



11 Community Street • P.O. Box 2089 • Wheeling, West Virginia 26003-0289

[www.wheelingwv-pha.org](http://www.wheelingwv-pha.org)

Phone (304) 242-4447 • Fax (304) 242-4495

Joyce K. Wolen, Executive Director



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*Booker T. Washington • Garden Park Terrace • Hil-Dar • HOPE VI  
Luau Manor • Riverview Towers • Housing Choice Voucher Office*

Dear Applicant:

Welcome. To be placed on a WHA waiting list, complete the attached **and** provide the requested documents. Incomplete or unreadable applications will not be processed. To qualify for admission in either the Public Housing or Housing Choice Voucher Program at the Wheeling Housing Authority, an applicant must first complete this pre-application and be placed on the waiting list. The order of the waiting list is determined by date and time received, as well as verified preference points (note that each program may have different preference points). Available preference points may include confirmed veterans, working families, and disabled/handicapped persons, and will be confirmed before a point is given.

Once the applicant has reached the top of the waiting list, the WHA will contact the applicant for additional information to determine final admission eligibility to participate in the chosen program.

All applicants 18 years old and older are screened for criminal background and credit reports. Income is verified, as well as all information provided by an applicant. Rental history and debts owed are also checked. The process is used for every applicant in the same way, fairly, consistently, and uniformly. By making application, you acknowledge that these checks and verifications will be completed and you give your permission for WHA to do so. Additionally, you understand that if you provide false information, you will be denied assistance. Being placed on the waiting list does not guarantee admission to any program; final admission eligibility is determined when your name reaches the top of the waiting list and all information has been verified.

If WHA cannot contact you because of a change in your address or phone number that was not supplied to WHA, or the information provided in the pre-application is returned, the application will be placed on inactive and will not be processed. It is your responsibility to make certain that WHA has valid information to contact you.

Please contact any WHA office if you have questions. Our hours of operation are 8:00 a.m. to 4:30 p.m. and phone number is 304-242-4447.

**Wheeling Housing Authority**  
**11 Community Street -- P.O. Box 2089**  
**Wheeling, WV 26003-0289**  
**(304) 242-4447 / Fax (304) 242-4495**

Date Stamp:
Time Received:
WHA Staff Member:

**Pre-Application**

This application is to be considered for placement on the WHA waiting list; being placed on the waiting list does not guarantee approval for the WHA public housing or Housing Choice Voucher programs. Final determination is made when the applicant reaches or is near the top of the list, is provided a full application, the application is completed, all verifications are processed, and eligibility is verified.

Failure to complete this form completely and legibly will result in the application not being processed.

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For which program are you applying?

**Public Housing** (If applying for public housing, you must indicate your choice(s) in preference order.)

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Hil-Dar & Bishop Street                           | Preference Order: |
| <input type="checkbox"/> Luau Manor  | 1. _____          |
| <input type="checkbox"/> Garden Park Terrace                               | 2. _____          |
| <input type="checkbox"/> Booker T. Washington Plaza & 13 <sup>th</sup> St. | 3. _____          |
| <input type="checkbox"/> Riverview Towers (elderly only)                   |                   |

**Housing Choice Voucher Rental Program (Section 8)**

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Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Information: If we are unable to contact you when your application reaches the top of our list, your application will be made inactive; therefore, it is to your benefit to provide information where you can be reached regarding this pre-application. Please list an alternate address and phone number.

Alternate Name: \_\_\_\_\_ / Relationship to you: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Alternate City, State, Zip: \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Note: your signature below authorizes WHA to contact the alternate person regarding your application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

You must provide copies of the following (note that based upon answers to questions on this application, you may be required to submit additional documents as noted with the questions):

- ✓ Birth Certificate for all household members
- ✓ Social Security Card for all household members
- ✓ Photo Identification (ages 18 and over)
- ✓ Proof of Income (this would include copies of recent pay stubs, award letters, etc.)

List all Household members, beginning with yourself, who will be residing in this apartment. (Note the column entitled Race is for statistical purposes only and is not required but requested):

	Name First, Middle Initial, Last	Relationship to Head of Household	Sex	Social Security Number	Birth Date (month, date, year)	Birth Place (City, State, County)	OPTIONAL: Race (White, Black, American Indian/Native Alaskan, Asian/Pacific Islander, other)
1		Head of Household					
2							
3							
4							
5							
6							
7							

Occupancy standards established by the housing authority require that persons of the opposite sex (other than spouse/children under age 5), persons of different generations, and live-in aid not share a bedroom. WHA will generally assign one bedroom for every 2 persons in the household; single persons may select either a 0 (efficiency) or 1 bedroom unit. Live in aids will receive their own bedroom; however, this does not include members of their family. Based upon review of the application, a different size may be assigned by WHA.

Bedroom unit size you are requesting (public housing applicants only):

0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

**Income:**

For each household member listed indicate Yes/No for the source of income. Note that Child Support and Pension also request the provider name. (If additional space is needed, please attach a sheet.)

Household Member	Employer Name	Self-Employed	Soc. Sec. / SSI	TANF	Child Support (provider Name)	Pension (provider Name)	Unemployment
1 (Head)							
2							
3							
4							
5							
6							
7							

Other income not listed above?  Yes  No If yes, source of income: \_\_\_\_\_

**Assets:**

For each household member listed above, indicate Yes/No for each type of asset. Where indicated, list bank/company name.

Household Member	Bank Account(s) (Bank Name)	Stocks, Bonds, Securities	Trust Fund	Pay into Pension, IRA, retirement account (Bank/Company Name)	Whole Life Insurance Policy (Insurance Company Name and Policy #)	Own Real Estate
1 (Head)						
2						
3						
4						
5						
6						
7						

List household members, age 18 and over, who attend school full or part-time and school attending:

Member Name \_\_\_\_\_ School \_\_\_\_\_

Member Name \_\_\_\_\_ School \_\_\_\_\_

Member Name \_\_\_\_\_ School \_\_\_\_\_

Do you or any member of your household need a handicapped accessible unit?  Yes  No

Are you elderly, disabled or handicapped?  Yes  No

(Definitions: Elderly is aged 62 years or older; Disabled or handicapped is as defined by the Social Security Act)

Are you or any member of your household a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(To qualify for a preference point as a veteran, you must supply a DD214 with this application showing honorable/satisfactory service or certificate from a Federal, State or local agency attesting to the veteran status)

Are you a legal resident of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently a public housing resident or HCVP participant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received Government Assisted Housing before? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, where and when?)

Where: \_\_\_\_\_

When: \_\_\_\_\_

Provide the name, address, and phone number of your landlord(s) for the previous 5 years:

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Term of Residency: \_\_\_\_\_

Term of Residency: \_\_\_\_\_

Address of Residency: \_\_\_\_\_

Address of Residency: \_\_\_\_\_

A Criminal background check is required to determine eligibility; likewise, a tenant history will be checked. Please review and sign the following. By signing this application, you authorize the required checks by the housing authority.

All adult members of the household must sign below

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Wheeling Housing Authority (WHA) any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD and/or the WHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information on my payment history and any violations of my lease or WHA policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity and marital status, employment, income and assets, residences and rental activity, medical or child care allowances, and credit and criminal activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: previous landlords (including public housing authorities), courts and post offices, schools and colleges, support and alimony providers, past and present employers, welfare agencies, state unemployment agencies, social security administration, medical and childcare providers, veteran’s administration, retirement systems, banks and other financial institutions, credit providers, credit bureaus, and utility companies.

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand that HUD or WHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or WHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: state employment agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and state welfare and food stamp agencies.

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with WHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES**

\_\_\_\_\_

**Head of Household**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Adult Member**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Adult Member**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Adult Member**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

# 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

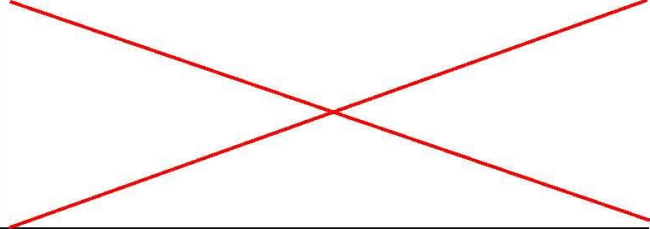
OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

Wheeling Housing Authority  
PO Box 2089  
Wheeling, WV 26003

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(l)(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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)



## Wheeling Housing Authority/Wheeling Neighborhood Ventures Inc.

### 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 **Wheeling Housing Authority (WHA)/Wheeling Neighborhood Ventures Inc. (WNV)** are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

#### Protections for Applicants

If you otherwise qualify for assistance from WHA/WNV, 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 from WHA/WNV, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights from WHA/WNV 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

WHA/WNV 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 WHA/WNV chooses to remove the abuser or perpetrator, WHA/WNV 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, WHA/WNV 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, WHA/WNV must follow Federal, State, and local eviction procedures. In order to divide a lease, WHA/WNV may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

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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.

## Moving to Another Unit

Upon your request, WHA/WNV 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, WHA/WNV 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.

WHA/WNV 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. WHA's/WNV's emergency transfer plan provides further information on emergency transfers, and WHA/WNV 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

WHA/WNV 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 WHA/WNV must be in writing, and WHA/WNV 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. WHA/WNV may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following as documentation. It is your choice which of the following to submit if asked 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 WHA/WNV 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 WHA/WNV has agreed to accept.

Form HUD-5380  
(12/2016)

If you fail or refuse to provide one of these documents within the 14 business days, WHA/WNV does not have to provide you with the protections contained in this notice.

If WHA/WNV 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), WHA/WNV 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, WHA/WNV does not have to provide you with the protections contained in this notice.

### **Confidentiality**

WHA/WNV 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.

WHA/WNV must not allow any individual administering assistance or other services on behalf of WHA/WNV (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.

WHA/WNV must not enter your information into any shared database or disclose your information to any other entity or individual. WHA/WNV, however, may disclose the information provided if:

- You give written permission to WHA and/or WNV to release the information on a time limited basis.
- WHA/WNV 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 WHA/WNV or your landlord to release the information.

VAWA does not limit WHA's/WNV'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, WHA/WNV 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 WHA/WNV 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 WHA/WNV can demonstrate the above, WHA/WNV 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 the HUD Charleston Field Office at 405 Capitol Street, Suite 708 Charleston, WV 25301-1795. Their toll-free phone number is (800) 877-8339 or, for persons with hearing impairments, 1-800-877-8339 (TTY).

Form HUD-5380  
(12/2016)

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, WHA/WNV must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact any WHA/WNV management office including the Housing Choice Voucher office or contact the HUD Charleston Field Office as listed above.

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 the Wheeling Police Department at (304) 234-3664, the Ohio County Sheriff's Department at (304) 234-3606, and/or the Family Violence Prevention Program at (304) 232-0511.

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 the Wheeling Police Department at (304) 234-3664, the Ohio County Sheriff's Department at (304) 234-3606.

Victims of stalking seeking help may contact the Wheeling Police Department at (304) 234-3664, the Ohio County Sheriff's Department at (304) 234-3606

**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.

Form HUD-5382  
(12/2016)

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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

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

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

5. Residence of victim: \_\_\_\_\_

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

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

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

10. Location of incident(s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

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