

# Western Regional Housing Authority

Main Office  
P.O. Box 3015  
2545 N. Silver Street  
Silver City, NM 88062  
(575) 388-1974

Deming Office  
112 W. Ash Street  
Deming, NM 88030  
(575) 546-6544

Pyramid Village  
1001 Avenida Del Sol  
Lordsburg, NM 88045  
(575) 542-8111

## DOCUMENTS REQUIRED

In order to be determined eligible for assistance, you must provide this agency with adequate/required documentation/information. The following items will be required to be submitted to this office at the time the application is accepted. **Western Regional Housing Authority will not accept an application for any type of assistance that they may administer without these documents being presented.** The Western Regional Housing Authority reserves the right to request any other information or documents that it deems necessary in the course of determining applicant eligibility in administration of all of its programs.

The list of documents includes but is not limited to the following:

1. **Original Birth Certificates**
  - A. State Birth Certificate
  - B. Hospital Birth Certificate
  - C. Foreign Nationality-Any documentation provided and acceptable by INS proving family/household place of birth.
  - D. Application for Birth Certificate with a thirty (30) day grace period to provide birth certificate.
    1. At the end of the thirty (30) day grace period the applicant will be given an additional ten (10) days in which to submit birth certificate documentation to the Western Regional Housing Authority office.
    2. If the birth certificate/documentation is not provided within the ten (10) day period the applicant will be canceled.
  - E. US Passport
2. **Social Security Cards of all family members.** If not applicable, a certification stating that no social security number has been assigned or applied for. If applicant has been assigned a number, but does not have proper documentation, an application for a social security card replacement will be accepted. A ninety (90) day period will be allowed to provide social security cards. If not provided within ninety (90) days, applicant will be canceled
3. **Divorce Decree (If less than 5 Yrs).**
4. **Current Driver's License or Government Issued Picture ID for all adult family members.**
5. **Checking and/or Savings Account.** Checking - last 6 months, Savings - current statement.
6. **Income Verification.** The information you provide will be computer matched using the Employment Income Verification Database. Examples of Income: A statement of financial assistance from friends and/or relatives, Social Security, SSI, TANF/SNAP, Child Support, Unemployment Benefits, College Students: Financial Award Statement and Statement from the Business Office.  
Employment Verification form/3 most recent Paystubs
7. **Income Tax Return.** (Federal, State and W-2's)

**ALL ITEMS LISTED ABOVE MUST BE RETURNED WITH A COMPLETED APPLICATION TO BE ACCEPTED**

**If you or anyone in your family is a person with disabilities, and you require specific accommodation in order to fully utilize our programs and services, please contact the housing authority**

## What is the difference between Section 8 and public housing?

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This Housing Authority (PHA) administers 2 (two) programs.

1. Low Rent Public Housing Program
2. Section 8 Housing Program (Voucher Program)

The Housing Developments owned, managed and maintained by the PHA are referred to as **Low Rent Public Housing** (The rent subsidy is tied to the unit and is not transferrable). There are 154 Public Housing Units, 54 Units in Silver City, NM, and 100 Units in Lordsburg, NM, ranging in size from 1 bedroom to 4 bedrooms. The established rent is approximately 30% of residents adjusted income.

The **Section 8 Housing Voucher Program** is a rental subsidy program administered by this agency. Qualified families in this program are selected from the waiting list, certified, briefed on the requirements of the program and allowed to locate their own decent safe and sanitary housing. Rents are controlled by Fair Market Rents as established by HUD. The tenant's portion of the rent payable to the owner is based on 30% of the family's adjusted gross income. The Housing Authority subsidizes the difference between the tenant's portion and the actual rent. The Fair Housing Act prohibits discrimination in housing because of race, color, national origin, religion, sex or handicap.

**WESTERN REGIONAL HOUSING AUTHORITY**

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**APPLICATION FOR RENTAL ASSISTANCE**

Application No.: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

**PLEASE COMPLETE APPLICATION IN INK**

Indicate the program(s) you are applying for:

|   |                         |   |
|---|-------------------------|---|
| <p><b><u>Voucher Program</u></b> (Select Only One)</p> <p>_____ Grant County- Silver City, Cliff, &amp; surrounding areas</p> <p>_____ Catron County – Reserve &amp; surrounding areas</p> <p>_____ Luna County – Deming &amp; surrounding areas</p> <p>_____ Hidalgo County- Lordsburg &amp; surrounding areas</p> | <p>AND<br/>/<br/>OR</p> | <p><b><u>Public Housing</u></b> (Select Only One)</p> <p>_____ Hillside/Valley Vista (Silver City)</p> <p>_____ Pyramid Village (Lordsburg)</p> |
|---|-------------------------|---|

**A. APPLICANT:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip Code

Street Address: \_\_\_\_\_  
City State Zip Code

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

List the names, addresses, and phone numbers of relatives or friends:

- |                |                |
|----------------|----------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____   | Phone: _____   |

**B. HOUSING STATUS (Circle One)**

What is your current monthly rent? \$ \_\_\_\_\_

Do you pay utilities? Yes No

List utilities paid: \_\_\_\_\_

Are you now living in or have you ever applied for a government subsidized unit (HUD) before? Yes No  
 If yes, where and when? \_\_\_\_\_

Present landlord is \_\_\_\_\_ Phone number \_\_\_\_\_

Former landlord was \_\_\_\_\_ Phone number \_\_\_\_\_

**C. HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

| NO. | MEMBER FULL NAMES | RELATIONSHIP | BIRTH DATE | AGE | SOCIAL SECURITY NO. |
|-----|-------------------|--------------|------------|-----|---------------------|
| 1   |                   | SELF         |            |     |                     |
| 2   |                   |              |            |     |                     |
| 3   |                   |              |            |     |                     |
| 4   |                   |              |            |     |                     |
| 5   |                   |              |            |     |                     |
| 6   |                   |              |            |     |                     |
| 7   |                   |              |            |     |                     |

**Are you: (Circle One)**

1. Married    2. Single - If single, have you ever been married?    Yes    No  
 3. Divorced    4. Separated    5. Widowed - If yes, do you receive social security?    Yes    No

**Race:**            White            Black            Indian            Asian            Other: \_\_\_\_\_

**Ethnicity:**            Hispanic            Non-Hispanic

**D. INCOME INFORMATION (Circle One)**

Is any member of your household employed full-time, part-time, or seasonally?    Yes    No

Does any member of your household work for someone who pays them in cash?    Yes    No

Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?    Yes    No

Is any family member actively seeking work?    Yes    No

Does any member in the household receive unemployment benefits or severance pay?    Yes    No

If yes, explain: \_\_\_\_\_

Does any member of your household receive child support from an absent parent or from a child support recovery unit?    Yes    No

List the last known address of the absentee parent: \_\_\_\_\_

Does any member of your household receive alimony payments?    Yes    No

Does any member of your household receive welfare assistance (SNAP, TANF, General Assistance)?    Yes    No

Does any member of you household receive any monies/payments from an employer for disability or workmen's comp?    Yes    No

Do any members of your household own a business or self-employed?    Yes    No

Does any household member participate in a job training program?    Yes    No

Does any household member receive any type of military pay (including Coast Guard and National Guard Reserve units)?    Yes    No

Does anyone outside of your household pay for any of your household bills or living expenses?    Yes    No

Did any household members file an income tax return last year?      Yes      No  
 If No, did anyone else claim you or any other household member on their income tax return?      Yes      No  
 Explain: \_\_\_\_\_

Are there any family members who are temporarily absent from the home?      Yes      No  
 If yes, explain: \_\_\_\_\_

Does any member of your family receive Social Security or SSI benefits?      Yes      No

Does any member of your household receive income from a pension/retirement or annuity?      Yes      No

Does any household member have any type of retirement account (Company, IRA, 401(K), etc.)?      Yes      No  
 If yes, explain: \_\_\_\_\_

Does any member of your household receive regular cash contributions for your household bills or living expenses from individuals not living in the unit or from any agencies?      Yes      No

Is any adult in your household a full-time student?      Yes      No  
 If yes, explain: \_\_\_\_\_

Does any member of your household receive scholarships or grants?      Yes      No

**For each type of income that your household receives, give the source of the income and the amount of the income that can be expected from the source during the next 12 months. This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies (SNAP, TANF, general assistance), social security, pension, SSI disability, armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, regular contributions from people not residing with you.**

| MBR NO | SOURCE & TYPE OF INCOME | ANNUAL INCOME |
|--------|-------------------------|---------------|
|        |                         |               |
|        |                         |               |
|        |                         |               |

**E. ASSETS (Circle One)**

List all cars in your name or your household members' names:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_

Does any household member have a checking or savings account?      Yes      No

Does any household member own any home or property?      Yes      No

Does any member of your household receive income from assets including interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stock or bonds, or income from the rental of property?      Yes      No

If yes, explain: \_\_\_\_\_

Does any household member have any inheritances, lottery winnings, or lump-sum payments from any other source?      Yes      No

Does any household member have any life insurance policies?      Yes      No

Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.)      Yes      No

**F. EXPENSES (Circle One)**

Do you pay for a care attendant or for any equipment, for any household member with disabilities, that is necessary to permit that person or someone else in the household to work? Yes No

If yes, weekly amount \$ \_\_\_\_\_

If yes, are any of these expenses reimbursed by any person or agency? Yes No

Do you pay child care for children 12 or under that is not reimbursed by AFDC or any other person or agency? Yes No If yes, weekly cost: \$ \_\_\_\_\_

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**QUESTIONS FOR HOUSEHOLDS WHOSE HEAD OR SPOUSE IS 62 YEARS OF AGE OR OLDER OR IS A PERSON WITH A DISABILITY: (Circle One)**

Do you require any special amenities? Yes No

If yes, please list \_\_\_\_\_

Does any household member pay for Medicare? Yes No

Does any household member pay for any type of medical insurance? Yes No

Is any household member paying on past medical expenses and/or anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside the household? (This includes prescription and non-prescription drugs and any other medical costs.) Yes No

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**G. PROGRAM INFORMATION**

Do you owe money to any housing authority? Yes No

If yes, name of agency \_\_\_\_\_

Do any of your children under the age of seven (7) have an elevated lead blood level? Yes No

Has any member of the household been convicted of any criminal and/or drug-related activities in the last three (3) years? Yes No

Is any member of the household subject to a lifetime sex offender registration? Yes No

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This application is made with the understanding that the Housing Authority will conduct a criminal background check and verify rental history. I have no objection to inquiries for the purpose of verification of the above information and statements.

APPLICANT CERTIFICATION: I/we certify that the information given to Western Regional Housing Authority on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or misinformation are grounds for termination of housing assistance and termination of tenancy.

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT \_\_\_\_\_ DATE: \_\_\_\_\_

**\*WARNING:**

Section 1001 of the Title 18 U.S.C. provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned for no more than five (5) years or both."

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**\*\*FOR OFFICE USE ONLY\*\***

**THIS SECTION OF THE APPLICATION IS TO BE COMPLETED ONLY AT THE TIME OF APPLICATION UPDATE IN THE PRESENCE OF PHA REPRESENTATIVE**

I/we the applicant(s) have reviewed this application and have made changes to reflect current status of applicant.

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICATION STATUS - MISSING OR INCOMPLETE DOCUMENTS**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Does this applicant qualify for the Residency Preference?      Yes      No

If Yes, Explain: \_\_\_\_\_

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

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

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



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

**\*Fill out ONE form for EVERY household member\***

# WESTERN REGIONAL HOUSING AUTHORITY

## DECLARATION OF U.S. CITIZENSHIP OR NON CITIZEN WITH ELIGIBLE IMMIGRATION STATUS

I \_\_\_\_\_, hereby declare under penalty of perjury, that I, to the best of my knowledge, am lawfully within the United States because:

\_\_\_\_\_ I am a citizen, naturalized citizen or national of the United States; or

\_\_\_\_\_ I have eligible immigration status as check below (see attachment for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- \_\_\_\_\_ Immigrant status under 101(a)(15) or 101(a)(20) of the INA
- \_\_\_\_\_ Permanent residence under 249 of the INA
- \_\_\_\_\_ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA
- \_\_\_\_\_ Parole status under 212(d)(5) of the INA
- \_\_\_\_\_ Threat to life or freedom under Section 243(h) of the INA
- \_\_\_\_\_ Amnesty under 245A of the INA.

\_\_\_\_\_  
Signature of Adult or Legal Guardian

\_\_\_\_\_  
Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

\*For each adult, the declaration must be signed by the adult. For each child under 18 years of age, the declaration must be signed by an adult residing in the assisted dwelling unit who is responsible for the child.

**Western Regional Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Housing Choice Voucher Program and Low Rent Public Housing Program 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 the Housing Choice Voucher Program and Low Rent Public Housing Program, 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 the Housing Choice Voucher Program and Low Rent Public Housing Program, you may not be denied assistance, terminated from participation, or be evicted

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

<sup>2</sup> 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.

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

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Housing Choice Voucher Program and Low Rent Public Housing Program 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 **Albuquerque HUD field office**.

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

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 **Western Regional Housing Authority Executive Director**.

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 **El Refugio 575-538-2135**.

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 **El Refugio 575-538-2135**. Victims of stalking seeking help may contact **El Refugio 575-538-2135**.

**Attachment:** Certification form HUD-5382

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

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

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

**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): \_\_\_\_\_

|   |
|---|
| <p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|

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.