

ANNUAL REVIEW VERIFICATION REQUIREMENTS

INCOME:

For all working adults 18 and over: Most recent 60 days of paystubs with no gaps. If there is new employment just now being reported, please provide a hire letter with start date, wages and hours worked.

For parent to parent (direct) child support, please provide a letter from the paying parent with contact information, verifying monthly amount.

For pensions, L&I, unemployment, or VA benefit, please provide a copy of the current benefit letter.

For self employed adults, please provide most recent complete tax return including Schedule C.

If any adult is claiming zero income, each must complete the Zero Income Certification, including section 2.

ASSETS:

Provide most recent bank or investment account statements, for all accounts, held by all family members, regardless of age. The statements must show the bank/company name, account holder's name, account numbers, and balances.

DEDUCTIONS: (Optional. If not provided, will not be deducted).

Childcare expense: Provide copy of current DSHS copay award letter, or letter from provider verifying monthly out of pocket payment paid.

Medical Expenses: For those that qualify as an elderly or disabled household, you may provide verification of out of pocket "patient paid" expenses. The verification must be from the medical providers, DSHS/Copes, insurance companies or pharmacies. The verifications must clearly show the patient has paid out of pocket, or has a payment arrangement.

***Please do not include any information pertaining to diagnosis, names of prescriptions, or other confidential information. Do not submit bills or cancelled checks.**

Student Status: For household members 18 and older who are **full time students:** Provide a copy of the student's current tuition statement that shows enrolled credits. If an adult (18+) high school student, provide a letter from the registrar's office.



If you are in need of an interpreter to assist you with the paperwork or to respond to our letter, please let us know.

Arabic

إذا كنت بحاجة الى مترجم لمساعدتك بالاوراق او الرد على رسالتنا، الرجاء اعلامنا.

Bosnian

Ako ti trebas prevodioca za pomoc oko papira ili da se javis nama na nasa pisma, molimo te da nam to kazes ili stavis do znanja.

Farsi

اگر براي پرکردن فرم و يا جواب دادن به نامه ما به مترجم احتياج داريد، لطفا به ما اطلاع دهيد.

Hearing Impaired

Sign language interpreters are available upon request to assist you with the paperwork or to respond to our letter.

Russian

Если вы нуждаетесь в услугах переводчика, чтобы помочь вам заполнить формы или ответить на наше письмо, пожалуйста сообщите нам об этом.

Somali

Hadii aad ubaahan tahay turjubaan adiga kaa caawiyo warqadaha qoraalka ama jawaabta warqadaheena, fadlan nasoo ogaysiin.

Spanish

Si usted necesita un intérprete que le ayude con los papeles o para responder a nuestra carta, por favor informenos.

Ukrainian

Якщо вам потрібні послуги перекладача, щоб допомогти заповнити документи або відповісти на наш лист, будь-ласка повідомте нас.

Vietnamese

Xin hãy báo cho chúng tôi biết nếu quý vị cần thông dịch viên để giúp quý vị điền giấy tờ hay trả lời thư của chúng tôi.



Annual Personal Declaration

Head of Household Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

A. FAMILY COMPOSITION

List yourself and anyone living in your home. If a question does not apply put N/A.

For Race, enter: 1) White, 2) Black/African American, 3) American Indian/Alaskan Native, 4) Asian, 5) Native Hawaiian/Other Pacific Islander. Multiple race codes can be indicated for each family member.

Adults (18 and older; name as it appears on SS card)	Date of Birth	Gender	Relationship to Head of Household	Social Security Number	Race	Hispanic or Latino? (Yes or No)
			Self			

Children (Under 18; name as it appears on SS card)	Date of Birth	Gender	Relationship to Head of Household	Social Security Number	Race	Hispanic or Latino? (Yes or No)

If more space is needed, add an additional page

B. Family Circumstances

1. Are any family members temporarily absent from your household?

Yes No

If yes, list name and expected date of return.

2. Do you share custody of a child with anyone else?

Yes No

If yes, list the child's name and the percentage of time they live in your household:

3. Have you or any member of your household been convicted of any criminal activity in the last 12 months?

Yes No

If yes, explain and include dates of conviction:

4. Does your household require an interpreter?

Yes No

If yes, for which language?

C. FAMILY INCOME

Family Member Name	Type of Income	Source of Income (include Phone and Fax/Email)	Gross Monthly Income (before taxes, deductions)
			\$
			\$
			\$
			\$

1. Is there any household member who is 18 or *older* and is claiming **NO INCOME**? Yes No

If **yes**, complete a Zero Income Certification for all those who meet this criteria.

2. Does anyone not living in the household pay bills on your behalf or give you money or material goods on a regular basis? Yes No

If **yes**, provide a written statement from the paying party. The statement must include contact information of the paying party **and** either the amount given to you each month or a listing of bills paid on your behalf:

3. Are you or any family member participating in a paid job-training program? Yes No

If **yes**, list the job-training agency name and phone number:

You must provide supporting documentation for income. **Refer to VERIFICATION REQUIREMENTS.**

D. CERTIFICATION OF ASSETS

List all asset accounts for your household including checking, savings, trust accounts, debit cards, bonds, stocks, IRA or retirement accounts, real estate, etc. Assets are not limited to this list. If you have any other assets that are not listed here, you must declare them to HASCO. All family members must provide at least one (1), most recent statement for all assets. Refer to VERIFICATION REQUIREMENTS.

Family Member's Name:	Type of Asset (e.g.: Checking, savings, - do not combine) List accounts separately	Current account balance:
		\$
		\$
		\$
		\$
		\$

1. Have you or any household member sold, transferred title, or given away any assets for less than market value within the past two years? **Yes** **No**

If yes, explain:

2. Do you own, or are you purchasing a home, mobile home, or any other form of Real Estate? **Yes** **No**

If yes, explain:

You must provide supporting documentation for assets. Refer to VERIFICATION REQUIREMENTS.

E. DEDUCTIONS

1. Do you pay out of pocket for childcare for any family member under 13 years old? **N/A** **Yes** **No**

If yes, complete the table below: **You must provide supporting documentation.**

Name of Child	Name, Address & Phone of Childcare Provider	Amount of Payment
		\$
		\$
		\$

2. Is any family member 18 or older attending high school or college full time? **N/A** **Yes** **No**

If yes, complete the table below: **You must provide supporting documentation.**

Family Member Name	Name and Address of School	School Phone Number	Does the student live at home or away at school?

3. Are you, your spouse or co-head 62 years or older? **Yes** **No**

4. Are you, your spouse or co-head disabled? **Yes** **No**

5. Is anyone else (NOT head of household, spouse or co-head) in your household disabled? **Yes** **No**

IF YOU ANSWERED "NO" TO QUESTIONS 3 AND 4, SKIP TO PAGE 7

If yes to 4 or 5, complete the table below:

Family Member Name	Name and Address of Doctor or Diagnostician

**IF YOU ANSWERED “NO” TO QUESTIONS 3 AND 4 ON THE PREVIOUS PAGE,
SKIP TO PAGE 7**

6. Do you pay for any medical, dental, or vision insurance for you or any member of your family? **Yes No**

If **yes**, complete the table below: **You must provide supporting documentation.**

Family Member Name	Medical Insurance Provider Name and Phone	Policy Number	Premium Cost
			\$
			\$

7. Do you make regular payments to any doctor, medical facility, or pharmacy for yourself or any family member? **Yes No**

If **yes**, complete the table below. **You must provide supporting documentation.**

Family Member Name	Doctor or Medical Facility Name	Phone / Fax #	Monthly Payment Amount
			\$
			\$
			\$
			\$

8. Do you pay for a care attendant or medical equipment out of pocket? **Yes No**

If **yes**, list the agency or individual you pay and how much you pay out of pocket each month for the service or equipment. **You must provide supporting documentation.**

F. SIGNATURE

I/we have read and understand the information in this document. I/we declare the information presented in this packet is true and accurate to the best of my knowledge. I/we understand that misrepresentation or omission of information to HASCO of my family's circumstances is cause for denial of my housing assistance.

Signature of Head of Household	<u>Printed Name</u> of Head of Household	Date
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Signature of Other Adult	Printed Name of Other Adult	Date
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Signature of Other Adult	Printed Name of Other Adult	Date
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Signature of Other Adult	Printed Name of Other Adult	Date
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G. OPTIONAL: ALTERNATE CONTACT INFORMATION

In the event we cannot reach you by mail, phone, and email, or you feel you may need help with the HASCO processes, please provide the alternate contact person's information below:

Printed Name of Contact

Phone Number

Email Address

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

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)

Housing Authority of Snohomish County
12711 4th Ave W
Everett, WA 98204

425-290-8499

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(l)(7)(A) of the Internal Revenue Code.)

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

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



AUTHORIZATION FOR RELEASE OF INFORMATION TO THE HOUSING AUTHORITY OF SNOHOMISH COUNTY

I authorize the release of any information deemed necessary by the Housing Authority of Snohomish County for establishing eligibility or continued participation in any of the agency's housing assistance programs. I agree that photocopies of this authorization may be used for these purposes. Requested information includes, but is not limited to any of the following:

1. Employment status, hire date, and pay history from current or previous employers
2. Child support income history
3. Unemployment compensation or any other non-wage income source
4. Asset balance and asset income verification from Financial Institutions
5. Childcare and disability assistance expenses.
6. Medical expenses including, but not limited to, regular monthly payments for medical bills, hospital services, health insurance premiums, co-pays, prescription costs, vision costs, dental treatment, medical equipment, or any other medical expense allowed under HASCO policies.
7. Information from previous landlords, law enforcement agencies, criminal background checks, courts, credit bureaus, schools, utilities, etc. for the purpose of screening prospective tenants.
8. Information regarding any minor or foster children.
9. Any information on past history required for any of the above.

All adult members in your household must print their name and provide their signature below.

Head of Household:

Print name	Signature	Date
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Other Adult Member:

Print name	Signature	Date
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Other Adult Member:

Print name	Signature	Date
------------	-----------	------

Other Adult Member:

Print name	Signature	Date
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This release is intended only for the use of the individual or entity to which it is addressed, and it may contain information that is privileged and confidential. Any dissemination, distribution or copying of this form is strictly prohibited by other parties.

This authorization will not expire unless an applicant is determined ineligible or participation in a HASCO assisted housing program ends, including when an individual revokes their authorization by notifying HASCO in writing.

Ways Home. Paths Forward.



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www.hasco.org • 12711 4th Ave West • Everett, WA 98204



Family Obligations

By signing this document, I understand and agree to follow the Family Obligations below.

Signature of Head of Household

Date

Printed Name of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Requirements for participation in the program in addition to the requirements listed on your Voucher.

Reporting changes in family circumstances

All changes must be reported in writing **within 10 days** of when the change occurs. Report any changes in your household's income. You are also required to report the addition or removal of any minor or adult family member(s) from your household.

Income

- **Change in income.** You are required to report all changes in income in writing and provide verification of the change.

Household members

- **Addition of a minor child.** If you add a minor child through birth, adoption, or court awarded custody, you are required to **report in writing** that the minor has moved into your unit.
- **Addition of an adult.**
You are **required** to get approval from HASCO **and** your Landlord to add an adult to your household. The adult member **may not** move into your household until both HASCO and the landlord approve the addition in writing.

Reporting absences from the unit

Report, in writing, if you, or any member of your household, will be absent from your unit for 30 days or longer. All absences need to be reported within 10 days of the absence occurring.

Unauthorized household members

Any person that has not been approved by HASCO and is living in your unit for more than 30 consecutive days, or for a total of 90 days in a 12-month period, is an unauthorized household member.

Your rent portion and utilities

You are required to stay current with your rent portion and utility bills.

If your landlord asks you to pay additional rent money on the side, contact us immediately.

Abusive or violent behavior is prohibited

All family members will refrain from engaging in or threatening any abusive or violent behavior or language toward HASCO staff.

Inspections

You must allow HASCO to inspect the unit at reasonable times and after reasonable notice. HASCO will provide at least 48 hours' notice before inspecting the unit. You are required to:

1. **Make the unit available.** You **must** make your unit available for scheduled inspections.
2. **Pass Housing Quality Standards.** You **must** ensure that your unit meets HASCO's housing quality standards.

Moving from your unit

When you want to move, you are required to give your landlord a written notice to vacate the unit at least 20 days before the end of the month in which you plan to move. A copy of this written notice must be given to HASCO.

If you receive an eviction notice or notice to move from your landlord, you are required to provide a copy of that written notice to HASCO.

Services For Veterans Administration Supportive Housing (VASH) Program ONLY

You are required to participate, remain compliant, and successfully complete the Supportive Housing Service Plan when required by a service provider or partnering agency.

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ZERO INCOME CERTIFICATION

Head of Household: _____

Family Member with zero income: _____

1. I certify that I do not receive income from any of the following sources

- Wages from employment
- Self-employment or business income
- TANF, GAU, GAX
- Unemployment, L & I
- Social Security payments
- Pensions, retirement funds, annuities
- Child support, alimony
- Interest or dividends from assets
- Gifts (monetary or non-monetary) from anyone outside my household
- Panhandling
- Any other source not listed above

2. I will be using the following sources to pay for rent and other living expenses:

3. I certify that the information provided is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information to the Housing Authority of my family circumstances or income is cause for termination of my housing assistance.

Signature of family member with zero income: _____

Date: _____

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Applicant/Participant:

The Violence against Women Act of 2013 (VAWA) provides special protections for victims of domestic violence, dating violence, sexual assault and stalking who are applying for or receiving assistance under the housing choice voucher (HCV) program.

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

Included in this VAWA packet are the following attachments:

- HUD-5380 SAMPLE NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT
- HUD-5382 CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION
- HUD-5383 - Emergency Transfer Form
- HASCO Emergency Transfer Plan - Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Complete documentation **must** be returned to the Housing Authority of Snohomish County no later than **14 business days** following your receipt of this material. If the requested information is not received within 14 business days, VAWA protections will not be extended to the participant.

Receipt of this VAWA packet is not written certification that a VAWA claim has been received. Once we have received your documentation, a Representative of the Housing Authority of Snohomish County will respond to you **via email within 10 business days**.

Housing Choice Voucher Team
Housing Authority of Snohomish County

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The Housing Authority of Snohomish County¹
Notice of Occupancy Rights under the Violence Against Women Act²

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.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **HASCO Tenant Based Assistance 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 **HASCO Tenant Based Assistance Program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **HASCO Tenant Based Assistance 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 **HASCO Tenant Based Assistance Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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.

¹ 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.

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

³ 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 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 **HUD Field OFFICE Seattle Federal Office Building 909 First Avenue, Suite 200 Seattle, WA 98104-1000 (206) 220-5101**

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-02/pdf/2016-26063.pdf>

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

For questions regarding VAWA, please contact **the HASCO Tenant Based Assistance Manager at (425) 290-8499.**

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 Domestic Violence Services of Snohomish County 425-25-ABUSE (425) 252-2873

Victims of stalking seeking help may contact Snohomish County Superior Court Protection Order Office (425) 388-3638

Attachment: Certification form HUD-5382

**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.

**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) _____

HOUSING AUTHORITY OF SNOHOMISH COUNTY

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

The Housing Authority of Snohomish County (HASCO) 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),¹ HASCO 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.² The ability of HASCO 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 HASCO 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

¹ 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.

² 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.

emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that HASCO is in compliance 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 HASCO's management office and submit a written request for a transfer. HASCO 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 HASCO'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

HASCO will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HASCO 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 HASCO's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

HASCO cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HASCO will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the

unit to which the tenant has been transferred. HASCO may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HASCO has no safe and available units for which a tenant who needs an emergency is eligible, HASCO will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HASCO will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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>.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.