



BAY CITY HOUSING COMMISSION  
LEASE APPLICATION



Select your property preference(s) by checking the box next to each property's name  
 Maplewood Manor     Maloney Manor     Smith Manor     Pine Towers

**Head of Household:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
List prior name(s): \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ or Mich ID#: \_\_\_\_\_

**Other Adult:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
List prior name(s): \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ or Mich ID#: \_\_\_\_\_

**Present Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
\_\_\_\_\_

If renting, name and address of your Current Landlord: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ How long have you lived here? \_\_\_\_\_ Are you related to landlord? \_\_\_\_\_

Have you or any other household member lived in any other states besides Michigan?  Yes  No

If yes, list all States: \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the unit **including yourself:**

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number
Will you or anyone in your household require a live-in care attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____					

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

- Displaced by Government Action or  Displaced by Presidentially Declared Disaster.
- Working Families (> 20 Hours) living in Bay City or  Working Families (> 20 Hours) living in Bay County
- Elderly, near-elderly, disabled. (Pine Towers and Maplewood Manor are elderly only buildings)
- Adult w/member enrolled in employment training program, working 30+ hours a week or attending school on full time basis.
- Elderly families and families whose head or spouse are receiving income based on an inability to work.
- Other or Local Preference: \_\_\_\_\_

**What type of housing are you seeking?**

1st Choice:  1 BR     2 BR     3 BR     4 BR      5 BR    Other \_\_\_\_\_

2nd Choice:  1 BR     2 BR     3 BR     4 BR      5 BR    Other \_\_\_\_\_

Do you require a Barrier Free unit?  Yes  No

Would you or anyone in your household benefit from a special needs unit? (Mobility, vision, or hearing impairment)

Yes  No

*Note: Federal regulations require the housing commission to place your family in a housing unit that is appropriate for the size of your household.*

**Social Security/Social Security Supplement Income:** Amount per month \$ \_\_\_\_\_

**Employer/Head of Household:** \_\_\_\_\_

Hourly Rate of Pay/# of Hrs. per Week: \$ \_\_\_\_\_ Present Position: \_\_\_\_\_

**Employer/Other Adult(s):** \_\_\_\_\_

Hourly Rate of Pay/# of Hrs. per Week: \$ \_\_\_\_\_ Present Position: \_\_\_\_\_

**Household Data:** Is any household member a full-time student?  Yes  No *If yes, who?* \_\_\_\_\_

Has any household member ever lived in public housing?  Yes  No. *If yes, when/where?* \_\_\_\_\_

Is any household member a former resident of the Bay City Housing Commission?  Yes  No

*If yes, when/where?* \_\_\_\_\_

Has any household member ever filed an application with BCHC before?  Yes  No *If yes, when?* \_\_\_\_\_

Who referred you to the Bay City Housing Commission? \_\_\_\_\_

How long have you lived in Bay County? \_\_\_\_\_

# of vehicles in household: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

Is any household member 62 or older, handicapped or disabled?  Yes  No

Does any household member receive Social Security benefits?  Yes  No *If yes, monthly benefit:* \$ \_\_\_\_\_

Does any household member receive Supplemental Security Income (SSI) benefits?  Yes  No

*If yes, monthly benefit:* \$ \_\_\_\_\_

Does any household member receive State Disability Assistance (SDA)  Yes  No

*If yes, monthly benefit:* \$ \_\_\_\_\_

Does any household member have a legal guardian, payee representative or conservator?  Yes  No

*If yes?* Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**Pet Information:** Do you own a pet:  Yes  No *If yes, what type of pet (dog/cat/fish)?* \_\_\_\_\_

Pet weight: \_\_\_\_\_ How long have you owned this pet? \_\_\_\_\_ Breed of pet: \_\_\_\_\_

Has your pet ever bitten or hurt anyone? \_\_\_\_\_ *If yes, please describe:* \_\_\_\_\_

Has your pet lived in rental housing before?  Yes  No *If yes, where?* \_\_\_\_\_

**Background: Please be advised that criminal background screening is conducted on all applications. Applications rejected on the basis of criminal history are subject to appeal.**

**Are you or any household member registered as a lifetime sex offender?**  Yes  No

*If yes, who?* \_\_\_\_\_ *Where?* \_\_\_\_\_

**Please check the box if you have read and understand this disclosure**

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.



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

\_\_\_\_\_  
Date:

**Please complete, sign and date the application and attach all of the following forms:**

You will also need to provide the housing commission with copies of Social Security cards, Driver's License or State I.D. Card and Birth Certificates for each member of your household plus all requested income verification documents such as check stubs and income tax returns.

- Authorization for Release of Information (authorization to check for any criminal history and previous landlords)
- Supplement to Application for Federally Assisted Housing (Form HUD-92006)
- Other \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Application #: \_\_\_\_\_ Barrier Free unit needed?  Yes  No

Screen Report completed: (date) \_\_\_\_\_ Clear:  Yes  No

Landlord Name: \_\_\_\_\_ Date mailed: \_\_\_\_\_ Notes: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Date mailed: \_\_\_\_\_ Notes: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Date mailed: \_\_\_\_\_ Notes: \_\_\_\_\_

Immigration Screen (for resident aliens): Date mailed: \_\_\_\_\_ Clear:  Yes  No

Other Screening: \_\_\_\_\_

Comments:

Application Disposition Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date Letter mailed: \_\_\_\_\_

If application was denied, the denial was based on: \_\_\_\_\_

**Applicant Unit Offers:**

Offer: #1 Date: \_\_\_\_\_ Property: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Accepted:  Yes  No  
Why? \_\_\_\_\_

Offer: #2 Date: \_\_\_\_\_ Property: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Accepted:  Yes  No  
Why? \_\_\_\_\_

Offer: #3 Date: \_\_\_\_\_ Property: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Accepted:  Yes  No  
Why? \_\_\_\_\_

If all offers rejected by applicant, application was closed  Yes  No; or moved to bottom of waiting list with date of last unit rejection as the new application date  Yes  No.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to personal identity, student status, employment, income assets, medical, or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care
Banks and other Financial	Previous Landlords (including	Providers
Institutions	Public Housing Agencies)	

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

*SIGNATURES*

_____ Signature of Applicant / Resident	_____ Printed Applicant / Resident Name	_____ Date
_____ Signature of Co-Applicant / Resident	_____ Printed Co-Applicant / Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Apartment Community Name	_____ Contact	_____ Phone Number

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

# Rental History Form

A minimum of three (3) years of rental history is needed.

Previous address \_\_\_\_\_

Landlord's name \_\_\_\_\_

Landlord's address \_\_\_\_\_

Landlord's phone number \_\_\_\_\_ When did you live here? \_\_\_\_\_

Monthly rent payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_

If yes, how are you related? \_\_\_\_\_

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Previous address \_\_\_\_\_

Landlord's name \_\_\_\_\_

Landlord's address \_\_\_\_\_

Landlord's phone number \_\_\_\_\_ When did you live here? \_\_\_\_\_

Monthly rent payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_

If yes, how are you related? \_\_\_\_\_

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Previous address \_\_\_\_\_

Landlord's name \_\_\_\_\_

Landlord's address \_\_\_\_\_

Landlord's phone number \_\_\_\_\_ When did you live here? \_\_\_\_\_

Monthly rent payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_

If yes, how are you related? \_\_\_\_\_

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Previous address \_\_\_\_\_

Landlord's name \_\_\_\_\_

Landlord's address \_\_\_\_\_

Landlord's phone number \_\_\_\_\_ When did you live here? \_\_\_\_\_

Monthly rent payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_

If yes, how are you related? \_\_\_\_\_

**BAY CITY HOUSING COMMISSION (BCHC)**

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

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that BCHC 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 BCHC, 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 BCHC, 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.

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

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

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 BCHC's Public Housing or Multifamily Project Based Rental Assistance 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**

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

BCHC 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.

BCHC's emergency transfer plan provides further information on emergency transfers, and BCHC 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**

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

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

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

### **Confidentiality**

BCHC 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.

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

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

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

VAWA does not limit BCHC'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, BCHC 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 BCHC 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 BCHC can demonstrate the above, BCHC should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD Detroit Field Office at McNamara Federal Building 477 Michigan Avenue, Floors 16 & 17 Detroit, MI 48226. Phone: (313) 226-7900.

### **For Additional Information**

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

Additionally, BCHC must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Tammy Blair at (989) 892-9581.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Michigan Department of Health and Human Services (MDHHS) at 1399 W. Center Rd. Essexville, MI 48732 (989)895-2100.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact Bay City Public Service Department (Police) at 911.

Victims of stalking seeking help may contact Bay City Public Service Department (Police) at 911.

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

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

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

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

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

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