

**FOOTHILLS REGIONAL COMMISSION ANNUAL  
RECERTIFICATION APPLICATION**

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

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

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

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

Phone: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**LIST EACH HOUSEHOLD MEMBER**

| NAME | BIRTH<br>DATE | RELATION TO H/H | SEX | AGE |
|------|---------------|-----------------|-----|-----|
|      |               |                 |     |     |
|      |               |                 |     |     |
|      |               |                 |     |     |
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|      |               |                 |     |     |
|      |               |                 |     |     |
|      |               |                 |     |     |
|      |               |                 |     |     |

**LIST INCOME FOR EACH FAMILY MEMBER**

**DO NOT  
WRITE IN THIS  
SPACE**

|                               |               |                           |  |
|-------------------------------|---------------|---------------------------|--|
|                               |               |                           |  |
|                               |               |                           |  |
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|                               |               |                           |  |
|                               |               |                           |  |
|                               |               |                           |  |
|                               |               |                           |  |
| <b>LIST FAMILY DEDUCTIONS</b> | <b>AMOUNT</b> |                           |  |
| MEDICARE                      |               |                           |  |
| PRESCRIPTION/MEDICAL COSTS    |               |                           |  |
| HEALTH INS. PREMIUM           |               | TOTAL ANNUAL INCOME       |  |
| CHILD CARE EXPENSES           |               | TOTAL DEDUCTIONS          |  |
| FOOD STAMPS                   |               | ADJUSTED ANNUAL INCOME    |  |
| MEDICAID                      |               | Mo. ADJUSTED INCOME(MAI)  |  |
|                               |               | TOTAL TENANT PAYMENT(TTP) |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TENANT CERTIFICATION**

**APPLICANT(S)'S/TENANT(S)'S STATEMENT:**

I/We certify that the information\* given to Foothills Regional Commission on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements and/or information are grounds for termination of housing assistance and termination of tenancy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form via electronic mail. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500.)

**FEDERAL PRIVACY ACT STATEMENT**

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Isothermal Public Housing Agency (the PHA) at application or reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses and rental payment. HUD will use the information to manage and monitor HUD-assisted housing program. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the PHA Social Security numbers of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the PHA, the PHA is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued SSN(s) and you do not give them to the PHA, the PHA is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the PHA. If you are an applicant and you fail to give the PHA this information, the PHA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the PHA this information, the PHA may have to evict your or withdraw your housing assistance.

**MY SIGNATURE INDICATES THAT I HAVE READ THE FEDERAL PRIVACY ACT STATEMENT.**

\_\_\_\_\_  
Signature of Head of Household or Spouse

\_\_\_\_\_  
Date

## PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN THIS FORM CERTIFYING THAT INFORMATION PERTAINING TO THEM IS COMPLETE AND ACCURATE. **PLEASE ANSWER ALL QUESTIONS:**

**Household Composition:** List all persons who will be living in your home, listing head of household first.  
(Household members listed are required to live full-time in the home.)

| Adults (Legal Name) | Date of Birth | Relationship to Head of Household | Social Security Number | Indicate If: Married (M)<br>Widowed (W)<br>Divorced (D)<br>Single (S) |
|---------------------|---------------|-----------------------------------|------------------------|---|
| 1.                  |               |                                   | - -                    | Year:   |
| 2.                  |               |                                   | - -                    | Year:   |
| 3.                  |               |                                   | - -                    | Year:   |
| 4.                  |               |                                   | - -                    | Year:   |

| Children<br>(Name as it appears on Social Security Card) | Date Of Birth | Relationship to Head of Household | School Name | Absent Parent's Name | Absent Parent's Address |
|--|---------------|-----------------------------------|-------------|----------------------|-------------------------|
|  |               |                                   |             |                      |                         |
|  |               |                                   |             |                      |                         |
|  |               |                                   |             |                      |                         |
|  |               |                                   |             |                      |                         |
|  |               |                                   |             |                      |                         |

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Social Security Number (If Known)

\_\_\_\_\_  
Social Security Number (If Known)

**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security disability payments (SSI), Workman’s Compensation, retirement benefits, WFFA, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and other sources.

| Household Members | Employer | Total Weekly Wages | WFFA | Child Support Monthly | Social Security Benefits | Unemployment Benefits | All Other Income |
|-------------------|----------|--------------------|------|-----------------------|--------------------------|-----------------------|------------------|
| 1.                |          |                    |      |                       |                          |                       |                  |
| 2.                |          |                    |      |                       |                          |                       |                  |
| 3.                |          |                    |      |                       |                          |                       |                  |
| 4.                |          |                    |      |                       |                          |                       |                  |

**A)** Do you or does anyone in your household own their own business or own any interest in a business? YES NO If yes, describe \_\_\_\_\_

**B)** Do you or does anyone in your household earn any income from self-employment? YES NO If yes, describe \_\_\_\_\_

**C)** Do you or does anyone in your household have a court order for child support? YES NO If yes, list amount and frequency of payments on court order \_\_\_\_\_

**D)** Do you or does anyone in your household receive child support payments through a state Child Support Enforcement agency? YES NO If yes, you are required to provide a print-out from this agency showing the total amount of payments received during the past twelve (12) months.

**E)** Does any member of the household receive child support directly from an absent parent? YES NO If yes, list name of absent parent \_\_\_\_\_

**F)** Do you or anyone in your household receive goods (diapers, formula, clothing, etc.) from an absent parent in lieu of child support? YES NO If yes, explain \_\_\_\_\_

**G)** Does any absent parent or other individual pay for expenses or services (medical expenses, daycare, school expenses) in lieu of child support? YES NO If yes, please explain \_\_\_\_\_

**H)** Do you or does anyone in your household receive Social Security or SSI payments? YES NO If yes, Please list amount(s) \_\_\_\_\_

**I)** Do you or does anyone in your household receive any type of pension or retirement income? YES NO If yes, please list amount(s) \_\_\_\_\_

**J)** Do you or does anyone in your household receive unemployment benefits? YES NO If yes, you are required to provide a print-out from the Employment Security Commission showing the amount of the current benefits.

**K)** Do you or does anyone in your household receive Work First Family Assistance (WFFA, TANF)? YES NO If yes, list amount \_\_\_\_\_

**L)** Does any household member receive cash, tips, bonuses, commissions or any other type of compensation for providing any type of services? YES NO If yes, list amount and sources \_\_\_\_\_

**M)** Does any family member receive any income from babysitting, doing hair, odd jobs, etc.? YES NO  
If yes, list source and amounts \_\_\_\_\_

**N)** Did any household member file a federal income tax return last year? YES NO If yes, list name \_\_\_\_\_

**O)** Does anyone in your household participate in a job training program? YES NO If yes, list program name \_\_\_\_\_

**P)** Are there any family members who are temporarily absent from the home? YES NO If yes, list name and reason they are absent \_\_\_\_\_

**Q)** Does anyone outside your household pay for any of your personal bills, household and/or living expenses (i.e, credit cards, cable T.V., telephone, utilities)? YES NO If yes, please explain \_\_\_\_\_

**R)** Does anyone in your household receive any type of income, money or financial support from any sources other than the ones we have asked about? YES NO If yes, explain \_\_\_\_\_

**ASSETS:**

**A)** Does any family member have checking, debit and/or savings accounts? YES NO If yes, list bank name(s), account types and current balances \_\_\_\_\_

**B)** Does any family member have assets including IRA's, certificates of deposit, stocks or bonds, real estate, whole or universal life insurance, etc.? Yes NO If yes, list type of asset and current value \_\_\_\_\_

**C)** Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.) YES NO If yes, please explain \_\_\_\_\_

**D)** Does any household member have any type of retirement account (company, IRA, Keogh)? YES NO  
If yes, explain \_\_\_\_\_

**E)** Does any household member have any inheritances, lottery winnings, insurance payments or lump-sum payments from any other source? YES NO If yes, explain \_\_\_\_\_

**F)** Do any household members have any whole or universal life insurance policies (do not include term life insurance policies that have no cash value)? YES NO If yes, list insurance company name, address, phone number and policy number \_\_\_\_\_

**G)** Do you own a car? YES NO If yes, list model, year and tag # \_\_\_\_\_  
Do you own a second car? YES NO If yes, list model, year and tag # \_\_\_\_\_

**INCOME EXCLUSIONS**

Does any member of your household receive food stamps? YES NO If yes, list amounts \_\_\_\_\_

**EXPENSES/DEDUCTIONS**

Childcare Expenses: Does any household member pay out-of-pocket childcare expense for a child age 12 or under? YES NO If yes, list name, address and phone number of childcare provider \_\_\_\_\_

Do you have a DSS child care Voucher? YES NO If yes, it is required that you provide a copy of the Voucher.

Disability Expenses: Do you pay for a care attendant or for any equipment for any household member with disabilities that is necessary to permit that person or someone in the household to work? YES NO If yes, are these expenses reimbursed by any person and/or agency? YES NO

Medical Expenses: (Only applicable to a household whose head or spouse is 62 years of age or older or whose head or spouse is a person with a disability.)

Does any household member pay for MEDICARE? YES NO If yes, list amount \_\_\_\_\_

Does any household member pay for any type of medical insurance? YES NO If yes, list insurance company and amount paid \_\_\_\_\_

Does any household member anticipate medical expenses that will exceed 3% of gross annual income during the next 12 months that will not be reimbursed by or paid by any source outside of the household (this includes prescription drugs and medical costs)? YES NO If yes, list name and address of doctor and/or pharmacy needed to verify \_\_\_\_\_

I do hereby swear or affirm that all of the information contained in this form about me and my household is true and correct. I also understand and acknowledge that any change in household income and/or compositions must be reported to the housing agency immediately (within five days of the change).

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department and/or agency of the United States.**

**SIGNATURES REQUIRED:**

Head of Household \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

Foothills Regional Commission  
111 W Court Street, P O Box 841  
Rutherfordton NC 28139-0841  
[www.foothillsregion.org](http://www.foothillsregion.org)

I, \_\_\_\_\_, do hereby certify that I give Foothills Regional Commission permission to obtain information about my family from the following sources. This information will be used to verify eligibility and/or continuing eligibility for participation in the Section 8 Housing Choice Voucher Program.

- State Wage Information Collection Agencies
- Social Security Administration
- Employment Security Commission
- Departments of Social Services
- Employers (past and present)
- Private Employment Verification companies
- Workforce Investment Agencies (WIA)
- Pension/Retirement providers
- Childcare providers
- Doctors and medical facilities
- Pharmacies
- U.S. Military
- Veteran’s Administration
- Banks and/or financial institutions
- Local charitable agencies
- Local government agencies
- Utility providers
- Schools, colleges and educational facilities
- Child support enforcement agencies
- Courts and Post Offices
- Previous landlords (including Public Housing Agencies and/or subsidized housing providers)
- Law Enforcement Agencies
- Other sources as deemed necessary by the housing agency for the proper administration of the program.

Information obtained by Foothills Regional Commission will be used solely for the purpose of determining and/or re-determining eligibility for assistance through the Section 8 Housing Choice Voucher Program. All information obtained will be kept confidential. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies applicable to the Section 8 Housing Choice Voucher Program.

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purposes stated above. This form is valid for fifteen (15) months from the date signed:

|                    |             |
|--------------------|-------------|
| Head of H/H _____  | Date: _____ |
| Spouse: _____      | Date: _____ |
| Other Adult: _____ | Date: _____ |
| Other Adult: _____ | Date: _____ |
| Other Adult: _____ | Date: _____ |

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Foothills Regional Commission Rutherford/Polk Housing  
Office (828-748-0469)  
111 W. Court Street, Rutherfordton, NC 28139

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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



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

This consent form expires 15 months after signed.

Signatures:

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

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

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**Penalties for Misusing this Consent:**

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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

**Signature of Applicant**

**Date**

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

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

FOOTHILLS REGIONAL COMMISSION  
Section 8 Housing Choice Voucher Program

**Background Screening Consent**

Federal law requires the PHA to obtain drug and criminal background and lifetime sex offender registration information pertaining to all household members applying for and/or receiving housing assistance.

Therefore, all adult household members age 18 and older, must sign a criminal background consent form to authorize the PHA to conduct background screenings.

The PHA retains the right to deny the application of any applicant and/or to terminate the housing assistance for any participant who does not consent to a background check.

\*\*\*\*\*

Please list all states in which you have lived: \_\_\_\_\_  
\_\_\_\_\_

I understand that a criminal background screening is required to determine eligibility for placement on the waiting list and/or continued housing assistance. I authorize Foothills Regional Commission (FRC) to verify the above information and I consent to release of any necessary information required for eligibility determination.

I hereby authorize law enforcement agencies and/or an agency contracted by FRC to release criminal records and/or sex offender registration information to FRC.

Applicant/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

**FOOTHILLS REGIONAL COMMISSION  
SECTION 8 HOUSING  
P.O. BOX 841  
RUTHERFORDTON, N.C. 28139-0841**

**HOUSING CHOICE VOUCHER PROGRAM**

**INSPECTION CERTIFICATION**

The Housing Choice Voucher Program requires that the family comply with the program requirement to be available for scheduled inspections (biennial, re-inspections, quality control inspections and/or inspections resulting from tenant complaints). It is a violation of the Family Obligations and grounds for termination of the housing assistance when a family fails to comply with this requirement.

Based on the significant and continuing increase in the cost of fuel, the program will no longer be willing to schedule a final inspection when you fail to comply with this program requirement. The program notifies you in writing of scheduled inspection dates. It is your responsibility to be available on that date and/or to have another adult available who can allow entry into the unit for completion of the inspection. It is an option for the inspection to be rescheduled if you have a conflict (request for a change **must** be made prior to the day of the scheduled inspection).

**Effective with October 2008 annual reexaminations**, program participants who fail to be available for **any** scheduled inspection will be informed of termination of the housing assistance based on violation of the Family Obligations. Via signature of this file document, you are certifying:

- That your Housing Counselor has informed you of this change;
- That you understand your responsibility to be available and/or have another adult available to allow entry into the unit on the scheduled date of the inspection;
- That you understand your responsibility to inform the housing office **prior to the date of the inspection** if you have a conflict and a need for the inspection to be re-scheduled.
- That you understand the housing assistance will be terminated based on violation of the Family Obligations if you fail to comply with this requirement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Counselor

\_\_\_\_\_  
Date

# **\*\*\* NOTICE \*\*\***

**In the event you have permission to keep a pet on the premises, you are being advised that the pet must be restrained during the inspection of the unit. In the event the pet is not restrained, the inspection will not be completed and you will be in violation of the program rules, which could lead to the termination of your rental assistance.**

The following household member's EIV-reported income has been reviewed and verified by the PHA.

Head of Household Name

DATE

By signing below, the PHA certifies that:

- Each member of the household who is at least 18 years of age has signed a consent form in accordance with HUD regulations.
- Any substantial disparities between tenant-reported and EIV-reported income have been verified in accordance with the Federal Privacy Act and HUD regulations.

PHA Staff - Printed Name

PHA Staff - Signature

Date

By signing below, the household member certifies that: The PHA has discussed the EIV-reported income information that pertains to him/her; and

- Agrees with the EIV-reported information or  Disputes the EIV-reported information for the following reason(s):
- Not employed by listed employer
  - Stopped working for employer on (specify date)     /     /
  - Not receiving SS/SSI benefits
  - Stopped receiving SS/SSI benefits on (specify date)     /     /
  - Not receiving unemployment compensation
  - Stopped receiving unemployment compensation on (specify date)     /     /
  - Other: \_\_\_\_\_

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

I, \_\_\_\_\_, authorize the PHA to disclose my EIV income information to \_\_\_\_\_. I understand that the PHA is not responsible for any misuse or subsequent disclosure of my EIV income information to the above-named individual or any other person that may obtain my EIV income information from me or the above-named individual.

Signature of each household member who is at least 18 years of age

Head of Household

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Foothills Regional Commission

SECTION 8 HOUSING

**TENANT CERTIFICATION OF INFORMATION RECEIVED**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby acknowledge and certify that I have received the following recertification documents:

\***Family Obligations** - what your obligations are while receiving housing assistance

\***VAWA (Violence Against Women)** pamphlet - what your rights are if you have been the victim of domestic violence

\***EIV (Enterprise Income Verification)** pamphlet - Information concerning what happens when housing assistance is terminated

\***Fraud Sheet** - not accurately report income or household composition

I also acknowledge it is my responsibility to read the information.

\_\_\_\_\_  
Signature

**This information is to be returned with your recertification paperwork.**

If you have any questions, please contact your housing counselor as listed below:

For last names beginning with the letters A – G: Becky McKelvey, Lead Housing Counselor  
Phone: (828) 351-2329 email: [BMcKelvey@foothillsregion.org](mailto:BMcKelvey@foothillsregion.org)

For last names beginning with the letters H-Oates: Jennifer Fox Housing Counselor  
Phone: (828) 351-2343 email: [jfox@foothillsregion.org](mailto:jfox@foothillsregion.org)

For last names beginning with the letters Odums-Z - Sharanda Brown Lead Housing Counselor  
Phone: 828-351-2334 [sbrown@foothills.org](mailto:sbrown@foothills.org)

**Foothills Regional Commission**  
**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

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**FAMILY OBLIGATIONS**

Program participants are required to fulfill obligations specified by the Federal Regulations and the Administrative Plan to avoid termination of assistance. These obligations are:

1. Supply accurate and complete information required as requested by housing program staff.
2. Family is responsible for breaches of Housing Quality Standards (HQS) damages or other breaches of HQS standards caused by the family. This includes the family's responsibility to maintain utilities (electricity, gas, fuel, water) in the unit at all times. It also includes the family's responsibility to maintain a smoke detector that is operable at all times.
3. Allowing housing staff to inspect the unit at reasonable times and after reasonable notice. This also includes the family's responsibility to either be available for scheduled inspections or make arrangements for another adult to be at the unit so that the inspection (or re-inspection) can be completed.
4. The family may not commit any serious or repeated violations of the lease. This includes failure to pay the tenant portion of rent, repeated late payments and/or other charges, failing to use the dwelling unit solely as a private dwelling, allowing individuals to occupy the unit who are not authorized by the lease, and failure to maintain the unit in a manner that is safe, decent and sanitary (i.e. proper disposal of garbage, rubbish and other waste). **TENANT DAMAGES ARE A SERIOUS LEASE VIOLATION.**
5. The family must notify the housing office and the owner prior to vacating the unit.
6. The family must fulfill obligations to the owner for unpaid tenant rent in order to be eligible for a Voucher to relocate.
7. The family must promptly give the housing office a copy of any owner eviction notice.
8. The family must use the assisted unit for residence of the family. It must be the family's only residence.
9. The family must promptly inform the program of any changes in household members. This includes the birth, adoption, court-awarded custody of a child, or foster children. The family must request PHA approval to add a household member. Additions that are not classified as a "natural expansion" (such as a marriage, birth, legal adoption) cannot be approved since this would be placing this person ahead of others on the waiting list. An exception may be warranted to add a parent, grandparent or other family member who is disabled and determined to be no longer able to live independently.



10. The family must promptly notify the PHA if any family member no longer resides in the unit.
11. If approved by the PHA, a foster child and/or live-in-aide may reside in the unit.
12. Members may engage in legal profit-making activities in the unit, but only if such is incidental to primary use of the unit for residence by members of the family and provided the property owner is in agreement with the activities.
13. The family must not sublease or sublet the unit.
14. The family must not assign the lease or transfer the unit.
15. The family must promptly notify the PHA of absence from the unit, and supply any information regarding absences that the PHA requests.
16. The family must not own or have any interest in the unit.
17. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
18. The members of the family may not engage in drug-related criminal activity or criminal activity or develop a pattern of involvement in criminal type activities either on or off the premises of the assisted unit.

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial of admissions and/or termination of assistance under the PHA's policies.

Therefore, if the PHA makes a determination to deny admission and/or terminate assistance based on an unfavorable history or criminal act, the PHA will include in its notice of denial and/or notice of termination a statement of the protection provided by the Violence Against Women Act (VAWA) of 2005. The PHA will offer the applicant and/or tenant the opportunity to provide a signed statement certifying that the cause of the unfavorable history and/or criminal activity is that a member of the applicant family and/or the assisted household is or has been a victim of domestic violence, dating violence or stalking.

The applicant and/or tenant must submit the HUD approved certification with her or his request for an informal review or must request an extension in writing at that time. The PHA will grant an extension of 14 business days and will postpone the informal review until the documentation has been received and/or the extension period has elapsed. If the signed statement meets the PHA's requirements, no informal review and/or hearing will be scheduled and the PHA will proceed with approval of admission on the waiting list.

19. The assisted family and/or members of the family may not receive Section 8 tenant-based rent assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative Federal, State or local housing assistance program.

20. ANY FAMILY THAT IS TERMINATED AND NOT IN GOOD STANDING ON THE PROGRAM WILL BE REPORTED TO HUD'S NATIONWIDE DATABASE AND WILL NOT BE ABLE TO RECEIVE ANY ASSISTED HOUSING BENEFITS NATIONWIDE FOR A PERIOD OF AT LEAST FIVE YEARS.

\_\_\_\_\_  
Adult head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other adult Household Member

\_\_\_\_\_  
Date

Rev 1/11/2023



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



451 7<sup>th</sup> Street, SW

HUD OIG Hotline, GFI

Washington, DC 20410

December 2005

**Foothills Regional Commission**<sup>1</sup>

**Notice of Occupancy Rights under the Violence Against Women Act**<sup>2</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>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Foothills Regional Commissions (FRC) Housing Choice Voucher Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under the **FRC Housing Choice Voucher Program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</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.

If you are receiving assistance under the **FRC Housing Choice Voucher Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the **FRC Housing Choice Voucher Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.



You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

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

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **US Department of Housing and Urban Development Greensboro Office**.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at Violence Against Women Reauthorization Act of 2013 (<https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.)

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

For questions regarding VAWA, please contact **Pam Hall at (828) 351-2374**.

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).

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 | <b>Cleveland County</b>  | <b>704-481-0043</b> |
|  | <b>McDowell County</b>   | <b>828-652-6150</b> |
|  | <b>Polk County</b>       | <b>828-894-2340</b> |
|  | <b>Rutherford County</b> | <b>828-245-8595</b> |

|  |                         |                     |
|--|-------------------------|---------------------|
| Victims of stalking seeking help may contact | <b>Cleveland County</b> | <b>704-481-0043</b> |
|  | <b>McDowell County</b>  | <b>828-652-6150</b> |
|  | <b>Polk County</b>      | <b>828-894-2340</b> |
|  | <b>Cleveland County</b> | <b>828-245-8595</b> |

**Attachment:** Certification form HUD-5382