



# FORT SMITH HOUSING AUTHORITY

## SECTION 8 APPLICATION THIS SECTION FOR OFFICE USE ONLY

T-CODE # \_\_\_\_\_

DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

PREFERENCE (if applicable) \_\_\_\_\_

TIME: \_\_\_\_\_

### APPLICANT/TENANT CERTIFICATION

When completing this form, you **MUST** use the correct legal name for each member of your household as it appears on each person's **social security card**. **Every adult member(s)** of the household must sign below certifying the information pertaining to the household is correct. Answer each question and do not leave blanks. If completing by hand, **PLEASE PRINT CLEARLY**.

**Household Composition:** List all adults who will be living in your home, listing head of household first

Adult Member(s) Only 18 and Older (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Race	Hispanic (Y or N)
		SELF			

List all children under 18 years of age who will be living in your home:

Names of CHILDREN as they appear on social security card	Date of Birth	Relationship to Head of Household	Social Security Number	Race	Hispanic (Y or N)
Example: John Doe	01/01/1955	Self/son/daughter/liv e-in-aide	999-99-9999		Yes/No

Primary Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

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

Are you, or any member of your household, subject to a lifetime sex offender registration requirement in any state?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you living/staying in a vehicle, shelter or street? Circle: yes or no

Do you feel you qualify for our preferences? If so, circle one: Disabled Elderly Handicapped Working

o. 479-782-4991 - w. [www.fortsmithhousing.org](http://www.fortsmithhousing.org) - a. 2100 N. 31st Street Fort Smith, AR 72904

*Improving quality of life through housing and community development*

(For the working preference, you must be working a minimum of 30 hrs., earning at least minimum wage and we must verify six months of continuous employment with no more than 30 days between jobs.) Start date: \_\_\_\_\_

**Household Income:** List all money earned or received by everyone living in your household; including: money from wages, self-employment, child support, alimony, TANF, social security, SSI, worker's compensation, veteran's benefits, retirement benefits, pensions, unemployment benefits, baby-sitting, caring for others, stock dividends, income from bank accounts, rental property income, music entertainment business, contributions/donations, and all other sources of compensation.

Household Member	Employer Name or source of Income or Contributions	Amount Hourly, Monthly or Salary	Avg. hours worked	Multiply by month (12) week (52) every two weeks (26)

If you are receiving food stamps, please list the monthly dollar amount: \$\_\_\_\_\_ Caseworker's Name\_\_\_\_\_

Do you or anyone in your household have a checking or savings account? If so, list the name of the bank \_\_\_\_\_

Are any of your funds deposited on a direct express card or a pre-paid card? If so, list the card name \_\_\_\_\_

Do you or any member of your household have any stocks, bonds, 401K, IRA's, CD's, interest bearing accounts? If so, list the assets your household acquires and the lending institute \_\_\_\_\_

Are you renting or renting to own? Yes or No If so, list your landlord name and phone number \_\_\_\_\_

Do you own your home or any home? Land? Yes or No If so, list mortgage company \_\_\_\_\_

Have you ever applied for or participated in a rental assistance program? If so, what agency \_\_\_\_\_

Have you or a family member ever had Lead Base Paint poisoning? Yes or No If so, when \_\_\_\_\_

I do hereby swear and attest that all of the information listed above regarding my/our household is true and correct. I understand that willful false statements, misrepresentation of the facts, and failing to make a full disclosure of the information above are grounds for termination. If you change your address after submitting an application, you **MUST** notify us in writing at: Fort Smith Housing Authority, 2100 N. 31<sup>st</sup> Street, Fort Smith, AR 72904. Returned mail due to an incorrect address will **IMMEDIATELY** terminate this application!

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

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

\_\_\_\_\_  
Signature of other adult Date

\_\_\_\_\_  
Signature of other adult Date

**WARNING!!** Title 18, Section 1001 of The United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.





# FORT SMITH HOUSING AUTHORITY

## AUTHORIZATION TO RELEASE INFORMATION

I authorize the Fort Smith Housing Authority to obtain information about me or my family that is pertinent to eligibility for or participation in rental assistance programs.

Information covered: Inquiries may be made about:

Child Care Expenses	Credit History
Criminal Activity	Family Composition
Employment, Income, Pensions, & Assets	Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses	Identity & Marital Status
Medical Expenses	Social Security Numbers
Residences & Rental History	Unemployment Compensation

Any individual or organization may release information; including any Governmental organization may be asked to release information. For example, information may be requested from:

Banks & other financial institutions  
Courts, Law Enforcement Agencies  
Credit Bureaus, Employers (past & present), Landlords  
Providers of: alimony, child care, child support, credit, handicapped assistance, medical care, pensions/ annuities, schools & colleges, utility companies, and welfare agencies.  
The U.S. Social Security Administration and U.S. Department of Veterans Affairs

## CONDITIONS

**I agree that photo copies of this Authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.**

\_\_\_\_\_  
Printed name of Head of Household

\_\_\_\_\_  
Printed name of Spouse

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

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

\_\_\_\_\_  
Social Security Number of Head of Household

\_\_\_\_\_  
Social Security Number of Spouse

\_\_\_\_\_  
Printed name of other adult/social security number

\_\_\_\_\_  
Printed Name of other adult and social security

\_\_\_\_\_  
Signature of other adult                                      Date

\_\_\_\_\_  
Signature of other adult                                      Date

\_\_\_\_\_  
Social Security Number of Other Adult

\_\_\_\_\_  
Social Security Number of Other Adult

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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Signature of Applicant

Date

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

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



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:  
**Fort Smith Housing Authority**  
**2100 North 31<sup>st</sup> Street**  
**Fort Smith, AR 72904**

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name



# **FORT SMITH HOUSING AUTHORITY**

## **HOUSING CHOICE VOUCHER/ SECTION 8 APPLICATION**

Dear Applicant,

The Fort Smith Housing Authority has added two local preferences for which you may qualify. The first is a working preference for families in which the head of household or spouse works a minimum of thirty (30) hours per week at no less than minimum wage, which is currently \$11.00 per hour. You must have worked the last six months and continue to work for twelve months after receiving the preference. The second is for elderly, handicapped or disabled families. An elderly preference is given to a family whose head of household or spouse is age 62 or older. A disabled family is one in which the head of household or spouse is handicapped or disabled. Enclosed is a copy of the two preferences we have added. If you believe you qualify for either preference, please indicate on the application. Please note that these are local preferences only; they do not port out to other agencies.

Sincerely,

Fort Smith Housing Authority



# FORT SMITH HOUSING AUTHORITY

## ANNUALIZED INCOME FOR VERY LOW INCOME FAMILIES

### NUMBER OF PERSONS IN HOUSEHOLD

1	2	3	4	5	6	7	8
VERY LOW INCOME EFFECTIVE 4/01/2020							
\$19,000	\$21,700	\$24,400	\$27,100	\$29,300	\$31,450	\$33,650	\$35,800
APPROXIMATE GROSS <u>MONTHLY</u> INCOME							
\$1583	\$1808	\$2033	\$2258	\$2442	\$2621	\$2804	\$2983
APPROXIMATE GROSS <u>WEEKLY</u> INCOME							
\$365	\$417	\$469	\$521	\$563	\$605	\$647	\$688

## AMOUNTS ARE ON GROSS INCOME BEFORE TAXES ARE TAKEN OUT

Please make a note of the amount of income your household is allowed to earn and still qualify for rental assistance. Be aware that the above chart refers to your income at the time you are called in to be placed on the program, not your income at the time of your application. If you are presently over income, you may still make an application for the program. If your income, when you are called in, is the same or higher than those listed in the chart above, we will be unable to assist you.



# FORT SMITH HOUSING AUTHORITY

## WHAT CAN I DO IN THE MEANTIME?

### VETERAN AFFAIRS OFFICE (Veterans Only)

1500 Dodson Ave  
Fort Smith, Arkansas 72901 479-441-2600

### Public Transit (City of Fort Smith) 783-6464

### ADDITIONAL SERVICES:

Area Agency on Aging  
524 Garrison 783-4500

Crawford-Sebastian Community Development  
1617 South Zero 785-2303

Community Services Clearing House  
4420-Wheeler Ave. 782-5074

Department of Human Services (DHS)  
Fort Smith, 616 Garrison 782-4555  
Van Buren, 704 Cloverleaf Cir. 474-7595

Crisis Intervention Center (Domestic Abuse Victims)  
5603 S 14<sup>th</sup> Street – 72901 782-1821

Gospel Rescue Mission/ Van Buren  
201 Drennen 474-4163

Red Cross (Victims of Natural Disaster ONLY:  
Fire, Flood, etc.)  
1709 S Greenwood 782-1056

Community Rescue Mission  
310 N F Street - 72901 782-1443

Salvation Army  
301 North 6<sup>th</sup> - 72901 783-6145

Next Step Day Room  
123 N 6<sup>th</sup> Street - 72901 782-5433

Riverview Hope Campus  
301 South E Street – 72901 668-4764

### LOCAL OFFICES FOR HOUSING ASSISTANCE:

Alma Housing Authority  
9 West Main 632-2043

Crawford County Public Facilities Board  
11-A Pointer Trail West 474-0512

Greenwood Housing Authority  
319 West Cedar Street 996-4661

Van Buren Housing Authority  
1701 Chestnut 474-6901

Summerchase Apartments  
1005 North 28<sup>th</sup> Street  
Van Buren, Arkansas 474-1412

Allied Gardens  
5221 Johnson 782-3611

Briarwood Apartments  
3400 Duke Ave. 646-2815

North Pointe/Clayton Heights  
3408 N 6<sup>th</sup> St. 494-7729

West Apartments  
4118 North 50<sup>th</sup> 783-7663

### ELDERLY/DISABLED/HANDICAPPED:

Gorman Towers  
5800 Grand 452-7670

Mid-Town Apartments  
1411 Rogers Ave. 783-1089

Nelson Hall Homes  
2100 N 31<sup>st</sup> Street 782-4991



# FORT SMITH HOUSING AUTHORITY

## **SECTION 8 MODERATE REHAB PROGRAM** **RENTAL ASSISTANCE**

The Boardwalk apartment complex located at 4201 Kinkead is privately owned and has made available its one, two- and three-bedroom apartments to families determined eligible by Boardwalk and for participation in the rental assistance program by the Fort Smith Housing Authority.

The apartments rent unfurnished and they come equipped with air-conditioners, smoke alarms, range, refrigerator. The apartments are gas heated, having wall furnaces, or gas central heating units. The owner pays the gas and water expenses.

If you are interested in leasing an apartment at Boardwalk, you must apply and furnish the following documentation which enables Boardwalk to begin processing your application for the Boardwalk apartments.

- **Proof of *All* Income – nothing older than sixty (60) days will be accepted**
  - **Employment: last 3 consecutive check stubs or statement from employer with date of hire, verifying the number of hours worked and rate of pay**
  - **SS or SSI**
  - **Child support**
  - **Donations, contributions or complete a zero-income certification.**
- **Social Security cards and birth certificates for *all* household members**  
**You must have a Social Security # to be able to turn on utilities in your name.**
- **Photo ID for *all* adults**
- **If married, marriage license**
- **Most recent bank statement(s) or ATM balance inquiry (for direct deposit cards)**
- **Most recent food stamp statement showing monthly benefits.**

**You may apply for Boardwalk at 4301 Kinkead Ave. Apt. 8**

When a family's application has been approved by Boardwalk, you will be required to attend a briefing with the FSHA. Once approved and a vacant apartment (of your bedroom size) becomes available, you will be notified by Boardwalk.

### CERTIFICATION OF RENT

We are required by Federal regulations to verify the amount of rent charged and what utilities are paid for directly by the applicant. Therefore, we would appreciate your completing the certification below on behalf of the applicant. **If you are renting, please have the Landlord complete the statement below.**

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ applicant (s)  
lives at \_\_\_\_\_, and is obligated to pay rent in the amount of  
\$ \_\_\_\_\_ per \_\_\_\_\_ plus the following utilities: \_\_\_\_\_.

The housing was leased to: \_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_\_.  
(head of household) (spouse) (month/day/year)

I certify the above to be a true and accurate statement.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

### CERTIFICATION OF RESIDENCE

We are required by Federal regulation to verify the place of residence on all applicants applying for participation in the Section 8 Existing Housing Program. Therefore, we would appreciate your completing the Certification below on behalf of the applicant. **If you are living with parents, other family members or friends, have them complete the statement below.**

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ applicant (s)  
lives at \_\_\_\_\_. This has been his/her place of residence  
since \_\_\_\_\_.  
(month/day/year)

I certify the above to be a true and accurate statement.

\_\_\_\_\_  
Signature of person certifying residency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone Number

**WARNING!! Title 18, Section 1001 of The United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**



**NOTICE TO APPLICANTS APPLYING FOR  
AND TENANTS CURRENTLY RECEIVING  
HOUSING ASSISTANCE**

**The Law:** Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible noncitizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final “Noncitizens Rule” entitled Restrictions on Assistance to Noncitizens, which was published in the Federal Register on Monday, March 20, 1995 (60 FR 14846-4861).

**When the Law Became Effective:** The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Agency was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

**What the Law Means to You:** The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

**Type of Programs this Law Applies to:** The noncitizens Rules applies to the following HUD assisted housing programs:

- 1) Section 8 Rental Voucher Program
- 2) Section 8 Moderate Rehabilitation Program
- 3) Public and Indian Housing Programs

**What Persons Are Covered By This Law:** Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Noncitizens who have eligible immigration status.

**What Evidence Will Be Required:** Each family member, regardless of age, is required to submit the following evidence:

**For citizens or nationals:** A signed declaration of U.S. citizenship (whether by birth or naturalization).

**For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995:** A signed declaration of eligible immigration status and proof of age.

**For All Other Noncitizens, the Evidence Consists of:** 1) a signed declaration of eligible immigration status; 2) the immigration and Naturalization Service (INS) documents listed below on this page; and 3) A signed verification consent form.

**For All Other Noncitizens, What Immigration Status is Eligible?** Under the Noncitizens Rule, a noncitizen would have eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

- 1) **Immigrant Status Under §101 (a)(15) or 101 (a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by §101 (a)(20) of the INA, as an immigrant, as defined by §101 (a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101 (a)(15)), respectively [immigrant status]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker status] who has been granted lawful temporary resident status.
- 2) **Permanent Residence Under §249 of INA:** A Noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but now is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 3) **Refugee, Asylum, or conditional Entry Status Under §§207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8U.S.c. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158)[asylum status]; or as a result of being granted conditional entry under §203 (a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 4) **Parole Status Under §212 (d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182 (d)(5)) [parole status].
- 5) **Threat to Life or Freedom Under §243(h) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S. C. 1253(h)) [threat to life or freedom].
- 6) **Amnesty Under §245A of INA:** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245A].

**What INS Documents Are Acceptable?** The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

- 1) **Form I-151, Alien Registration Receipt Card** (issued to lawful permanent residents prior to 1979). Form I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.

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- 2) **Form I-151, Alien Registration Receipt Card** (for permanent resident aliens).
- 3) **Form I-94, Arrival-Departure Record**, with one of the following annotations:
  - a. "Admitted as Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum"
  - c. "Section 243(h)" or "Deportation stayed by Attorney General";
  - d. "Paroled Pursuant to Section 212 (d) (5) of the INA"
- 4) If **Form I-94, Arrival-Departure Record**, is not annotated, then accompanied by one of the following documents:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 5) **Form I-688, Temporary Resident Card**, which must be annotated "Section 245A" or "Section 210";
- 6) **Form I-688b, Employment Authorization Card**, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

**Note:** Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The Housing Agency may not retain the original document(s). The Housing Agency must immediately make copies from the original document(s) and return the original document(s) to the family member.

**When Must Evidence of Eligible Immigration Status Be Submitted?** Evidence of eligible immigration status must be submitted at the times specified below, subject to any extension granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

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**Applicants:** The Housing Agency must ensure that evidence of eligible immigration status is submitted not later than the date the Housing Agency anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

**Families already receiving assistance on June 19, 1995:** For a family already receiving the benefit of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

**New occupants of assisted units:** For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

**Changing participation in a HUD program:** Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Noncitizens Rule unless the family already has submitted the evidence to the Housing Agency for a covered program.

**One-time evidence requirement for continuous occupancy:** For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

**What Happens if One or More Family Members Does Not Qualify?** Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. "Family" as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of eligible immigration status of a family member if:

- 1) The primary and secondary verification of any immigration documents that were timely submitted has not been completed;
- 2) The family member for whom required evidence has not been submitted has moved from the tenant's dwelling unit;
- 3) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant's dwelling unit;
- 4) The INS appeals process has not been concluded;
- 5) For a tenant, the Housing Agency informal hearing process has not been concluded;
- 6) Assistance is prorated;
- 7) Assistance for a mixed family is continued; or
- 8) Deferral of termination of assistance is granted.

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- 9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the Housing Agency informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures for any of the following events:

- 1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted ; or
- 2) Evidence of citizenship and eligible immigration status is submitted timely, but INS primary and secondary verification does not verify eligible immigration status of a family member; and
  - a. The family does not pursue INS appeal or Housing Agency informal hearing rights; or
  - b. INS appeal and Housing Agency informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member.

**What Rights of Appeal are Available?** Three distinct forms of appeal process are available to both applicants and tenants:

- 1) **Appeal to INS:** The following instructions apply to the right of appeal to the INS:
  - a. **Submission of request for appeal:** When the Housing Authority receives notification that INS secondary verification failed to confirm eligible immigration status, the Housing Agency shall notify the family of the results of the INS verification. The family shall have 30 days from the date of the Housing Agency's notification to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the Housing Agency with a copy of the written request for appeal and proof of the mailing. For good cause shown, the Housing Agency shall grant the family an extension of the time within which to request an appeal.
  - b. **Documentation to be submitted as part of the appeal to INS:** The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from the INS annotated at the top center in bold print: **HUD APPEAL**. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the Housing Agency.
  - c. **Results of INS Appeal:**
    - (i) The INS will issue the results of the appeal to the family, with a copy to the Housing Agency, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30-day time period, the INS will inform the family and the Housing Agency of the reasons for the delay.

**Note: The INS response will be indicated in section B of form G-845S, Document Verification Request, which is returned to family and the Housing Agency. The INS response will be indicated in Section B by a mark in one of the following boxes: 1, 2, 5, 6, 8, 11, 12, 15 or 18.**

- (ii) When the Housing Agency receives a copy of the INS response, the Housing Agency shall notify the family of its right to request an informal hearing on the Housing Agency's ineligibility determination.
- d. **No delay, denial or termination of assistance until completion of INS appeal process; direct appeal to INS:** Pending the completion of the INS appeal, assistance may not be delayed, denied or terminated on the basis of immigration status.

## **2) Informal Hearing with the Housing Agency**

- a) **When request for hearing is to be made:** After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family may request that the Housing Agency provide an informal hearing. This request must be made either within 14 days of the date the Housing Agency mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).
- b) **Extension of time to request hearing:** The Housing Agency will extend the period of time for requesting a hearing (for a specific period) upon good cause shown.
- c) **Informal hearing procedures:**
  - (i) **For tenants:** the procedures for the hearing before the Housing Agency as set forth in 24 CFR Part 966.
  - (ii) **For applicants:** the procedures for the informal hearing before the Housing Agency are as follows:
    - (A) **Hearing before an impartial individual:** The applicant shall be provided a hearing before any persons(s) designated by the Housing Agency (including an officer or employee of the Housing Agency), other than a person who made or approved the decision under review, and other than a person who is a subordinate of the person who made or approved the decision;
    - (B) **Examination of evidence:** The applicant shall be provided the opportunity to examine and copy, at the applicants expense and at a reasonable time in advance of the hearing, any documents in the possession of the Housing Agency pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;

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- (C) **Presentation of evidence and arguments in support of eligible immigration status:** The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings;
  - (D) **Controverting evidence of the project owner:** The applicant shall be provided the opportunity to controvert evidence relied upon by the Housing Agency and to confront and cross-examine all witnesses on whose testimony or information the Housing Agency relies.
  - (E) **Representation:** The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such person make statements on the applicant's behalf;
  - (F) **Interpretive services:** The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or Housing Agency, as may be agreed upon by both parties;
  - (G) **Hearing to be recorded:** The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the Housing Agency); and
  - (H) **Hearing decision:** The Housing Agency shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the Housing Agency informal hearing. The decision shall state the basis for the decision.
- 3) **Judicial relief:** A decision against a family member under the INS appeal process or the Housing Agency's informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.

**Fort Smith Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act**

**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. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Fort Smith Housing Authority, Section 8 Rental 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 **Section 8 Rental 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 the **Fort Smith Housing Section 8 Rental 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 **Section 8 Rental Assistance Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

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

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

If Fort Smith Housing Authority chooses to remove the abuser or perpetrator, Fort Smith Housing Authority 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, Fort Smith Housing Authority 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, Fort Smith Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, Fort Smith

Housing Authority 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, Fort Smith Housing Authority 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, Fort Smith Housing Authority 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.

Fort Smith Housing Authority 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.

Fort Smith Housing Authority's emergency transfer plan provides further information on emergency transfers, and Fort Smith Housing Authority 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**

Fort Smith Housing Authority 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 Fort Smith Housing Authority must be in writing, and Fort Smith Housing Authority 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. Fort

Smith Housing Authority 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 Fort Smith Housing Authority as documentation. It is your choice which of the following to submit if Fort Smith Housing Authority 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 Fort Smith Housing Authority 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 Fort Smith Housing Authority has agreed to accept.

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

If Fort Smith Housing Authority 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), Fort Smith Housing Authority 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, Fort Smith Housing Authority does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Fort Smith Housing Authority 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.

Fort Smith Housing Authority must not allow any individual administering assistance or other services on behalf of Fort Smith Housing Authority (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.

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

- ☐ You give written permission to Fort Smith Housing Authority to release the information on a time limited basis.
- ☐ Fort Smith Housing Authority 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 Fort Smith Housing Authority or your landlord to release the information.

VAWA does not limit Fort Smith Housing Authority'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, Fort Smith Housing Authority 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 Fort Smith Housing Authority 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 Fort Smith Housing Authority can demonstrate the above, Fort Smith Housing Authority 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 **Mitchell Minnick, Executive Director of the Fort Smith Housing Authority** or **HUD.gov**.

### **For Additional Information**

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

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

For questions regarding VAWA, please contact Fort Smith Housing Authority at 479-782-4991 ext. 18.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Fort Smith Crisis Intervention Center, 1-800-359-0056 or 479-782-1821**.

Form HUD-5380  
(12/2016)

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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:

200 River Market Avenue, Suite 100

Little Rock, AR 72201

United States

Phone: 501-246-3276

Fax: 501-353-2117

See map: [Google Maps](#)

**Email:**

[acasa@sbcglobal.net](mailto:acasa@sbcglobal.net)

**Website Address:**

<http://www.acasa.us>

**Information on Sexual Assault Centers:**

<http://acasa.us/crisis-centers/> or

<https://www.domesticshelters.org/>

Victims of stalking seeking help may contact 1-855-4-VICTIM(1-855-484-2846) or The Stalking Resource Center by phone at (202) 467-8700, or by e-mail at [src@ncvc.org](mailto:src@ncvc.org)

**Attachment:** Certification form HUD-5382

## FORT SMITH HOUSING AUTHORITY

## REFERENCE GUIDE

**Domestic Violence Help**      **Hotline ---- 479-782-4956 or 1-800-359-0056**      **Emergency Services:**  
 Fort Smith Crisis Intervention Center      Safety Planning      Domestic Violence Education  
 5603 South 14<sup>th</sup> Street      Emergency local transportation and Cell Phones  
 Fort Smith, Arkansas 72901      Emergency shelter      Legal and Financial Assistance  
 Business      479-782-1821      Case Management      Counseling Services  
 Business fax      479-782-9035      Support/Children Services      Relocation Services  
 Website [www.fscic.org](http://www.fscic.org)      Services Sebastian, Crawford, Franklin, Logan, Scott and Polk Counties.

**Sexual Assault Help**      **Hotline ---- 479-782-4956 or 1-800-359-0056**  
 Fort Smith Crisis Intervention Center  
 5603 South 14<sup>th</sup> Street  
 Fort Smith, Arkansas 72901  
 Business      479-782-1821  
 Business fax      479-782-9035  
 Website [www.fscic.org](http://www.fscic.org)      Services Sebastian, Crawford, Franklin, Logan, Scott and Polk Counties.

National Sexual Violence Resource Center      [www.nsvrc.org](http://www.nsvrc.org)  
 Email [acasa@sbcglobal.net](mailto:acasa@sbcglobal.net)  
 Website address [www.acasa.us](http://www.acasa.us)  
 Sexual Assault Centers [acasa.us/crisis-centers/](http://acasa.us/crisis-centers/)

**Stalking**      **Hotline 1-855-484-2846**  
 Victim Connect Helpline provides information and referrals for victims of all crimes. See Attached for things you can do if you are being stalked.

**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):

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

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

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

## **Fort Smith Housing Authority**

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

#### **Emergency Transfers**

**Fort Smith Housing Authority** 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> **Fort Smith Housing Authority** 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 **Fort Smith Housing Authority** 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 **Fort Smith Housing Authority** 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

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<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> 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 **Fort Smith Housing Authority** 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 **Fort Smith Housing Authority** management office and submit a written request for a transfer to **Fort Smith Housing Authority, 2100 North 31<sup>st</sup> Street, Fort Smith, Arkansas 72904, Section 8 Department. Fort Smith Housing Authority** 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 **Fort Smith Housing Authority** 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**

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

### **Emergency Transfer Timing and Availability**

**Fort Smith Housing Authority** cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. **Fort Smith Housing Authority** 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

Form HUD-5381  
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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. **Fort Smith Housing Authority** may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If **Fort Smith Housing Authority** has no safe and available units for which a tenant who needs an emergency is eligible, **Fort Smith Housing Authority** 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, **Fort Smith Housing Authority** 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.

## FORT SMITH HOUSING AUTHORITY

## REFERENCE GUIDE

**Domestic Violence Help**      **Hotline ---- 479-782-4956 or 1-800-359-0056**      **Emergency Services:**  
 Fort Smith Crisis Intervention Center      Safety Planning      Domestic Violence Education  
 5603 South 14<sup>th</sup> Street      Emergency local transportation and Cell Phones  
 Fort Smith, Arkansas 72901      Emergency shelter      Legal and Financial Assistance  
 Business      479-782-1821      Case Management      Counseling Services  
 Business fax      479-782-9035      Support/Children Services      Relocation Services  
 Website [www.fscic.org](http://www.fscic.org)      Services Sebastian, Crawford, Franklin, Logan, Scott and Polk Counties.

**Sexual Assault Help**      **Hotline ---- 479-782-4956 or 1-800-359-0056**  
 Fort Smith Crisis Intervention Center  
 5603 South 14<sup>th</sup> Street  
 Fort Smith, Arkansas 72901  
 Business      479-782-1821  
 Business fax      479-782-9035  
 Website [www.fscic.org](http://www.fscic.org)      Services Sebastian, Crawford, Franklin, Logan, Scott and Polk Counties.

National Sexual Violence Resource Center      [www.nsvrc.org](http://www.nsvrc.org)  
 Email [acasa@sbcglobal.net](mailto:acasa@sbcglobal.net)  
 Website address [www.acasa.us](http://www.acasa.us)  
 Sexual Assault Centers [acasa.us/crisis-centers/](http://acasa.us/crisis-centers/)

**Stalking**      **Hotline 1-855-484-2846**  
 Victim Connect Helpline provides information and referrals for victims of all crimes. See Attached for things you can do if you are being stalked.

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