

Gateway Court

Blue Cassel Site A Realty, LLC



We are now accepting applications for apartments at Gateway Apartments, a rental development located at 701 Prospect Ave in the New Cassel section of Westbury. Apartments feature, hardwood floors, individually controlled heat and air conditioning, designer kitchens with built in dishwashers and modern appliances, onsite laundry room and parking. Please take the time to make sure every item on the application is completed. Failure to fully complete the application will delay or prevent us from processing it.

YOUR APPLICATION MUST BE MAILED BY REGULAR MAIL ONLY
Blue Cassel Site A Realty, LLC
90-11 160th St. Suite 100
Jamaica, NY 11432

Apt. Type	Monthly Rent*	Family Size	Minimum/Maximum Income (Based on Household Size)
1 Bedroom	\$1244	1	\$37,320-\$49,020
		2	\$37,320-\$56,040
		3	\$37,320-\$63,060
1 Bedroom	\$1265	1	\$37,950-\$73,530
		2	\$37,950-\$84,060
		3	\$37,950-\$94,590
2 Bedroom	\$1,484	2	\$44,520-\$56,040
		3	\$44,520-\$63,060
		4	\$44,520-\$70,020
2 Bedroom	\$1,725	2	\$51,750-\$84,060
		3	\$51,750-\$94,590
		4	\$51,750-\$104,030

Date/Time Received: _____

Log: _____

APPLICATION FOR HOUSING

**This is an application for housing at:
Blue Cassel Site A Realty, LLC**

Please complete this application and return to the address below. Please Print Clearly:
Blue Cassel Site A Realty, LLC
90-11 160th St. Suite 100
Jamaica, NY 11432

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip

Daytime Phone: _____ **Email:** _____

No. of BR's in current unit: _____ **Do you** **RENT** or **OWN (check one)**

Amount of current monthly rental or mortgage payment? _____

Check utilities paid by you: **Heat** **Electric** **Gas** **Other (specify)** _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: **One Bedroom** **Two Bedroom** **Three Bedroom**

Do you desire an apartment with accessible features? **Yes** **No (check one)**

If so, what features? _____

Marketing Information:

How did you hear about the property? **Newspaper** **Friend** **Walk By** **Other (specify)** _____

If referred by a friend, who can we thank? _____

If referred by an agency, please state agency name _____

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Birth Date	Age	SS#	Race/Ethnicity**	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? YES NO

If yes, explain

Are all members of the household U.S. citizens? YES NO

****This information is used for statistical purposes only and is optional**

Are you currently receiving a tenant based section 8 voucher or certificate YES NO

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES NO

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ALL APPLICANTS WILL BE SUBJECT TO A BACKGROUND CHECK TO DETERMINE ELIGIBILITY FOR RESIDENCY.

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & over only)	\$
	Full-Time Student Income (18 & over only)	\$
	Interest Income (source)	\$

Household Member Name	Source Of Income
	Employment Amount \$ (Monthly Amount)
	Employer:
	Position Held:
	How Long Employed:

Household Member Name	Source Of Income
	Employment Amount \$ (Monthly Amount)
	Employer:
	Position Held:
	How Long Employed:

Household Member Name	Source Of Income
	Employment Amount \$ (Monthly Amount)
	Employer:
	Position Held:
	How Long Employed:

Household Member Name	Source Of Income
	Employment Amount \$ (Monthly Amount)
	Employer:
	Position Held:
	How Long Employed:

Household Member Name	Source Of Income
	Alimony
	Are you entitled to receive Alimony? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, list the amount you are entitled to receive. \$
	Do you receive Alimony? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, list the amount you receive. \$

Household Member Name	Source Of Income
	Child Support
	Are you entitled to receive Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, list the amount you are entitled to receive. \$
	Do you receive Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, list the amount you receive. \$

Household Member Name	Monthly Amount
Other Income: _____	
Other income: _____	
Other income: _____	

Total Gross Annual Income (based on the monthly amounts listed above X 12)	\$
Total Gross Annual Income From Previous Year	\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:	

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Account	#	Bank:	Balance \$	
Checking Account	#	Bank:	Balance \$	
Checking Account	#	Bank:	Balance \$	
Savings Account	#	Bank:	Balance \$	
Savings Account	#	Bank:	Balance \$	
Savings Account	#	Bank:	Balance \$	
Trust Account	#	Bank:	Balance \$	
Certificates	#	Bank:	Balance \$	
Certificates	#	Bank:	Balance \$	
Certificates	#	Bank:	Balance \$	
Certificates	#	Bank:	Balance \$	
Credit Union	#	Bank:	Balance \$	
Credit Union	#	Bank:	Balance \$	
Savings Bond	#	Maturity Date:	Value \$	
Savings Bond	#	Maturity Date:	Value \$	
Savings Bond	#	Maturity Date:	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	# Shares	Interest or Dividend	Value
Mutual Funds	Name	# Shares	Interest or Dividend	Value
Stocks	Name	# Shares	Interest or Dividend	Value
Stocks	Name	# Shares	Interest or Dividend	Value
Stocks	Name	# Shares	Interest or Dividend	Value
Bonds	Name	# Shares	Interest or Dividend	Value
Bonds	Name	# Shares	Interest or Dividend	Value
Investment Property			Appraised Value \$	

Real Estate Property: Do you own any property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, Type of Property:		
Location of Property:		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, Type of Property:		
Market value when sold/disposed:	\$	
Amount sold/disposed for:	\$	
Date of Transaction:		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, describe asset:		
Date of disposition:		
Amount disposed:	\$	

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list:		

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, describe:		
Have you or any member of your family ever been evicted from housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, describe		

Have you ever filed for bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, describe:		
Will you take an apartment when one is available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Briefly describe your reason for applying:		

Please list every State that each member of the household member has resided in:
Head of Household:
Member 2:
Member 3:
Member 4:
Member 5:
Member 6:
Member 7:
Member 8:
Member 9:
Member 10:
Is any member of your household subject to a lifetime sex offender registration requirement in any State? <input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that should it be discovered that a member of my household is subject to a lifetime registration requirement at admission, management will immediately pursue eviction and termination of assistance for the household member <input type="checkbox"/> YES <input type="checkbox"/> NO

F. REFERENCE INFORMATION	
CURRENT LANDLORD	
Name	
Address	
Home Phone	
Business Phone	
How Long?	
PRIOR LANDLORD	
Name	
Address	
Home Phone	
Business Phone	
How Long?	
Credit Reference #1:	
Address:	
Account #:	Phone #
Credit Reference #2:	
Address:	
Account #:	Phone #
Credit Reference #3:	
Address:	
Account #:	Phone #
Personal Reference #1:	
Address:	
Relationship:	Phone #
Personal Reference #2:	
Address:	
Relationship:	Phone #
Personal Reference #3:	
Address:	
Relationship:	Phone #

In case of emergency notify:	
Address:	
Relationship:	Phone #

G. VEHICLE INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

H. PET INFORMATION (if applicable)	
Please be aware that pets are not permitted. Service animals are not considered pets.	
Do you own any pets?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	

CERTIFICATION

I/We hereby certify that I/WE DO/WE WILL not maintain a separate s rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We hereby certify that I/We have received Notification of Occupancy Rights under VAWA and Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternative Documentation

All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date





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 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 the rental housing or 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

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.

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.

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 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

Blue Cassel Site A Realty, LLC

(acronym HP for purposes of this document)] 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 HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic

violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you

fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property.

This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

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

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at (518-474-9583).

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at

http://www.nyshcr.org/AboutUs/Offices/FairHousing/HCR_VAWA_Resource_list.pdf

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

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

Attachment: Certification form HUD-5382

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

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

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

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

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

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

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

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

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

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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