

BAY CITY  
HOUSING COMMISSION

315 14<sup>th</sup> Street



Bay City, MI 48708

**Thank you for your interest in the Bay City Housing Commission affordable housing program. Please complete the attached application and return it to our office at 315 14<sup>th</sup> St., Bay City, MI 48708. NO FAXED OR EMAILED APPLICATIONS ARE ACCEPTED.**

Your application will be date stamped upon receipt and completion of all forms.

**You are required to submit the following documents WITH the application:**

- Valid Michigan driver's license or ID (front and back) **for each family member 18 and over** with name matching Social Security card and birth certificate unless legal name change has taken place via marriage, divorce, etc. - documentation required
- Social Security card **for all family members** with name matching birth certificate and valid Michigan driver's license or ID unless legal name change has taken place via marriage, divorce, etc.
- Official county-issued birth certificate **for all family members** (Affidavit of Parentage, Certificate of Live Birth from hospital or Baptism certificates are not acceptable)
- Proof of Income **for all family members** (4 of your most recent pay stubs, current year print out of monthly Social Security benefits, DHS benefits, Friend of the Court benefits, Pension, etc.) Bank statements are not acceptable.

Included in the screening process is a criminal history and LEIN check, current and prior landlord rental history and may include any other pertinent information needed to determine your eligibility.

If you are seeking scattered site family housing, your name will be placed on a waiting list for the appropriate bedroom size according to the date and time of your application. You will be notified when your name is near the top of the waiting list to see if you are still interested in housing with us. You may be asked to update your application with your most current information.

**It is your responsibility to contact our office with any changes to your address, phone number or income so that you remain on the waiting list as a current applicant.**

MEMBER AGENCY OF THE NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Administration (989) 892-9581

Fax (989) 892-5818

TDD (800) 545-1833 ext 561





## BAY CITY HOUSING COMMISSION

### Application Process at a Glance



Since 1950, we have been enhancing the quality of life in our community through the provision and improvement of decent, safe, affordable housing programs that meet the needs of our citizens.

#### STEP 1: Application Completion and Submission

Applications are available at the Central Office or online at: [www.baycityhousing.com](http://www.baycityhousing.com). Apartments may be viewed by making an appointment at each property where you have an interest.

#### STEP 2: Pre-Application Review and Approval; then Placed on Wait List.

Applications that comply with our initial background reviews will be placed on the Wait List and move to the next step. Applicants that do not yet meet the minimum suitability qualifications will receive written notice and notice of right to an Informal hearing with BCHC officials.

#### STEP 3: Full Application Review of Program Eligibility and Rent Determination

Applications are reviewed for program eligibility and rent calculation based on applicant's adjusted gross household income.

#### STEP 4: Final Application Compliance Review and Approval

Applications reviewed by program auditors for compliance with HUD guidelines.

#### STEP 5: Lease Signing and Move-In

Applicants meet with managers to review and sign final lease documents and schedule move-in date.

### Frequently Asked Questions:

#### What properties are available?

The Bay City Housing Commission has two distinctly different portfolios of rental property. We have four high-rise buildings in downtown Bay City, MI. Two of the buildings, **Pine Towers** and **Maplewood Manor** are typically one bedroom apartments reserved for households aged 62+ or persons with disabilities. **Smith Manor** and **Maloney Manor** are mostly one bedroom apartments open to age 50+ households and persons with disabilities. Our "**Scattered Site Public Housing**" portfolio are 1-5 bedroom single-family houses and duplex units located throughout Bay City for families 18+ years old.

#### What is the application fee?

There is no application fee.

#### Is there a waiting list?

Yes. There are two Wait Lists. One for our public housing family scattered site properties and another for our multifamily high rise properties. When an application is approved in Step 2 it is placed on the Waiting List for the properties selected by the applicant in the application. Apartments are offered to approved applicants in the order the application was placed on the wait list. The length of time an applicant is held on the wait list may also depend on the unit size needed. In our scattered sites, we have 1-5 bedroom units and each has a group of applicants waiting for a unit to come available.

#### How long does it take to process my application?

Our approval process, from application to move-in, is typically 21-75 days, depending on the type of unit being requested and its availability. The total elapsed time is also dependent on an applicant's eligibility for any local preferences, the volume of applications we are processing and the time it takes to receive all the third-party verifications that are required to document eligibility. Depending on the availability of apartments, it could take longer to work through the waiting list.

#### How much is the rent?

Rent is calculated for each tenant and is based on the 30% of the tenant's adjusted gross income for the household.

#### What information is needed with the application?

A list of required documentation will be provided with the full application. The documents needed will include such things as: income verifications, medical expense verifications, income tax statements, and social security and state-issued photo ID.

#### Who pays utilities?

In our high rise building all utilities are included in the rent payment. In the public housing scattered site portfolio of single-family houses and duplex units, utilities are paid by the tenant. However, tenants receive a "utility allowance" that reduces the monthly tenant rent as an offset.

**For More Information Call: (989) 892-9581**

Bay City Housing Commission 315 14th Street Bay City, MI 48708

Revised 12/02/2019



BAY CITY HOUSING COMMISSION  
LEASE APPLICATION



**Please complete the number of bedrooms**

\_\_\_ Scattered Sites      \_\_\_ # of Bedrooms

**Head of Household:** \_\_\_\_\_  
List prior/maiden name(s): \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_  
or Mich ID#: \_\_\_\_\_

**Other Adult:** \_\_\_\_\_  
List prior/maiden name(s): \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_  
or Mich ID#: \_\_\_\_\_

**Present Address:** \_\_\_\_\_

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

**Present City/State/ZIP:** \_\_\_\_\_

*If renting*, name and full address of your 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:

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 is 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.*

**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.**

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

**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.**

**Please sign the enclosed "authorization for the Release of Information" (authorization to check for any criminal history and previous landlords).**

\*\*\*\*\*

**The list of forms below will be completed at the "eligibility" step of the application process:**

- Required EIV Reports (Existing Tenant Search)
- Eligibility Income and Expense Checklist
- Notice and Consent for the Release of Information (form HUD-9886)
- Supplement to Application for Federally Assisted Housing (Form HUD-92006)
- Race and Ethnic Data Reporting Form (Form HUD-27061-H)
- Declaration of Section 214 Status Notice
- Debts Owed to Public Housing and Urban Development (Form HUD 52675)
- Applicant/Tenant Certification & Privacy Act Notice
- Rental Housing Integrity Improvement Project (RHIIP) Enterprise Income Verification (EIV) and You Notice
- BCHC Local Preference Form
- Acknowledgement of Receipt Forms (for all additional required informational forms)
- Other \_\_\_\_\_

BAY CITY  
HOUSING COMMISSION

315 14<sup>th</sup> Street



Bay City, MI 48708

**RENTAL HISTORY FORM**

**A MINIMUM OF THREE YEARS OF RENTAL HISTORY IS NEEDED.**

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_  
(If yes, how are you relate) \_\_\_\_\_



Previous Address \_\_\_\_\_  
\_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_  
(If yes, how are you relate) \_\_\_\_\_



Previous Address \_\_\_\_\_  
\_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_  
(If yes, how are you relate) \_\_\_\_\_

MEMBER AGENCY OF THE NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Administration (989) 892-9581

Fax (989) 892-5818

TDD (800) 545-1833 ext 561





BAY CITY  
HOUSING COMMISSION

315 14<sup>th</sup> Street



Bay City, MI 48708

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- |                                   |                               |
|-----------------------------------|-------------------------------|
| Identity and Marital Status       | Employment, Income and Assets |
| Medical and Child Care Allowances | Credit and Criminal Activity  |
| Residences and Rental Activity    | State Sex Offender Registry   |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

- |   |                                |                                     |
|---|--------------------------------|-------------------------------------|
| Previous Landlords<br>(including Public Housing Agencies) | Past and Present Employers     | Utility Companies                   |
| Courts and Post Offices                                   | Welfare Agencies               | Credit Providers and Credit Bureaus |
| Schools and Colleges                                      | State Unemployment Agencies    | Retirement Systems                  |
| Law Enforcement Agencies                                  | Social Security Administration | Veterans Administration             |
| Banks and other Financial Institutions                    | Support and Alimony Providers  | Medical and Child Care Providers    |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

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 TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

MEMBER AGENCY OF THE NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Administration (989) 892-9581

Fax (989) 892-5818

TDD (800) 545-1833 ext 561



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.

--	--

**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.





---

**Bay City Housing Commission  
Violence Against Women Policy (VAWP)  
Emergency Transfer Plan for Victims of Domestic Violence,  
Dating Violence, Sexual Assault, or Stalking**

---

The Violence Against Women Act (VAWA) was originally passed by Congress as Title IV of the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322). This act addressed congressional concerns about violent crime, and violence against women in particular, in several ways. Among other things, it enhanced investigations and prosecutions of sex offenses by allowing for enhanced sentencing of repeat federal sex offenders; mandating restitution to victims of specified federal sex offenses; and authorizing grants to state, local, and tribal law enforcement entities to investigate and prosecute violent crimes against women.

VAWA relates to housing by recognizing that housing is the foundation from which women, and indeed all families, build their lives. Housing, especially for those families served by affordable housing, is a critical element to their success as individuals and families.

Following are descriptions of the ways in which Bay City Housing Commission may serve women impacted by violence.

### **Emergency Transfers**

Bay City Housing Commission is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> BCHC allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The ability of BCHC to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether BCHC has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model

---

<sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Bay City Housing Commission does not 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.

emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD) Bay City Housing Commission complies with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify BCHC's management office and submit a written request for a transfer to **[BCHC to insert location]**. BCHC will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under BCHC's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

### **Confidentiality**

BCHC will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives BCHC written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.

See the *Notice of Occupancy Rights under the Violence Against Women Act For All Tenants*. For more information about BCHC's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

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

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

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

**Purpose of Form:** If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

**The requirements you must meet 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. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
  
- (2) You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
  
- (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 submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. 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 or an emergency transfer to you. 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 PERSON REQUESTING A TRANSFER**

1. Name of victim requesting an emergency transfer: \_\_\_\_\_

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

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

\_\_\_\_\_

4. Name(s) of other family member(s) who would transfer with the victim: \_\_\_\_\_

\_\_\_\_\_

5. Address of location from which the victim seeks to transfer: \_\_\_\_\_

6. Address or phone number for contacting the victim: \_\_\_\_\_

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

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

9. Date(s), Time(s) and location(s) of incident(s): \_\_\_\_\_

\_\_\_\_\_

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. \_\_\_\_\_

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

\_\_\_\_\_

\_\_\_\_\_

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: \_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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) \_\_\_\_\_

**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): \_\_\_\_\_

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

_____
_____
_____
_____

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

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

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