

# Portia Housing Authority

Managed by Paragould Housing Authority  
612 East Canal Street  
Paragould, AR 72450

Phone (870) 239-8084 Fax (870) 215-0768 TDDY 1-800-285-1121

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Dear Applicant

Completed applications can be returned by one of the following ways:

- **Mail to**

Portia Housing Authority  
C/o Paragould Housing Authority  
612 East Canal St.  
Paragould, AR 72450

- Put application in the Hoxie Housing Authority **Drop Box** at

400 SW Maple Street  
Hoxie, AR 72433

**or**

- **Bring** completed applications to

Paragould Housing Authority  
612 East Canal Street  
Paragould, AR 72450

**or**

- **Email** to [applications@paragouldha.com](mailto:applications@paragouldha.com)





# Portia Housing Authority

PO Box 152, 504 West Front St  
Portia AR 72457 870-886-5304

Print this page

Thank you for your interest in our apartments.  
Please complete all requested information on the two  
sheets of this form.

Date Received \_\_\_\_\_

Rec'd by \_\_\_\_\_

Number of Bedrooms Desired \_\_\_\_\_

Choices for Race are 1-American Indian or Alaskan Native - 2-Asian - 3-Black or African American - 4-Native Hawaiian or Pacific Islander - 5-White

Choices for Ethnicity are: a-Hispanic/Latino - b-Non-Hispanic/Latino

Choices for Race Det. Code

C - Customer Provided - E - Employee Observed

## PERSONAL INFORMATION

| Social Security No. | Household Member Name<br><i>(Last, First and Middle Initial)</i> | Sex | Date of Birth<br>MM-DD-YY | Race | Ethnicity | Race         | Minor, Disabled, Handicapped or<br>Full-Time Student 18 or older   | Elderly,<br>Disabled or Handicapped                          |
|---------------------|--|-----|---------------------------|------|-----------|--------------|--|--|
|                     |  |     |                           |      |           | Det.<br>Code |  |  |
|                     |  |     |                           |      |           |              | (Check if Household<br>Member is not the Tenant or<br>a Co-Tenant) | (Check if Household<br>Member is a Tenant or a<br>Co-Tenant) |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |
|                     |  |     |                           |      |           |              |  |  |

Household Income (Monthly) \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_ Medical Expenses (if allowable) \$ \_\_\_\_\_  
 Checking \$ \_\_\_\_\_ Assets \$ \_\_\_\_\_ Child Care Expenses \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

### RESIDENCE HISTORY

#### PRESENT ADDRESS

Present Telephone \_\_\_\_\_ Length of time at present address \_\_\_\_\_  
 Present Landlord \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Complete Address \_\_\_\_\_  
 Amount of Rent \_\_\_\_\_ Reason for moving \_\_\_\_\_

#### PREVIOUS ADDRESS

Length of time at previous address \_\_\_\_\_  
 Previous Landlord \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Complete Address \_\_\_\_\_  
 Amount of Rent \_\_\_\_\_ Reason for moving \_\_\_\_\_

### WORK HISTORY

#### EMPLOYED BY

Employer's address \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 Position held \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Supervisor \_\_\_\_\_

#### CO-TENANT'S EMPLOYER

Employer's address \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 Position held \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Supervisor \_\_\_\_\_

### BANKING AND CREDIT REFERENCE

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Credit Reference \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Credit Reference \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Credit Reference \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

I request a handicapped accessible unit?

In case of personal emergency, notify (Relationship, Address, Telephone #)

I am 62 years old or disabled?

I have been convicted of a felony? If yes, explain \_\_\_\_\_



**Who is the Head of Household? (Legal Name):**

|   |                    |   |  |   |            |            |
|---|--------------------|---|--|---|------------|------------|
| <u>Last Name</u>  | <u>First Name</u>  | <u>M. I.</u>  | <u>Sex</u><br>M/F/D<br>Decline<br>Answer | <u>Social Security#</u>   | <u>DOB</u> | <u>Age</u> |
| <u>Race:</u> <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native<br><input type="checkbox"/> Asian <input type="checkbox"/> Pacific<br>Islander<br><input type="checkbox"/> Decline To Answer  |                    | <u>Ethnicity:</u><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Decline<br>Answer |  | <u>Do you or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: |            |            |
| <u>Which of the following housing programs are you applying for?</u><br>Family Income Based Rent: <input type="checkbox"/><br>Income Based Rent: Disabled <input type="checkbox"/> <input type="checkbox"/> Veteran <input type="checkbox"/> Displaced<br>Elderly Only (62+ or Disabled <input type="checkbox"/> Near Elderly (50-61) |                    |   |  |   |            |            |
| <u>Home Phone:</u>  | <u>Cell Phone:</u> | <u>Work Phone:</u>  | <u>Email:</u>                            |   |            |            |

**What is your present address?**

Are you homeless? Yes or No

|                         |             |              |            |
|-------------------------|-------------|--------------|------------|
| <u>Street Address</u>   |             |              |            |
| <u>Mailing Address</u>  | <u>City</u> | <u>State</u> | <u>Zip</u> |
| <u>Street or PO Box</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |

**What was your street address before you moved to where you live now?**

|                       |              |            |  |
|-----------------------|--------------|------------|--|
| <u>Street Address</u> |              |            |  |
| <u>City</u>           | <u>State</u> | <u>Zip</u> |  |

**If we were unable to reach you, whom could we contact locally?**

|                |                     |
|----------------|---------------------|
| <u>Name</u>    | <u>Phone #</u>      |
| <u>Address</u> | <u>Relationship</u> |

**Household members :List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.**

| No. | Legal Name | Sex M/F/D<br>Decline<br>Answer | Relationship<br>to head | SSN | DOB | Age | School Name or<br>Occupation | Full Time<br>Student<br>Yes or No |
|-----|------------|--------------------------------|-------------------------|-----|-----|-----|------------------------------|-----------------------------------|
| 1   |            |                                |                         |     |     |     |                              |                                   |
| 2   |            |                                |                         |     |     |     |                              |                                   |
| 3   |            |                                |                         |     |     |     |                              |                                   |
| 4   |            |                                |                         |     |     |     |                              |                                   |
| 5   |            |                                |                         |     |     |     |                              |                                   |
| 6   |            |                                |                         |     |     |     |                              |                                   |
| 7   |            |                                |                         |     |     |     |                              |                                   |

**Income Information: Provide a complete explanation of "income" to applicant.**

| Fam mem | Source of Income | Rate/ Frequency | Type of Income | Annualized Income |
|---------|------------------|-----------------|----------------|-------------------|
|         |                  |                 |                | \$                |
|         |                  |                 |                | \$                |
|         |                  |                 |                | \$                |

Did you file a Federal income tax return for the most recent year?  Yes  No

Does anyone outside of your household pay any of your bills or expenses?  Yes  No. If yes: Explain:

**Asset Information: (land, mobile home, stocks, life insurance, bonds, IRA, CD, etc)**

| Fam mem | Asset Description | Current/Disposed? | Market Value | Cash Value | Int. Rate | Annual Income |
|---------|-------------------|-------------------|--------------|------------|-----------|---------------|
|         |                   |                   | \$           | \$         | %         | \$            |
|         |                   |                   | \$           | \$         | %         | \$            |
|         |                   |                   | \$           | \$         | %         | \$            |

**Banking Information:**

| Name of Bank | Account Number | Type | Joint/ Indiv | Balance |            |
|--------------|----------------|------|--------------|---------|------------|
|              |                |      |              | Current | 6-mo. avg. |
|              |                |      |              | \$      | \$         |
|              |                |      |              | \$      | \$         |
|              |                |      |              | \$      | \$         |

**Disability Assistance Expenses**

| Fam mem | Expense description | Amount | Period | Annual Amount |
|---------|---------------------|--------|--------|---------------|
|         |                     | \$     |        | \$            |
|         |                     | \$     |        | \$            |

**Do you claim any of the following local preferences?**

| Claim Preference | Preference Type: PHA RESERVES THE RIGHT TO REQUIRE PROOF OF CLAIMED PREFERENCE (APPLICANT INITIALS)   |
|------------------|---|
|                  | Live in Portia <input type="checkbox"/> Live in Lawrence County <input type="checkbox"/>  |
|                  | Elderly 62+ <input type="checkbox"/> Disabled <input type="checkbox"/> Near Elderly (50-61) <input type="checkbox"/> Veteran <input type="checkbox"/> |
|                  | Displaced <input type="checkbox"/>  |





**Instructions for AD-2106**

**Form to Assist in Assessment of USDA Compliance  
with Civil Rights Laws**

This form is used by USDA agencies, including FSA, NRCS, RBS, RHS, and RUS to gather race, ethnicity, and gender information from program participants. For participants that are entities, complete a separate form for each member.

**Participants should complete all items.**

| Fld Name /           | Instruction  |
|----------------------|--|
| 1. What is Your Name | Enter your full legal name.                                    |
| 2. Legal Residence   | Enter your current address.                                    |
| 3. Gender            | Check your appropriate gender.                                 |
| 4. Ethnicity         | Check your appropriate ethnicity.                              |
| 5. Race              | Check your appropriate race(s). Multiple races may be checked. |

**PRIVACY ACT STATEMENT**

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to compile program application and participation rate data regarding socially disadvantaged farmers or ranchers and to conduct oversight and evaluation of civil rights compliance. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in customer declared data not being entered into the database.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE APPROPRIATE USDA SERVICING OFFICE.**

**NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

U.S. Department of Agriculture

**Form to Assist in Assessment  
of USDA Compliance With Civil Rights Laws**

**QUESTIONNAIRE**

The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided this information to USDA please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.

1. What is your name?

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2. Legal Residence:

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3. What is your gender?

/  Male  Female

Please answer BOTH question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.

4. Ethnicity:  Hispanic or Latino

Not Hispanic or Latino

5. What is your race? Mark all that apply.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

According to the Paperwork Reduction Act of 1995, an agency may not conduct, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0019. The time required to complete this information collection is estimated to average 2 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.



**APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program.

**Please read and initial each certification:**

I certify and agree the apartment I will occupy in this project will be my primary address and I will abide by the Resident Occupancy Rules. \_\_\_\_\_

I certify that I do not and will not maintain a separate subsidised rental unit in a different location. \_\_\_\_\_

I agree to verification of and that I will provide the following documents upon request pertaining to all household members:

(Initial All)

- \_\_\_\_\_ Bank verification
- \_\_\_\_\_ Child care declaration
- \_\_\_\_\_ Child support non-payment verification
- \_\_\_\_\_ Criminal background verification  
(For all residents over the age of 18)
- \_\_\_\_\_ Credit background verification
- \_\_\_\_\_ Disposal of assets
- \_\_\_\_\_ Employment verification
- \_\_\_\_\_ Medical expense verification
- \_\_\_\_\_ Prescription drug verification
- \_\_\_\_\_ Prior and current landlord verification
- \_\_\_\_\_ Social Security (SSI) verification
- \_\_\_\_\_ Survival statement  
(One for residents of all ages)
- \_\_\_\_\_ EIV and Wage Match Consent
- \_\_\_\_\_ Welfare assistance verification

**INFORMATION INQUIRIES ABOUT:**

- Childcare Expenses
- Citizenship
- Credit History
- Family Compensation
- Employment, Income, Pension
- Residences and Rental History
- Federal, State, Tribal or Local Benefits
- Handicapped Assisted Expenses
- Identity and Marital Status
- Social Security Numbers
- Assets

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

- Utility Companies
- Social Service Agencies
- Credit Bureaus
- Schools/Colleges
- Employers
- Courts
- Providers of Alimony & Childcare
- Banks & Other Financial Institutions
- Law Enforcement Agencies
- Pensions and/or Annuities
- US Dept. of Immigration and Naturalization
- US Dept. of Veterans Affairs
- Medical Care Facilities

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization I also understand that my housing assistance may be denied or terminated (All adult household members 18 years old and older must sign). I hereby make application for an apartment and certify that this information is correct, I authorize you to contact any reference herein listed and / or other inquires that management feels necessary in determining eligibility.

**LIST THREE REFERENCES - NON RELATED (List telephone numbers)**

Reference #1

\_\_\_\_\_  
 \_\_\_\_\_

Reference #2

\_\_\_\_\_  
 \_\_\_\_\_

Reference #3

\_\_\_\_\_  
 \_\_\_\_\_

Date Signed \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

## Things You Should Know About USDA Rural Rental Housing

*Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification*

### Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- ❶ Evicted from your apartment;
- ❷ Required to repay all the extra rental assistance you received based on faulty information;
- ❸ Fined;
- ❹ Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- ❶ **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits; pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- ❷ **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- ❸ **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### Before You Sign the Application

- ❶ Make sure that you read the entire application and understand everything it says;
- ❷ Check it carefully to ensure that all the questions have been answered completely and accurately;
- ❸ Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- ❶ The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- ❷ Ask for a copy of your signed application and keep a copy of it for your records.

### Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- ❶ Any changes in income of \$100 or more per month;
- ❷ Any changes in the number of household members.

For your annual recertification, you must report:

- ❶ All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

### Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

### If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

| A complaint may not be filed with the owner/management if:  | A complaint may be filed with the owner/management if:   |
|---|--|
| USDA has authorized a proposed rent change.   | There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA. |
| A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management. | The owner or management fails to maintain the property in a decent, safe, and sanitary manner.         |
| The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.  | The owner violates a lease provision or occupancy rule.  |
| USDA has required a change in the rules and proper notices have been given.   | A tenant is denied admission to the complex.   |
| The tenant is in violation of the lease and the result is termination of tenancy.   |  |
| There are disputes between tenants that do not involve the owner/management.  |  |
| Tenants are displaced or other adverse effects occur as a result of loan prepayment.  |  |

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS:   | CONTACT:  |
|---|---|
| Consumer reporting agencies, creditors and others not listed below  | Federal Trade Commission:<br>Consumer Response Center -<br>FCRA<br>Washington, DC 20580<br>1-877-382-4357   |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management<br>Mail Stop 6-6<br>Washington, DC 20219<br>1-800-613-6743                           |
| Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)                            | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551<br>202-452-3693   |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Complaints<br>Washington, DC 20552<br>800-842-6929   |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314<br>703-519-4600  |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Consumer Response Center<br>2345 Grand Avenue, Suite 100<br>Kansas City, Missouri 64108-2638<br>1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590<br>202-366-1306  |
| Activities subject to the Packers and Stockyards Act of 1921  | Department of Agriculture<br>Office of Deputy Administrator - GIPSA<br>Washington, DC 20250<br>202-720-7051   |

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

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

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

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact Paragould Housing Authority or any property managed by PHA  
HOPWA PROVIDERS –

FOR

or go to

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

What do the words in this notice mean?

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

<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act's Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingSummt092024.pdf>.

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

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

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

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

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

To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan,

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

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

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

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

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

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

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

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

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

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

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

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

NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT  
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 1/31/2023

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

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

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

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

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

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

**VAWA protects individuals and families regardless of a victim's age or actual or perceived sexual orientation, gender identity, sex, or marital status.**

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

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

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

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

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact Paragould Housing Authority or go to  
HOPWA PROVIDERS –

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

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

covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

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

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

1. Name(s) of victim(s): \_\_\_\_\_

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

3. Name(s) of other member(s) of the household: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Safe to receive a voicemail:  Yes  No

E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email:  Yes  No

Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider:  Yes  No

Other Please List: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

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

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

- (1) Fear for the person's individual safety or the safety of others or
- (2) Suffer substantial emotional distress.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

## EMERGENCY TRANSFER REQUEST FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

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

**Purpose of Form:** If you are a tenant of housing assisted under a covered housing program, or if you are receiving transitional housing or rental assistance under a covered housing program, you may use this form to request an emergency transfer and certify that you qualify for an emergency transfer under the Violence Against Women Act ("VAWA"). This form refers to domestic violence, dating violence, sexual assault, or stalking as "VAWA violence/abuse."

VAWA protects individuals and families regardless of a victim's age or actual or perceived sexual orientation, gender identity, sex, or marital status.

You may request an emergency transfer when:

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

A covered housing provider, in response to an emergency transfer request, should not evaluate whether you are in good standing as part of the assessment or provision of an emergency transfer. Whether or not you are in good standing does not impact your ability to request an emergency transfer under VAWA.

However, submitting this form does not necessarily mean that you will receive an emergency transfer. See your covered housing provider's VAWA Emergency Transfer Plan for more information about VAWA emergency transfers and see "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380, for additional housing rights you may be entitled to.

**Am I required to submit any documentation to my covered housing provider?** Your covered housing provider may request documentation proving that you, or a household member, are a victim of VAWA violence/abuse, in addition to completing this emergency transfer request form. The request can be met by completing and submitting the VAWA Self-certification Form (Form HUD-5382), unless the covered housing provider receives conflicting information about the VAWA violence/abuse. If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you may, instead, choose to submit that documentation to your covered housing provider. See "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380, for more information.

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

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

What if I need this information in a language other than English? To read this in Spanish or another language, please contact Paragould Housing Authority or any property managed by PHA ; FOR HOPWA PROVIDERS – or go to

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

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

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

**TO BE COMPLETED BY OR ON BEHALF OF THE TENANT REQUESTING AN EMERGENCY TRANSFER**

1. Name(s) of victim(s): \_\_\_\_\_
2. Your name (if different from victim's): \_\_\_\_\_
3. Name(s) of other household member(s): \_\_\_\_\_  
\_\_\_\_\_
4. Name(s) of other household member(s) who would transfer with the victim: \_\_\_\_\_  
\_\_\_\_\_
5. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_
6. Address of location from which the victim seeks to transfer: \_\_\_\_\_  
\_\_\_\_\_
7. Current Unit Size (# of bedrooms): \_\_\_\_\_
8. What is the safest and most secure way to contact you? (You may choose more than one.)  
If any contact information changes or is no longer a safe contact method, notify your covered housing provider.  
 Phone Phone Number: \_\_\_\_\_  
Safe to receive a voicemail:  Yes  No  
 E-mail E-mail Address: \_\_\_\_\_  
Safe to receive an email:  Yes  No  
 Mail Mailing Address: \_\_\_\_\_  
Safe to receive mail from your housing provider:  Yes  No  
 Other Please List: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What features are requested for a safe unit? You may list here any information that would facilitate a suitable transfer, such as accessibility needs, and a description of where it is safe or unsafe for you to live.

(Please note that the ability to provide an emergency transfer is based on unit availability.)

- New Neighborhood       New Building
- First Floor unit       Second Floor unit (and above)
- Near an Exit       Well-lit hallways/walkways
- 24-hour Security       Accessible unit
- Other: \_\_\_\_\_

\_\_\_\_\_

11. To approve your request for an emergency transfer, your covered housing provider may require that you provide written documentation that you (or a household member) are a victim of VAWA violence/abuse. Your covered housing provider must make this request for documentation in writing. You can choose to submit any one of the following types of documentation:

- Form HUD-5382 *Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation*, which asks your name and the perpetrator's name (if known and safe to provide);
- A document signed by a victim service provider, attorney, mental health professional, or medical professional who has helped you address the VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believe in the occurrence of the incident of VAWA violence/abuse and that it is covered by VAWA. Both you and the professional must sign the statement;
- A police, administrative, or court record (such as a protective order) that shows you (or a household member) are a victim of VAWA violence/abuse; OR
- If permitted by your covered housing provider, a statement or other evidence provided by you.

**Certification of Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that I meet the conditions described on this form to qualify for an emergency transfer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Covered housing providers in programs covered by VAWA may ask for a written request for an emergency transfer for a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking. Housing providers may distribute this form to tenants and tenants may use it to request an emergency transfer. The information is subject to the confidentiality requirements of VAWA. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

# Paragould Housing Authority

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## VAWA Acknowledgement

The VAWA Final Rule revises the requirements for notice of VAWA rights at 24 CFR 5.2005 (a). VAWA requires that HUD create a notice of VAWA rights and that Public Housing and Multifamily Housing Authorities distribute those rights, and the forms listed below to applicants and tenants of assisted programs. The VAWA Notice of Occupancy Rights, from HUD 5380 Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking from HUD-5381 and Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation, form HUD-5382.

All adult members (over the age of 18) of the household must sign to acknowledge that they have received and will or have reviewed the following forms:

1. Notice of Occupancy Rights under the Violence Against Women Act FORM: HUD 5380.
2. Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation FORM: HUD-5382
3. Emergency Transfer Request for Victims Of Domestic Violence, Dating Violence, Sexual Assault, Or Stalking FORM: HUD-5383

I acknowledge that I have received a copy of these forms.

Signatures:

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
SS#: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

Si usted es desactivar o tiene dificultad para entender Inglés, por favor solicite nuestra ayuda y nos aseguramos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Haddii aad tahay wuxuu curyaamin ama ay ku adag tahay fahamka Ingiriisi, fadlan codsato gargaarka oo aan loo hubiyo in aad waxaa la siiyaa helaan macno leh oo ku salaysan baahiyahaaga shaqsi.



The Paragould Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Polly Fisk, EAD, has been designated to coordinate compliance with the non discrimination requirements contained in the Dept. of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).

EQUAL HOUSING  
OPPORTUNITY