

ANNUAL RECERTIFICATION PACKET

Your annual recertification packet is required for continued assistance

The Housing Authority of Williamsburg (HAW) is required by law to calculate the amount of rent you pay by annually reviewing your family income and composition. This form must be completely filled out. All information on this form may be independently verified by the HAW. If you lie or omit information, your assistance will be terminated, and you will have to pay back all assistance overpaid due to FRAUD. All adults must read and sign certification on page 6.

I. CONTACT INFORMATION:

Full legal name of Head of Household (HOH): _____
 Phone numbers: Home: _____ Cell: _____ Work: _____ Other: _____
 Home Address: _____
 Mailing Address: _____
 Email Address: _____ Place of Birth: _____

II. HOUSEHOLD COMPOSITION: List all persons, (including any live-in aides) who are currently and will be living in your household as their primary residence.

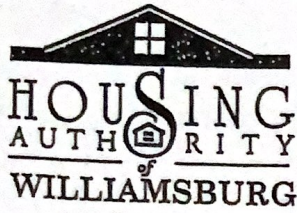
ADULTS (Legal Name on SS Card)	Date of Birth	Relationship to HOH	SSN #	Marital Status M, S, D, W
	/ /			
	/ /			
	/ /			
	/ /			

CHILDREN (Name on SS Card)	Date of Birth	Relationship to HOH	SSN #	Place of Birth	School	Live w/you more than 50% of the time
	/ /					Y or N
	/ /					Y or N
	/ /					Y or N
	/ /					Y or N
	/ /					Y or N
	/ /					Y or N
	/ /					Y or N

List absent parents of children under age 18, ex-spouses of divorced or separated household members, and minor children of any household members who are not listed above.

Name	Relationship	Address	Phone #	Date of Birth	Place of Birth
				/ /	
				/ /	
				/ /	





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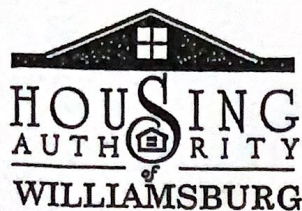
III. **TOTAL HOUSEHOLD INCOME: ALL INCOME MUST BE REPORTED!!** List all money earned or received by everyone living in your household. This includes money from:

- | | | | |
|--------------------|---------------------------|----------------------------|-----------------------|
| 1. Wages | 5. Disability Payments | 10. Veteran's Benefits | 14. K-TAP |
| 2. Self-employment | 6. Workman's Compensation | 11. Rental Property | 15. CD's |
| 3. Child Support | 7. Retirement Benefits | 12. Income from Bank Accts | 16. Stock Dividends |
| 4. Social Security | 8. AFDC | 13. Alimony | 17. All Other Sources |

Household Member	Employer	Total Weekly Wages	AFDC	Monthly Child Support	Social Security Benefits	Unemployment	Other

1. Is anyone in your household Employed or receiving funds from an employer?	Y or N
2. Is anyone in your household Self-Employed?	Y or N
3. Does anyone in your household receive Social Security or Supplemental Security Income?	Y or N
4. Does anyone in your household receive a Pension or Veterans Benefits?	Y or N
5. Does anyone in your household receive State Disability/Unemployment/Workers Compensation?	Y or N
6. Does anyone in your household receive Cash Aid, Welfare Assistance, TANF, and/or General Assistance?	Y or N
7. Does anyone in your household receive Alimony/Child Support?	Y or N
8. Does anyone in your household receive Payments for a Foster or Adoptive Child?	Y or N
9. Does anyone outside your household pay for any of your bills or expenses? Does anyone in your household receive any gifts or contributions?	Y or N
10. Does anyone in your household receive any other income that has not been reported above including gifts of money, stipends, or any other income?	Y or N





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IV. ASSETS - ALL ASSETS MUST BE REPORTED

1. Do you or any household member own or have any interest in real estate, boat, land and/or mobile home?	Y or N
2. Has anyone in your household sold any real estate in the last two years?	Y or N
3. Does anyone in your household have a 401K, IRA, Stocks, Bonds, Money Market, Self Employed Retirement (Any other type of investment)?	Y or N
4. Do you have a Checking Account? IF Yes: Bank Name: _____ Checking Account Number: _____	Y or N
5. Do you have a Savings Account? IF YES: Bank Name: _____ Savings Account Number: _____	Y or N
6. Does anyone in your household have a Trust Fund or Special Needs Trust?	Y or N
7. Does anyone in your household have \$1,000 or more in Cash?	Y or N
8. Does anyone in your household have personal investments (jewels, counts), lottery winnings, insurance settlements, whole life insurance (with cash value), lump sum inheritance?	Y or N
9. Does anyone in your household have any other assets that has not been reported above?	Y or N
10. Does anyone outside of your household pay for any of your bills or give you money?	Y or N
11. Have you or any other adult members of your household ever used a different name or Social Security Number other than the one you are using?	Y or N
12. Have you or any other lived-in assisted housing?	Y or N
13. Have you or any of your household ever been convicted of a crime other than traffic violations?	Y or N
14. Have you ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?	Y or N

Comments:



UNDER \$5,000 ASSET CERTIFICATION
 For households whose combined net assets do not exceed \$5,000.
 Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	% _____	\$ _____	Checking Account(s)***	\$ _____	% _____	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	% _____	\$ _____
Certificates of Deposit	\$ _____	% _____	\$ _____	Money Market Funds	\$ _____	% _____	\$ _____
Stocks	\$ _____	% _____	\$ _____	Bonds	\$ _____	% _____	\$ _____
IRA Account(s)	\$ _____	% _____	\$ _____	401(k)/403(b) Account(s)	\$ _____	% _____	\$ _____
Keogh Account(s)	\$ _____	% _____	\$ _____	Trust Funds	\$ _____	% _____	\$ _____
Equity in Real Estate	\$ _____	% _____	\$ _____	Land Contracts	\$ _____	% _____	\$ _____
Lump Sum Receipts	\$ _____	% _____	\$ _____	Capital Investments	\$ _____	% _____	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	% _____	\$ _____	GoFundMe/Crowdsourcing	\$ _____	% _____	\$ _____
Life Insurance (Excluding Term)	\$ _____	% _____	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	% _____	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	% _____	\$ _____	Explanation _____			
Other (list):	\$ _____	% _____	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

- *Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- **Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.
- ***Checking Account cash value should be the average in the checking account over the last six (6) months
- ****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

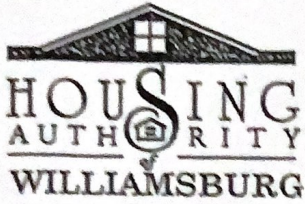
2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

_____ Signature of Applicant/Tenant	_____ Date	_____ Signature of Applicant/Tenant	_____ Date
_____ Signature of Applicant/Tenant	_____ Date	_____ Signature of Applicant/Tenant	_____ Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).



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V. ALLOWANCES:

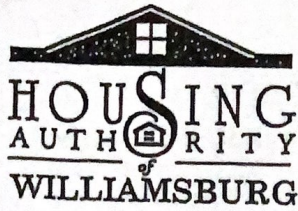
<p>1. Does anyone in your household have out-of-pocket Child Care (not reimbursed)? Y or N If Yes – Provide the following:</p> <ul style="list-style-type: none"> • Child Care receipts or invoice from last 3 months or • Letter from provider verifying amount you pay and frequency including signature, date and contact info
<p>2. Is anyone in your household a full-time-student? Y or N If Yes – Provide the following:</p> <ul style="list-style-type: none"> • Current class schedule or Current registration statement

VI. CRIMINAL HISTORY: Federal regulations require the Housing Authority to review the criminal background of applicants and tenants and terminate participation of some participants based on their criminal history. **THE HOUSING AUTHORITY RESERVES THE RIGHT TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ANY AND ALL APPLICANTS / TENANTS TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BELOW AND TO COLLECT ANY ADDITIONAL INFORMATION DEEMED NECESSARY BY THE HOUSING AUTHORITY.**

<p>1. Have you or any members of your household been arrested in the past 12 months? Y or N If Yes – Provide the following:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">Date</th> <th style="width: 20%;">Type</th> <th style="width: 35%;">Description of Crime</th> </tr> </thead> <tbody> <tr> <td> </td> <td>/ /</td> <td>Misdemeanor Felony</td> <td> </td> </tr> </tbody> </table>	Name	Date	Type	Description of Crime		/ /	Misdemeanor Felony	
Name	Date	Type	Description of Crime					
	/ /	Misdemeanor Felony						
<p>2. Have you or any members of your household been required to register as a sex offender in the past 12 months? Y or N IF Yes – Provide the following:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">Date</th> <th style="width: 65%;">Description of Crime</th> </tr> </thead> <tbody> <tr> <td> </td> <td>/ /</td> <td> </td> </tr> </tbody> </table>	Name	Date	Description of Crime		/ /			
Name	Date	Description of Crime						
	/ /							

Comments: _____





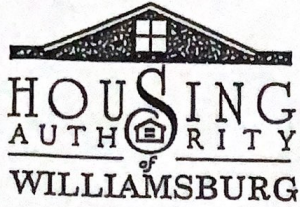
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CERTIFICATIONS

1. I do hereby swear and attest that all the listed information is true, complete, and correct.
2. I understand that false information or statements or omission of information are punishable under federal law.
3. I understand that false statements or false information are grounds for termination of housing assistance.
4. I understand the following items regarding changes to my household composition, income, and other information.
 - a. I understand that all new household members must be approved in writing by the Housing Authority prior to moving into the assisted unit.
 - b. I understand that I must report any household members leaving the assisted unit in writing within 14 calendar days.
 - c. I understand that I must report all changes (including increases and decreases) in household income and assets in writing within 14 calendar days.
 - d. I understand that I must report all changes in address and telephone number in writing within 14 calendar days.
5. I understand that if I do any of the following, I may lose my rental assistance:
 - a. Fail to fulfill my obligations to submit my eligibility and annual recertification documents on time.
 - b. Fail to attend or be on time for my recertification appointment(s), or any other Housing Authority appointment(s).
 - c. Fail to make my unit available for all unit inspections.
 - d. Fail to comply with any program responsibilities, including tenant obligations listed in my lease.
 - e. Commit program fraud (for example not reporting income, unauthorized people in the unit, and any other type of program fraud).
 - f. Fail to abide by Pet Policy.
6. I understand that all members of my household are prohibited from any activity (including criminal activity and / or the use of drugs or alcohol) that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
7. I understand that I will be required to repay all rental assistance overpaid on my household's behalf due to fraud.





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WARNING - TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. ALL OF THE INFORMATION ON THIS FORM MAY BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD.

ALL OF THE INFORMATION ON THIS FORM MAY BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD

I do hereby swear that all information above about me is true and correct. I also understand that all changes to income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing immediately.

X _____
Print Head of Household Name Signature of Head of Household Date

X _____
Print Name Signature of Other Adult Date

X _____
Print Name Signature of Other Adult Date

X _____
Print Name Signature of Other Adult Date



**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

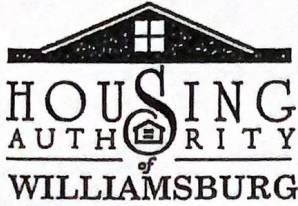
Signatures:

_____		_____	
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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



600 Brush Arbor Rd | Williamsburg, KY | 40769
 O: 606.549.0282 | F: 606.549.4824 | TTD: 886.241.6567
 williamsburghousing.org
 Executive Director: Mary Thornton, MBA
 Board Chair: Richard Foley
 Office Hrs.: Mon – Thurs, 8:00am-5:30pm

RELEASE OF INFORMATION FORM

HUD regulations and the Housing Authority of Williamsburg policy requires staff to verify certain information to determine eligibility for initial and continued occupancy in subsidized housing. The types of information which may be needed can include past, present, and future employment, rental history, criminal history, citizenship and immigration status, information on income, assets and deductions, ages of household members, custody of children, verification of identity, and relationship to other family members, marital status, and other information which may be necessary to determine eligibility for housing.

Examples of sources, which may be contacted include, but are not limited to:

- Kentucky Pre-Trial Services
- IRS, State Wage Agencies
- Child Support Division
- Credit Bureaus
- Friends, Relatives, and other References
- Social Security Administration
- Post Office
- Educational Institutions
- Veteran’s Administration
- Military Records
- Police Records
- Law Enforcement Agencies, NCIC
- Bank and other Financial Institutions
- Courts
- Landlords, Past and Present
- Welfare Agencies
- Employers
- Probation and Parole Officers
- Utility Companies
- Immigration and Naturalization Services
- Hospital Records
- Schools, Colleges

Other Providers of: Alimony, Child Support, Child Care, Credit, Medical Care or Equipment, Insurance, Pensions, Annuities, Assets, Income, Unemployment, Income, Unemployment, Informal Support

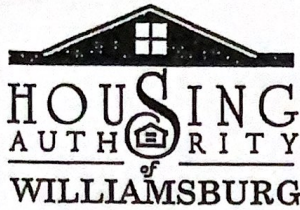
I hereby give my permission for the sources listed above to release information necessary to the Housing Authority of Williamsburg to determine my eligibility and rent due under the program. This authorization form does not expire.

Name: _____ Maiden Name: _____
 Date of Birth: _____ Social Security #: _____
 City, State, and County of Birth: _____
 Veterans Administration #: _____

 Head of Household

 Date





Amendment to the Public Housing Dwelling Lease VAWA Act

Amendment to the Public Housing Dwelling Lease Violence Against Women Act Protections: The Violence Against Women Act (VAWA) provides the following protections to public housing residents.

- a) The Landlord will not terminate or refuse to renew the Lease and will not evict the Resident or member of Resident's household from the dwelling in it if Resident, lawful household member, or an affiliated individual is a victim of actual or threatened domestic violence, dating violence, sexual assault, or stalking as those terms are defined by the Admission and Continued Occupancy Policy (ACOP).
- b) Under the Violence Against Women Act (VAWA), the Landlord may bifurcate this Lease in order to evict, remove, or terminate assistance to any person who is a Resident, a lawful occupant, or affiliated individual under this lease when such person engages in criminal acts of physical or physical violence against family members or others, on or off the premises. Landlord may take such action without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such violence who is the Resident, lawful occupant, or affiliated individual under the law.
- c) With any notification of eviction or notification of termination of assistance, Resident will be given a "Notice of Occupancy Rights under the Violation Against of Women Act" which provides information on their rights and responsibilities under the Violence Against Women Act (VAWA). A copy of the HUD-approved Certification form shall also be provided with the notice.
- d) The Landlord may request in writing that the victim, or family member on the victim's behalf certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation, Form HUD-5382, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.
- e) Not with standing anything to the contrary contained in paragraphs a and b above, the Landlord may terminate the Lease and evict the Resident if the Landlord can demonstrate an actual and imminent threat to other residents or to those employed at or providing goods or services to the site in which the unit is located, if the resident's tenancy is not terminated.
- f) Nothing in this section shall prohibit the Landlord from terminating the Lease and evicting the Resident based on any violation of this lease not involving domestic violence, dating violence, sexual assault, or stalking against the Resident or household member provided that the Housing Authority of Williamsburg does not subject such a tenant to a more demanding, standard than other tenants in making the determination whether to evict or to terminate assistance or occupancy.

Signature

Date

Signature

Date

