



MEMPHIS HOUSING AUTHORITY

700 Adams Avenue

Memphis, Tennessee 38105

(901) 544-1347 (Main)

(901) 544-1375 (Fax)

www.MemphisHA.org

ANNUAL REEXAMINATION PACKET HOUSING CHOICE VOUCHER PROGRAM (HCVP)

Every year the MHA is required to reexamine your income, assets, deductions, and family circumstances. Please complete the attached packet according to the instructions listed below.

Instructions:

- Complete the attached Application for Continued Occupancy and HUD-92006 – Supplement to Application
 - You and all household members age 18 and older must sign the following documents:
 - HUD-9886 Authorization to Release Information
 - Authorization to Release Additional Information
 - Family Obligations Form
 - Notice to Housing Choice Voucher Program Applicants, Participants, and Landlords Regarding the Violence Against Women Act (VAWA)
 - HUD-52675 Debts owed to PHAs & Terminations (only if the adult household member has not previously signed).
 - Gather verifications of the following and return with your completed recert packet:
 - Current Income (including wages, SSI, Social Security, welfare assistance, food stamps, unemployment, contributions from family and friends, etc.)
 - Assets – balance and interest earned – (checking account, savings account, retirement, real estate, stocks, bonds, etc)
 - Any assets that you have given away or sold for less than full value in the past 2 years
 - Provide the MHA with the completed materials and verifications
-

IF YOU NEED TO REPORT A NEW HOUSEHOLD MEMBER, WE WILL NEED THE FOLLOWING DOCUMENTS FROM THE NEW HOUSEHOLD MEMBER:

Note: New household members may be added due to birth, adoption, and court ordered changes in child custody. Please be advised that you must request and receive MH approval to add any other person as an occupant of the unit.

- Proof of Social Security Number (SSA-issued card or print-out with the number listed)
 - Proof of Citizenship/Immigration Status (Birth Certificate, U.S. Passport, or eligible immigration document)
 - Signed Citizenship Declaration
 - Signed Debts Owed & Terminations Form (only if age 18 or older)
-

Thank you for your cooperation



Initial Application/Application for Continued Occupancy

Please fill in all applicable blanks and answer all questions.

Name of Head of Household: _____

Street Address: _____

Phone Number: _____ Alternate Number: _____ Email Address: _____

I. Household Composition – List everyone who currently lives or will live in your household.

Note: You may add a household member due to birth, adoption, or court-ordered custody. Other additions are subject to MHA approval.

First & Last Name	Date of Birth	Sex (M, F)	Relation to Head	Social Security Number	Race*	Ethnicity**
1.			Head			H or NH
2.						H or NH
3.						H or NH
4.						H or NH
5.						H or NH
6.						H or NH
7.						H or NH
8.						H or NH
9.						H or NH
10.						H or NH
11.						H or NH
12.						H or NH
13.						H or NH

* Code for Race: 1 –White; 2- African American; 3-American Indian; 4-Asian; 5-Hawaiian/South Pacific

** Code for Ethnicity: H-Hispanic or NH-Non-Hispanic

1. List any household member(s) 18 years or older who currently attends school full-time and the school the household member(s) attends: _____ Does not apply:

2. List any household member(s) who is disabled: _____ Does not apply:
 Will the disabled household member(s) require special accomodations due to their disability? Yes No
 If yes, describe accomodation: _____

3. Do you have a child under the age of 6 who has been tested for lead and was found to have an elevated blood level? If yes, you will need to provide the MHA with a copy of the test results. Yes No

II. Household Income – Complete each of the income sections below and provide income information for all household members. You will need to provide documentation to verify each type of income your household receives.

1. Earned Income – includes employment and wages of any kind (full-time, part-time, seasonal, self-employment, temporary employment, cash payment). If you work with a temp agency, list on next page and estimate your pay.

Do you or any household member receive any earned income? Yes No

Verification – Provide two (2) consecutive paystubs, a payroll print-out/summary, or employer letter; for self-employment: provide a copy of your most recent tax return (e.g. 1040, 1040A).

Household Member Name	Employer/Source Information		Amount (\$)/year
	Name:	Phone:	
		Fax:	
	Address:		
	Name:	Phone:	
		Fax:	
	Address:		

2. Benefit Income

Does any household member receive:

- a. Disability/Worker's Compensation? Yes No c. Food Stamps/Welfare? Yes No
b. Social Security or SSI? Yes No d. Unemployment? Yes No

Verification: Provide an award letter or printout with current benefit amount.

Household Member Name	Income Type	Amount (\$)	Frequency

3. Other Income

Does any household member receive:

- a. Alimony/Child Support Case number: _____ Yes No c. Pension/Retirement? Yes No
b. Cash or help paying bills from friends/family? Yes No d. Foster Care/Adoption Assistance? Yes No
e. Other Income? Yes No

Verification: Provide a statement/award letter/print-out to show how much you currently receive.

Household Member Name	Source	Source Address & Phone Number	Amount (\$)	Frequency

III. Assets

Do you or any household member have...?		If yes, provide the following documents as verification:
Checking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Most recent bank statement
Savings/Certificate of Deposit (CD)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Retirement Acct (for example, 401K, 403B)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement/print-out from bank that shows current balance, interest rate, and penalty for early withdrawal of funds
Life Insurance Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Document that shows type of policy and cash value
Stocks or Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement that you receive from broker
Real Estate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Documentation of the value of the real estate & income you receive from it
Other Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement of the value and income you receive from asset

If you answered "Yes" to any of the above, please provide more information about the asset(s) below:

Household Member Name	Source	Source Address	Cash Value(\$)*	Interest Rate

*For a checking account, provide the 6-month average balance.

Have you or any household member given away or sold assets (including cash) for less than full value in the last two years? Yes No

If yes, what was the asset? _____

What was the value of the asset? _____ How much did you receive for the sale of the asset? _____

IV. Child Care Expenses

Note: Complete Section IV ONLY IF there are children 12 years or younger in the household. Does not apply:

In order to be counted as a deduction the child care must allow an adult member of the household to work, go to school, or search for a job.

Do you have any child care expenses that are not reimbursed by someone outside your household? Yes No

Verification: Provide a bill from your child care provider or a print-out from a government agency that shows your current contribution.

Provider Name, Address & Phone Number	Name(s) of Child(ren)	Name of Person enabled to attend work, school, or job search	Activity Enabled (work, school, job search)	Cost (\$)	Frequency

V. Medical Expenses

Note: Complete Section V ONLY IF the head of household, co-head, or spouse is disabled or at least 62 years old.

Does not apply:

Do you or any household member have any of the following medical expenses?	Amount of Expense (\$)	Frequency of Expense	Estimated Annual Amount (\$)
Prescriptions Yes <input type="checkbox"/> No <input type="checkbox"/>			
Doctors bills/co-pays Yes <input type="checkbox"/> No <input type="checkbox"/>			
Insurance Premiums Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hospital bills Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>			

Verification: Provide any print-outs or receipts that you have to support the amount of medical expenses you have on an annual basis.

VI. Disability Expenses

Note: Complete Section VI ONLY IF one or more household members is disabled. Does not apply:

Do you have any expenses for the care or a disabled household member that enable any member of the household to work (for example, care attendant, auxiliary apparatus or service animal)? Yes No

Verification: Provide bills or print-outs showing how much you pay and how frequently.

Describe Expense	Estimated Annual Amount (\$)	Who is enabled to work?

VII. Homeless

Note: Complete Section VII ONLY IF you are a new admission to the program.

1. Are you currently living in a car, on the street, or another place not meant for human habitation? Yes No

2. Are you currently living in a an emergency shelter, transitional housing, Safe Haven2, or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low-income individuals? Yes No

3. Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? Yes No

If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution? Yes No

4. Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made the you afraid to return to your primary nighttime residence? Yes No

If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing? Yes No

VIII. Criminal Background:

Has anyone in the household engaged in criminal or drug related activities in the past five (5) years?

Yes No If yes: Name/s _____

Date/s of Offense _____

WARNING! Title 18, Section 1001 of the United States Code: Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully— (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

I do hereby swear and attest that all of the information above about my household is true and correct.

Signature of Head of Household Date

Signature of Spouse/Co-Head/Other Adult (18 or older) Date

Signature of Other Adult (18 or older) Date

Signature of Other Adult (18 or older) Date

Signature of Other Adult (18 or older) Date

Signature of Other Adult (18 or older) Date

Signature of Other Adult (18 or older) Date

Signature of Other Adult (18 or older) Date



Family Obligations

When your unit is approved and the HAP contract is executed, you must follow the rules listed below in order to continue participating in the housing choice voucher program.

The family must:

1. Supply any information that the Memphis Housing Authority (MHA) or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information required to recertify family income and composition or as a result of an audit or quality control review.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the MHA to verify that the family is living in the unit or absent from the unit.
4. Promptly notify the MHA in writing when the family is away from the unit for more than 30 days at initial lease-up and while preparing to move-in. After move-in, the MHA will permit absences of no more than 90 days, unless the participant can document a medical need. In no case can the family be absent from the unit for more than 180 days.
5. Allow the MHA to inspect the unit at reasonable times and after reasonable notice. The family must allow the owner to make repairs.
6. Notify the MHA of any change in family income within 30 days, in accordance with the MHA interim policy. All household income received during the 12 month period preceding recertification must be reported.
7. Notify the MHA in writing at least 30 days before vacating the dwelling unit or terminating the lease. Provide the owner with a notice to vacate and submit a copy to the MHA.
8. Use the assisted unit for residence by the family. The unit must be the family's only residence.
9. Promptly notify the MHA in writing of the birth, adoption, or court-awarded custody of a child.
10. Promptly notify the MHA in writing within 30 days of changes in the marital status of any household member.
11. Request MHA written approval to add any other family member as an occupant of the unit.
12. Promptly notify the MHA in writing if any family member no longer lives in the unit.
13. Give the MHA a copy of any owner eviction notice.
14. Notify MHA in writing within 24 hours of disconnected utility service.
15. Pay utility bills and supply appliances that the owner is not required to provide under the lease.
16. Supply true and complete information.
17. Cooperate with the MHA in complying with EIV regulations, by signing all required documents and providing information related to EIV data.
18. Correct any HQS violation for which the family is responsible within the timeframe specified by the MHA.

Signature of Head of Household

Date

Signature of Spouse/Co-Head/Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



Family Obligations

The family (including each family member) must NOT:

- 1-a. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
- 2-a. Commit any serious or repeated violation of the lease.
- 3-a. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
- 4-a. Tamper with any utility boxes or use extension cords from other units to “steal” utilities, or use another person’s identity when establishing utility connections.
- 5-a. Engage in any criminal activity (drug-related, violent or otherwise).
- 6-a. Be convicted of other drug-related or violent criminal activity within the past five years.
- 7-a. Have any household members who illegally possess weapons.
- 8-a. Sublease or let the unit or assign the lease or transfer the unit.
- 9-a. Receive housing choice voucher program assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
- 10-a. Damage the unit or premises (other than ordinary wear and tear) or permit any guest damage the unit or premises.
- 11-a. Receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
- 12-a. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- 13-a. Threaten or physically abuse any employee of the MHA.

I have read the Family Obligations and understand that violating them may result in the termination of my assistance.

Signature of Head of Household	Date	Signature of Spouse/Co-Head/Other Adult	Date
Signature of Other Adult	Date	Signature of Other Adult	Date

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

**Memphis Housing Authority
Housing Choice Voucher Program
700 Adams Avenue
Memphis, TN 38105**

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

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

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing
OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

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 (7/94)



MEMPHIS HOUSING AUTHORITY – HOUSING CHOICE VOUCHER PROGRAM
700 Adams Avenue Memphis, TN 38105 Telephone: 901-544-1347 Fax: 901-544-1375

Supplemental Authorization to Release Information

PURPOSE AND AUTHORIZATION: The purpose of this form is to grant the MHA the authority to obtain information from various third party sources to verify your eligibility for the program and your income, assets, and deductions for the purpose of calculating your rent.

INFORMATION MAY BE REQUESTED FROM PROVIDERS OF:

- | | |
|---------------------|------------------------------|
| EMPLOYMENT | MEDICAL CARE |
| ALIMONY | PENSIONS |
| CHILD CARE | ASSETS |
| CHILD SUPPORT | LAW ENFORCEMENT AGENCIES |
| CREDIT RECORD | SCHOOLS AND COLLEGES |
| DISABLED ASSISTANCE | BANKS |
| COURT AWARDS | FINANCIAL INSTITUTIONS |
| PREVIOUS LANDLORDS | LOCAL/STATE WELFARE AGENCIES |

OTHER _____

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I, or any adult member of my family, fail to sign this authorization, I understand that this action may constitute grounds for denial or termination of assistance.

Signature of Head of Household Date

Signature of Spouse or Co-Head Date

Signature of Other Adult Date

Signature of Other Adult Date

Memphis Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act

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. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Memphis Housing Authority (MHA) 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, 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, 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 under the Housing Choice Voucher 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

MHA 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 MHA chooses to remove the abuser or perpetrator, MHA 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, MHA 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, MHA must follow Federal, State, and local eviction procedures. In order to divide a lease, MHA 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, MHA 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, MHA 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.

MHA 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. MHA's emergency transfer plan provides further information on emergency transfers, and MHA 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

MHA 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 MHA must be in writing, and MHA 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. MHA 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 MHA as documentation. It is your choice which of the following to submit if MHA 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 MHA 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 MHA has agreed to accept.

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

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

Confidentiality

MHA 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.

MHA must not allow any individual administering assistance or other services on behalf of MHA (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.

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

- You give written permission to MHA to release the information on a time limited basis.
- MHA 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 MHA or your landlord to release the information.

VAWA does not limit MHA’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, MHA 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 MHA 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 MHA can demonstrate the above, MHA 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 Office of Public and Indian Housing, Memphis HUB at (901) 544-3367.

For Additional Information

You may view a copy of HUD’s final VAWA rule at <https://www.federalregister.gov/d/2016-25888>. Additionally, MHA must make a copy of HUD’s VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Memphis Housing Authority at (901) 544-1347.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the **Family Safety Center of Memphis and Shelby County Hotline at 901-274-7477.**

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/stalkingresource-center>.

For help regarding sexual assault, you may contact:

**Shelby County Rape Crisis Center – (901) 222-4350 Abused
Women’s Services YMCA – (901) 725-4277**

Victims of stalking seeking help may contact:

**Shelby County Orders of Protection – (901) 222-4013 Shelby County Crime Victims Center
– (901) 222-3950**

Attachment: Certification form HUD-5382

Head of Household:

Date:
