Latino *(Select all applicable subcategories below)*	☐	☐	☐	☐	☐	☐	☐	☐
Puerto Rican	☐	☐	☐	☐	☐	☐	☐	☐
Mexican, Mexian American, or Chicano/a	☐	☐	☐	☐	☐	☐	☐	☐
Cuban	☐	☐	☐	☐	☐	☐	☐	☐
Another Hispanic, Latino/a, or Spanish Origin	☐	☐	☐	☐	☐	☐	☐	☐
Not Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐	☐
Decline to Report	☐	☐	☐	☐	☐	☐	☐	☐

Are any household members disabled per the Fair Housing Act's definition of disability?

The Fair Housing Act defines disability as:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

Member:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Disabled	☐	☐	☐	☐	☐	☐	☐	☐
Not Disabled	☐	☐	☐	☐	☐	☐	☐	☐
Decline to Report	☐	☐	☐	☐	☐	☐	☐	☐

REQUIRED SIGNATURES - *All adult household members sign and date below.*

_____ _____
Member Signature **Date Signed**

_____ _____
Member Signature **Date Signed**

_____ _____
Member Signature **Date Signed**

_____ _____
Member Signature **Date Signed**

_____ _____
Member Signature **Date Signed**

_____ _____
Member Signature **Date Signed**

_____ _____
Member Signature **Date Signed**

_____ _____
Member Signature **Date Signed**

EQUAL HOUSING OPPORTUNITY

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Acknowledgement of Receipt

Property Name: Bluebird Apartments **Unit Number:**_____

Applicant/Tenant Instructions: Review the documents listed below and confirm receipt. Please note that some documents are distributed only at move-in or initial certification and are not provided again at subsequent recertifications. You may request a copy of these documents at any time. By signing, you acknowledge that your household has received the documents marked below during your tenancy.

☒	**VIOLENCE AGAINST WOMEN ACT (VAWA):**	*Received at:* ☒ **Move-In/Initial** ☐ **Annual**
	1. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act	
	2. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation	

☐	**USDA RURAL DEVELOPMENT PROGRAMS:**	*Received at:* ☒ **Move-In/Initial** ☒ **Annual**
	1. Things You Should Know About USDA Rural Rental Housing	
	2. Tenant Grievance Procedures - Frequently Asked Questions (FAQ)	
	3. Tenant Rights and Responsibilities	

☐	**HUD PROGRAMS:**	*Received at:* ☒ **Move-In/Initial** ☒ **Annual**
	1. Resident Rights and Responsibilities	
	2. “How Your Rent Is Determined” Fact Sheet for HUD Assisted Residents	
	3. EIV & You	
	4. HUD-1141: Is Fraud Worth it?	
	5. HUD-9887/A Fact Sheet	

☐	**PROGRAMS UNDER SECTION 214:**	*Received at:* ☒ **Move-In/Initial** ☐ **Annual**
	1. Owner’s Notice #1	

I/We confirm that I/we have received copies of all documents marked above.

1. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
2. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
3. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
4. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
5. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed
6. _____ _____ _____
   Applicant/Tenant Signature | Printed Name | Date Signed

EQUAL HOUSING OPPORTUNITY

“This institution is an equal opportunity provider.”

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U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act ("VAWA")? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act ("VAWA"). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact:

Housing Provider/Grantee Name: Tracie Lindgren Northwest / Tamarack
Address: 1597 Avenue D, Suite 7
Phone: (406) 252-3773 Fax: (406) 252-9512 TTY Number: 711
Email: 504@nwrecc.org Website:

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4**.** If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*[1] includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

[1] For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act's Housing Provisions at https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you**,** a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
    a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
    b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact:

Housing Provider/Grantee Name:
Address:
Phone: Fax: TTY Number:
Email: Website:

The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing. If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any <u>one</u> of the following:

1. <u>A self-certification form (for example, Form-HUD 5382)</u>, which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. <u>A statement from a victim/survivor service provider, attorney, mental health professional or medical professional</u> who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. <u>A police, administrative, or court record</u> (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. <u>If allowed by your covered housing provider, any other statement or evidence provided by you.</u>

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **<u>will not be disclosed</u>** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact:

Staff Member:
Address:
Phone: Fax: TTY Number:
Email:

Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting:

Local HUD FHEO Field Office: Seattle Federal Office Regional Office of FHEO U.S. Department of Hou
Address: 909 First Avenue, Suite 300
Phone: (206) 220-5170 Fax: TTY Number: 8008770246
Email:

You can also find additional information on filing VAWA complaints at https://www.hud.gov/VAWA and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit https://www.hud.gov/fairhousing/fileacomplaint.

Need further help?

°For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa.
°To talk with a housing advocate, contact:

Local Advocacy/Legal Aid Organization: Domestic Violence Hotline
Address:
Phone: (800) 799-7233 Fax: TTY Number: 711
Email: Website:

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact:

Housing Provider/Grantee Name: Tracie Lindgren Northwest / Tamarack
Address: 1597 Avenue D, Suite 7
Phone: (406) 252-3773 Fax: (406) 252-9512 TTY Number: 711
Email: 504@nwrecc.org Website:

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact:

Domestic Violence Hotline

Local Advocacy/Legal Aid Organization:
Address:
Phone: (800) 799-7233 Fax: TTY Number: 711
Email: Website:

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

1. **Name(s) of victim(s):** _____

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

3. **Name(s) of other member(s) of the household:** _____

   _____

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

5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

   If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

   ☐ Phone Phone Number: _____

   Safe to receive a voicemail: ☐ Yes ☐ No

   ☐ E-mail E-mail Address:_____

   Safe to receive an email: ☐ Yes ☐ No

   ☐ Mail Mailing Address:_____

   Safe to receive mail from your housing provider: ☐ Yes ☐ No

   ☐ Other Please List:_____

6. **Anything else your housing provider should know to safely communicate with you?**

   _____
   _____
   _____
   _____
   _____

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

_____ _____

Signature **Date**

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.