

Tenant Based Rental Assistance (TBRA) Program Application



Tenant Based Rental Assistance (TBRA) Program Application

Please complete this application fully, filling out all required information, and return it to AHC by email, mail, or dropping it off at the AHC office.

Email: tasha@ahcindiana.org

Mail/Drop Off: 812 S Washington St, Marion IN 46953

If you have questions while filling out this application, please contact (765) 662-1574

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Tenant Based Rental Assistance (TBRA) Program Information

What is the TBRA Program?

The TBRA Program provides rental assistance, security deposits, and utility deposits to eligible households. The amount of financial assistance varies per household, and is based on the adjusted income of your household and the rent requested by the landlord.

TBRA Program participants will choose their own rental unit (home or apartment), but the rental unit must meet inspection requirements and the rent charged by the landlord must be considered reasonable.

Am I eligible for the TBRA Program?

To participate in the TBRA Program, you must meet the following requirements:

1. One member of the household has formerly been incarcerated
2. Your annual Household income does NOT exceed the follow limits:

One Person Household	Two Person Household	Three Person Household	Four Person Household	Five Person Household	Six Person Household	Seven Person Household	Eight Person Household
\$28,080	\$32,100	\$36,120	\$40,080	\$43,320	\$46,500	\$49,740	\$52,920

Why is the TBRA Program serving formerly incarcerated people?

"Housing a major component of successful reentry," states GC Probation officer Reggie Lipscomb. The term "re-entry" describes the process and challenges faced by the vast numbers of people released from prison and jail each year, such as drug/alcohol addiction, homelessness, unemployment, physical/mental impairment or illness, and other disabling conditions. Those that have formerly been incarcerated are more likely to have unique housing challenges. In the 2018 report, "No Where to Go: Homelessness Amongst Formerly Incarcerated People," the Prison Policy Initiative estimates that formerly incarcerated people are 10 times more likely to be homeless than the general public. Access to safe, stable, and decent housing in Grant County is critical to reducing the likelihood of re-offending.

According to the Indiana Department of Corrections, Grant County currently has a total of 421 total adult offenders (as of July 2021). GC Probation estimates that approximately 100 to 150 adult offenders are released annually and reentering the Grant County community. Last year, 156 adult offenders were released in Grant County. A Community Corrections Officer will work with the individual to secure housing prior to their release -- typically with a relative or alternative support system. Yet, without supportive or local relatives/friends in the Grant County area, those who have formerly been incarcerated are likely to end up homeless and more likely to re-offend and/or begin abusing substances again.

The TBRA program provides an alternative option for adults reentering the Grant County community. The TBRA program will offer a supportive framework in which an individual may seek help in locating quality housing, supportive services, and community support, in addition to receiving rental assistance.

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Thank you for your interest in the TBRA Program!

What are your next steps?

Action Plan

1. Complete the following pages and submit to AHC by email, mail or dropping it off at the office.
Please fill out all information to the best of your ability. It will allow us to serve you better

After completing these pages and submitting them to AHC, these are your next steps:

2. Obtain proof of former incarceration for member of your household that has formerly been incarcerated (Prison/Jail Release Letter, Attorney Letter, Probation Officer Letter, etc.)
3. Research properties you would be interested in renting (home or apartment)
 - Refer to the "Rental Resource Guide" – find it online at www.ahcgrantcounty.com/rental-properties or request a hard-copy from an AHC staff member
4. Meet with AHC Housing Counselor to review your financial position, complete the intake survey, and verify the TBRA program guidelines.
 - An AHC Housing Counselor will schedule this meeting with you after reviewing your submitted TBRA application
5. If you need further assistance contact Tequila Page at 765-662-1574 ext. 114.

Potential Renter Signature

Date

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Please answer the questions below as accurately as possible.

This information will help us to better meet your needs.

Date _____ Time _____

CLIENT INFORMATION			
YOUR Full Name:		Date of Birth: / /	SSN: - -
Is anyone buying/renting the home with you? (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, fill out the following:			
HIS/HER Full Name:		Date of Birth: / /	SSN: - -
Total Household Size:	Adults (18 and older):	Children (18 or younger):	

CONTACT INFORMATION			
Phone Number:		Email Address:	
Address:		County:	
City:	State:	Zip:	When did you move in?
Which housing situation best describes you now? (Check One): <input type="checkbox"/> I rent <input type="checkbox"/> I own the home <input type="checkbox"/> Other:			

INCOME INFORMATION	
Combined Monthly Household Income (Before Taxes): \$	
Source(s) of Income:	

	YES	NO
Do you speak English?		
If NO, list the preferred language:		
Does anyone in your household have a disability, as defined by Social Security?		
Are you a single parent?		
Are you 62 years old or older?		
Are you a U.S. Citizen?		
Are you a Veteran?		

ETHNICITY (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	SEX (Check One): <input type="checkbox"/> Female <input type="checkbox"/> Male	EDUCATION (Check highest level completed): <input type="checkbox"/> No High School Diploma <input type="checkbox"/> Finished High School <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 year degree <input type="checkbox"/> Professional License <input type="checkbox"/> 4 year degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree
RACE (Check all that apply): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander/ Hawaiian <input type="checkbox"/> White	MARITAL STATUS (Check One): <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

AHC Use ONLY: Date Received: _____		Rental Resource Guide Given? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Income Confirmed by: _____		Application Fee Paid? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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FOR OFFICE USE ONLY Application Received: Time: Date:

Please provide answers to all of the questions below. If a question does not apply to you, then answer, "N/A".

Applicant's Name: _____
(First) (Middle) (Last)

Address: _____
(Street and Apartment #) (City) (State) (Zip)

Telephone 1: () _____ Telephone 2: () _____

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

HOUSEHOLD COMPOSITION:

Please complete all boxes for each person that will be occupying the unit (start with you).

Full Name	Relationship to Head of Household	Date of Birth	Social Security Number
	Head of Household		

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1) Are there any absent household members who under normal conditions would live with you? ☐ Yes ☐ No

If yes, please explain: _____

2) Does someone other than you or another adult in your household have primary physical custody of each child listed in this application? ☐ Yes ☐ No

If yes, please explain _____

3) Does your household have or plan to have pets other than those used as service animals? ☐ Yes ☐ No

If yes, please explain (type, breed, weight): _____

4) Do you consider yourself, or another member of the household, as having a disability? ☐ Yes ☐ No

If yes, please complete the attached "Determination of Disability to Determine Eligibility for Housing".

5) Will your household be receiving Section 8 housing assistance? ☐ Yes ☐ No

Number of bedrooms allowed with Section 8 voucher. _____

6) Have you or any household member...

- | | | |
|--|------------------------------|-----------------------------|
| a) ever been convicted of a crime other than traffic violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) ever been evicted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) ever willfully or intentionally refused to pay rent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) ever been an illegal user of a controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) ever been arrested/convicted of a drug-related crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) ever lived in subsidized housing and had tenancy or assistance terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain all "yes" answers to questions a) through g):

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RENTAL HISTORY:

Present Landlord Name: _____ Phone: () _____

Landlord Address: _____
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from _____ to _____

Related? _____ Yes _____ No If yes, how are you related? _____

Monthly Payment: \$ _____ Reason for Moving: _____

Previous Address: _____
(Street and Apartment #) (City) (State) (Zip)

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from _____ to _____

Related? _____ Yes _____ No If yes, how are you related? _____

Monthly Payment: \$ _____ Reason for Moving: _____

.....
Previous Address: _____
(Street and Apartment #) (City) (State) (Zip)

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from _____ to _____

Related? _____ Yes _____ No If yes, how are you related? _____

Monthly Payment: \$ _____ Reason for Moving: _____



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INCOME AND ASSETS:

Employee Name	Employer Name	Amount Per Hour	Hours Per Week	Amount Per Week
Head of Household:		\$	\$	\$
Other Adult:		\$	\$	\$
Other Adult:		\$	\$	\$

Other Income Sources	Household Member	Amount Per Month	Contact Information
TANF		\$	
SSI		\$	
SSI		\$	
Social Security		\$	
Social Security		\$	
Child Support		\$	
Alimony		\$	
Military/Retirement		\$	
Pension		\$	
Income on Rental Property		\$	
Unemployment		\$	
Disability		\$	
Worker's Compensation		\$	
Student Financial Assistance for Tuition Only:		\$	
Student Financial Assistance for Books, Etc. (Non-Tuition):		\$	
Other:		\$	
Other:		\$	

Asset	Household Member	Estimated Balance/Value	Contact Information and Account Numbers
Cash on Hand		\$	
Checking		\$	
Savings		\$	
Certificates of Deposit (CDs)		\$	
Stocks/Bonds		\$	
Real Estate		\$	
Other:		\$	
Other:		\$	





Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION

Monthly Household Budget

Name

Date

Income

Paycheck	
Social Security	
Child Support	
Total Income	

Saving

Emergency	
Replacement/Repairs	
Long Term	
Total	

Spending

Household

Groceries	
Liquor/Tobacco	
Toiletries/Cosmetics	
Diapers/Formula	
Clothing	
Health Insurance	
Medical/Prescriptions	
Total	

Spending

Housing

Mortgage (PITI)/Rent	
Rental/Home Insurance	
Electric	
Gas	
Water	
Telephone	
Cell Phone	
Cable/ Satellite	
Internet	
Total	

Debt

Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Student Loans (Total)	
Personal Loans	
Payment Plans	
Total	

Vehicles

Car Payment 1	
Car Payment 2	
Gas/Oil	
Car Insurance	
Maintenance	
Total	

Spending

Giving

Donations/Tithe	
Total	

Entertainment

Lunches/Fast Food	
Restaurants	
Coffee	
Movies/Events	
Hobbies/Lessons	
Total	

Miscellaneous

Child Care/Babysitting	
Allowances	
Gifts/Parties	
Barber/Beauty	
Other	
Total	

Totals

Total Income	
Less Planned Saving	
Less Total Expenses	
Surplus/Shortage	

Projections

Housing Ratio (Net)	
Debt Ratio (Net)	
Savings after 1 year	

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EMERGENCY CONTACT NUMBER:

In case of emergency, notify: _____

Telephone 1: () _____ Telephone 2: () _____

.....

APPLICANT CERTIFICATIONS

Applicant certifies the above information is true and accurate and understands that false or inaccurate information, including but not limited to, misrepresentation or omission of information, shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the rental unit if this application is approved. The owner or management agent may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on the owner or management agent until approved in writing.

You have applied to live in a subsidized unit that requires us to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Affordable Housing Corporation to conduct verifications and inquiries, including but not limited to, information about my Criminal Record, Police Record, Motor Vehicle Record, Credit Report, Employment, Income, Assets, Identity, Marital Status, Medical Allowances, Residences and Rental Activity, and Student Status for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility for doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all monies deposited shall be forfeited to the owner. If approved, all monies deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason, a ninety (90) day wait period is required before reapplying to this property.

Applicant Signature	Applicant Printed Name	Date

Applicant Signature	Applicant Printed Name	Date

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Agency Disclosure

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Counseling Services Offered-

Affordable Housing Community Development Corporation (AHCDC) is a HUD-approved local housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling.

I understand that it will not be the responsibility of the counselor to “fix” the problem, but rather to provide guidance and education which may enable me to resolve my personal financial challenges. I understand that it is my responsibility to work cooperatively with the housing counselor and actively participate in the process and that failure to do so will result in the discontinuation of my counseling.

Agency Conduct-

We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. Employees of AHCDC are not attorneys. Any information provided is to be used as a resource and is based solely on the experiences and training of the counselors. No information provided should be regarded as legal advice.

I understand that AHC will not provide me with legal advice, and that when making legal decisions, I should consult with an attorney or a legal advisor. I will not hold AHCDC, its employees, agents, and directors liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in AHCDC counseling; and I hereby release and waive all claims of action against Smith HCA and its affiliates. I understand that in the event I am dissatisfied, I can request a copy of the Complaint Process, which is available upon request.

Agency Relationships-

AHCDC has financial and professional affiliations with HUD, Indiana Housing and Community Development Authority, USDA Rural Development, the City of Marion, and the Grant County Economic Growth Council. We also partner with lenders, real estate agents, and other housing professionals to provide accurate information to clients and increase access to down-payment assistance programs. AHC may give information about a variety of professional services available in the area.

I understand that I am not obligated to use the products and services of AHC or its partners. I am free to choose among lenders, lending products, and homes regardless of recommendations made by counselors.

Other Services Offered-

AHCDC offers various services as funding allows, including: building, rehabilitating and selling properties; administering Individual Development Accounts; managing rental properties; packaging USDA Direct loans; and more.

I understand that I am not required to use any of AHC’s other services in order to receive housing counseling.

Fees-

AHCDC charges fees for credit reports and some types of counseling. There is no charge for foreclosure or homeless prevention counseling. The fee schedule is posted in AHCDC’s office, and a copy is attached to this form. Clients will not be turned away because of a documented inability to pay.

I understand that AHC charges fees for service, and that I will be responsible for paying those fees.

(Form continues on next page)



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Privacy Policy

Affordable Housing and Community Development Corporation (AHCDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does AHCDC collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to AHCDC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

I acknowledge that I received, reviewed, and agree to AHCDC's Program Disclosures and Privacy Policy.

Name 1 (Printed)

Signature

Name 2 (Printed)

Signature

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Supportive Services

This document contains references to other services that may be of help to you

These services have the potential to decrease stress levels, increase disposable income, and broaden socialization that stimulates a better quality of life. Many, but not all, services are available at no cost to you as long as you qualify under the terms of each program.

Dial **2-1-1** on your phone.
205 S Washington St

United Way will make services available through the 2-1-1 information and referral phone system so you can meet a variety of your ordinary and extraordinary needs.

(765)664-4759
624 S Adams St

Meals on Wheels reduce the cost of meals in the home setting, and take dietary needs into consideration to assist with your overall health.

(765)668-8911
850 N Miller Ave

Work One offers resume building and computer training to increase confidence for the job market.

(765)651-9324
901 S Branson St

St. Martin Community Center includes a food pantry that also offers meals (Kay's Kitchen) and opportunities to socialize or volunteer.

(765) 662-0988
423 S Gallatin St

Grant County Rescue Mission offers GED/ESL classes through Tucker and employment training, as well as, a clothing and food pantry on certain days to those who qualify. Open Heart and My Home Apartment residents are welcome to have free meals daily at the GCRM.

(765)664-4467
326 S Washington St

Pregnancy Help Center offers Medicaid approved pregnancy tests.

(765)662-1574
812 S Washington St

Affordable Housing & Community Development Corporation

1. Financial Literacy- AHC offers group and individual sessions to assist clients in understanding their financial rights and responsibilities. A state-certified counselor helps clients practice skills including creating and maintaining a budget, keeping track of savings, and reading financial documents such as the Truth in Lending Disclosure. Information is also provided about banking and mortgage products, types of savings accounts, financial terminology. If tenant is interested in buying a home, pre-purchase counseling is offered.

2. Credit Counseling-AHC offers credit counseling to clients within its service area to help increase their access to financing options. A certified counselor pulls a tri-merged "soft pull" credit report to help the client gain an accurate understanding of the starting credit profile. The counselor then gives tailored budget and financial recommendations for how to efficiently repay debts and improve credit scores. Follow-up is available as needed to check on progress and take further steps to avoid future difficulties.

3. IDA Program- Matched savings account for asset building. Money is matched \$3 to \$1 towards home purchase, owner occupied rehabilitation, small business, or furthering education.



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(765) 664-5194 601 S Adams Street	Marion Housing Authority offers the Section 8 housing vouchers for Grant County and a variety of rentals in Marion. They also offer a Family Self Sufficiency program for individuals that receive a Section 8 housing voucher.
(765)662-7289 1251 W Kem Road	Bridges to Health offers screening for high blood pressure, basic dental services with referrals to local specialists, and other health related services.
(765)651-0650 118 W 25 th St	Project Leadership The school-based mentoring program matches outstanding community volunteers with local Twenty-first Century Scholars to encourage and guide them throughout their academic high school careers.
(765)662-9961 840 N Miller Ave Suite C	Vocational Rehabilitation offers placement of the consumer into employment that is consistent with the individual's abilities, capacities, career interests, and informed choice. Quality individualized services to enhance and support people with disabilities to prepare for, obtain or retain employment. The individual will work closely with a VR Counselor throughout the process. Through active participation in their rehabilitation, people with disabilities achieve a greater level of independence in their work place and living environments.
(765)662-6263 305 S Adams St	Community School of the Arts offers Visual Arts classes based on tenant interest.
(765)664-0544 123 Sutter Way	YMCA offers exercise classes based on tenant choice. The class offerings can include ZUMBA, Yoga, Above Barre, KickFit, or H.I.I.T. A certified instructor will teach the classes at \$60.00 per class.
(765)662-9971 101 S Washington St	Family Services Society offers a voluntary program based on the premise that parenting is the toughest job there is. A Family Support Specialist will provide information, referrals, and support to assist expecting or new parents in caring for their children. Visits are in the home and a variety of services may be offered such as: Home Visits, Cradle School, or assessment and referral services. Available to all expecting and new parents with children age birth to 3 years.
Transportation Services	The Marion Area Transit System offers free transportation all over the city. Schedules and routes are available at: http://www.marionindiana.us/?q=node/24
Family & Social Services Administration 1-800-299-1627	The Child Care and Development Fund helps families obtain child care so that they can work, attend training, or continue their education. For more information see www.childcareindiana.org



Affordable Housing Corporation ("AHC")

Notice of Occupancy Rights under the Violence Against Women Act¹

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.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Tenant Based Rental Assistance (TBRA) Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under the **Tenant Based Rental Assistance (TBRA) 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 **Tenant Based Rental Assistance (TBRA) Program** you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the **Tenant Based Rental Assistance (TBRA) 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.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Removing the Abuser or Perpetrator from the Household

AHC 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 AHC chooses to remove the abuser or perpetrator, AHC 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, AHC 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, AHC must follow Federal, State, and local eviction procedures. In order to divide a lease, AHC 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, AHC 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, AHC 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.

AHC 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. AHC's emergency transfer plan provides further information on emergency transfers, and AHC 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

AHC 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 AHC must be in writing, and AHC 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. AHC 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 AHC as documentation. It is your choice which of the following to submit if AHC 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 AHC 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 AHC has agreed to accept.

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

If AHC 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), AHC 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, AHC does not have to provide you with the protections contained in this notice.

Confidentiality

AHC 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.

AHC must not allow any individual administering assistance or other services on behalf of AHC (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.

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

- You give written permission to AHC to release the information on a time limited basis.
- AHC 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 AHC or your landlord to release the information.

VAWA does not limit AHC'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, AHC 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 AHC 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 AHC can demonstrate the above, AHC should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

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

For questions regarding VAWA, please contact Lorri Cox at lorri@ahcindiana.org or (765) 662-1574.

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:

Hands of Hope
Domestic abuse treatment center in Marion
(765) 664-0701

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 the National Sexual Abuse Hotline (RAINN) at 800.656.HOPE (4673).

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

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

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

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



REQUIRED BROCHURES – RECEIPT CERTIFICATION

I certify that I received the following brochures:

___ **“Protect Your Family from Lead in Your Home”** Information about lead based paint in your home

___ **“You May be a Victim of...”** Information about Fair Housing

___ **“AHCDC Property Management Supportive Services”** Information about local services and programs available to you

___ **“Notice of Occupancy Rights under the Violence Against Women Act”** Information about the protection available to protections for victims of domestic violence, dating violence, sexual assault, or stalking

It is my responsibility to read these brochures, and discuss any questions with AHCDC staff.

Participant’s Signature

Date

