



FRAMINGHAM HOUSING AUTHORITY

1 John J. Brady Drive
Framingham, MA 01702-2300



COMMISSIONERS:

JANET LEOMBRUNO
PHYLLIS A. MAY
ROBERT L. MERUSI
JANICE M. ROGERS
STEPHEN P. STARR

PAUL LANDERS

EXECUTIVE DIRECTOR

TEL.: (508) 879-7562

FAX: (508) 626-0252

TTY RELAY SERVICE 711

In order for the Framingham Housing Authority to properly categorize your application, please do the following:

1. Complete all pages of the Application and sign the Application and all attachments.
 - a. You must list address for the last five years for each adult household member
 - b. Be sure to sign the General Release form and Fair Information Act.
2. Attach proof of ALL income.
 - a. Four (4) current pay stubs or letter from your employer(s).
 - b. Verification of social security, welfare, pension and any interest from banks, stocks, bonds, etc.
3. Copy of lease or rent receipt. (If you are paying 30% or more of your income for rent and utilities, please include proof of the amount you pay for utilities.)
4. Copy of birth certificate(s) for all household members.
5. Copy of Social Security card(s) for all household members.

Thank you,

Framingham Housing Authority





Common Housing Application for Massachusetts Public Housing (CHAMP) –

Application for State-Aided Public Housing

Please fill out the following application and mail or hand deliver it to the local housing authority (LHA) you are applying to.

Please complete all information requested on the application. Incomplete applications may not be fully processed. If a question is not applicable, please write n/a. All questions must be answered, but please pay particular attention the asterisked (*) fields, if these asterisked questions are left blank your application will be incomplete and will not be fully processed.

Please make sure you sign the Applicant's Certification AND the Fair Information Practices Act - Statement of Rights at the end of the application.

If you need additional space to provide an answer, please attach additional sheets.

If you have a disability, you have a right to request a reasonable accommodation with the application process. Contact your local housing authority to make arrangements.

1. Contact Information

Name of Applicant/Head of Household

First Name* Middle Initial* Last Name* Suffix

Please provide your residential address

If you are currently homeless, please provide your shelter's address OR the address of your last residence. This address will be used to determine your local resident preference.

Street Address* _____

Apt. Suite, Floor, etc. _____

City/Town* State* Zip Code*

Please provide your mailing address, only if different from the address listed above

Street Address, P.O. Box or
c/o*

Apt. Suite, Floor, etc.

City/Town*

State*

Zip Code*

Please provide your phone and email

Home Phone

Mobile Phone

Work Phone

Email address

Please provide a secondary contact person or alternative address

First Name

Middle Initial

Last Name

Suffix

Street Address, P.O. Box or c/o

Apt. Suite, Floor, etc.

City/Town

State

Zip Code

Phone

Email

2. Housing Type

There are different state-aided public housing programs available for low-income families, elderly persons, and persons with disabilities. Not all housing authorities administer every program.

Family housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or a stable interdependent relationship. To be eligible for elderly/handicapped public housing, at least one household member must be at least 60 years old or be a person with a disability who meets certain eligibility criteria.

Are you applying for Elderly/Handicapped Housing?*

- Yes No

If you are applying for elderly/handicapped housing, you must indicate which type below:

- Elderly
 Non-elderly Handicapped

How many bedrooms do you believe you need?* (**)

- 1 2 3 4 5 6 7 8 9

**Note that not all of these apartment sizes may be available.

3. Current Housing Situation

Please tell us about your current housing situation. The information you provide will be verified to determine the priority of your application. Making a false statement or misrepresentation may result in the denial of your application.

Do you currently have a voucher from the Massachusetts Alternative Housing Voucher Program (AHVP)?

- Yes No

Are you requesting a transfer to move from one apartment to another within the same housing authority?

Yes No

If yes, housing authority where you currently live:

If yes, reason for transfer request (check one)

Apartment too small for household

Apartment too big for household

Medical reasons

other (specify) _____

If yes, please provide some additional details about your transfer requests:

Are you now homeless or in imminent danger of becoming homeless?

Yes No

On what day did you become, or will you become, displaced from your primary residence? A primary residence is a home in which you lived or intended to live for at least nine months of the year.

Month / Day / Year

If yes, please check all of the following statements that apply to you.

- I do not have a place to live or am in a living situation in which there is a significant immediate threat to the life or safety of myself or a household member whose situation would be alleviated by placement in an appropriate unit.
- I have made reasonable efforts to locate alternative housing.
- I have not caused or substantially contributed to the unsafe or life threatening situation.
- I have pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.
- I have been displaced from a primary residence where I intended to live for an indefinite period of time for at least nine months of the year.

Please provide some additional details about your housing situation: _____

If yes, did you become homeless in any of the following ways?

Check all that apply.

- Displaced by natural forces (i.e. flood, fire, earthquake)
- Displaced by urban renewal or eminent domain.
- Displaced by condemnation of home or code violations.
- No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility.
- Victim of abuse (domestic violence).
- Severe medical emergency.

4. Employment & Veteran Status

You may receive local resident preference based on where you are employed in addition to where you live. For some programs, you may also receive a preference for Veterans of the U.S. Military and some members of their families.

Where is your current place of employment?

City/Town	State	Zip Code
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Are you a Veteran of the United States Armed Forces?

- I am a Veteran, or a member of my household is a Veteran.
- I, or a member of my household, is the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a Veteran.

Please enter the dates of service of the Veteran in your household.

Start Date: _____ End Date: _____
Day/Month/Year Day/Month/Year

Please check all that apply

- A U.S. Veteran in my household has a service-connected disability.
- A former member of my household is a deceased U.S. Veteran whose death has been determined by the Veteran's Administration to be service connected.

5. Accessibility

Do you or a member of your household have a disability for which you need a reasonable accommodation such as a first floor unit?*

Yes No

If yes, please enter some additional details:

Does your household need a unit that is wheelchair accessible?*

Yes No

Do you need a unit that does not require you or your household members to climb stairs?*

Yes No

[Blank Space – Go to Next Page]

6. Household Makeup*

Please enter the name and personal information of each member of the household who will be living in the unit, starting with the Head of Household. **Please note:**

- Responding to the racial and ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information.
- Gender, relationship to head of household, and date of birth are required to determine your appropriate unit size.
- If provided, the Social Security Number will be used to verify income and assets.
- Responding to the disability question is optional. Your income determination may be affected by this information.

Please provide the names and personal details of Household Members

First Name	Last Name	Relationship to Head of Household ¹	Racial Designation (Optional) ²	Ethnic Designation (Optional) ³	Gender	Occupation status ⁴	Social Security Number	Date of Birth	Disabled (Optional) ⁵
		Head of Household							

Note: Valid responses to Household Members Personal Details are listed in 1-5 below. Optional questions need no response.

1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.

2. Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.

3. Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.

4. Occupation: Employed, Retired, At Home, Student.

5. Disabled: Yes or No

What is the estimated annual income for your household next year?*

\$

Is a change in household composition expected?

Yes No

If yes, what type?

When is this expected to occur?

7. Housing Selections*

Select the Housing Programs that you are applying to from the options below. Please note that not all housing authorities administer every program.

- Elderly/Handicapped**
- Congregate Elderly/Handicapped**
- Family

**Note: If you are applying to Elderly/Handicapped or Congregate Elderly/Handicapped housing programs you must indicate which type in Section 2 of this application.

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Applicant's Certification

- I understand that this application is not an offer of housing.
- I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
- If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
- Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from a housing authority.
- I understand that it is my responsibility to inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- I understand that if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.
- I understand that my paper application information will be transferred by the local housing authority staff to the online **Common Housing Application for Massachusetts Public Housing (CHAMP)**. If I submitted an application to more than one housing authority for state-aided public housing and there is conflicting information contained in the applications, for example different addresses, the application information with the most recent date will be used.
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print
name*:

Signature*:

Date*:

Fair Information Practices Act - Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay or ineligibility for programs. The provision of false or incomplete information is a criminal offense, punishable by fines and/or imprisonment.

As an applicant, you have the following rights in regards to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to a local housing authority where you have applied and it will notify you in writing of its decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights.

Print
name*:

Signature*:

Date*:

Federal Application for Public Housing

Program _____
 Application No. _____
 Date _____

Framingham Housing Authority
1 John J. Brady Drive
Framingham, Ma 01702
508-879-7562
TTY RELAY SERVICE 711
Application for Housing

(ALL STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY)

Head of Household

Last Name	First Name and Middle Initial	Social Security #
If Married(wife's maiden Name)	First Name and Middle Initial	Social Security #
Present Address	Apt. #	City
Previous Address	Apt. #	City
Minority Group	Telephone Number	
Citizenship Native Born	Naturalized Date and Place	Certificate No.
Date and Place of Birth		

FAMILY COMPOSITION-Members of your family who plan to reside with you, including yourself.

#	Name	Relationship	Sex	Date of Birth	Occupation or Other Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Is any change in Family Composition expected? No ___ Yes ___ If yes, state briefly _____

EMPLOYMENT AND INCOME-of all members of family listed above (Gross Earnings)

Name & Employer Address	Occupation	Soc. Sec. No.	Emp. From-To	Rate of Pay per Week	Yearly Earnings

Other Income	Amount	Other Income	Amount	Other Income	Amount
Social Security		Pension (specify source)		S.S.I.	
Child Support		V.A. Disability		Other (specify)	
Alimony		V.A. Pension			
General Relief		V.A. Educational Benefits			
T.A.F.D.C.		Veterns Aid			

ASSETS: Banks Accounts (in-state or out of state) in your name or joint account.

Bank _____ Principal Amt. \$ _____

Bank _____ Principal Amt. \$ _____

Stocks \$ _____ Real Estate \$ _____ Bonds \$ _____ Annuities \$ _____

MILITARY STATUS: Branch of Service _____ Service Number _____

Date of Entry Service _____ Date of Discharge _____ Address of Entry _____

Type of Discharge or Separation _____ National Guard or Reserve Status _____

Have you been evicted? _____ Have court proceedings been started to evict you? _____

Give details _____

Have you ever lived in Public Housing? _____ Are you now living in Public Housing? _____

Do you receive a rent subsidy? _____

Do you occupy your own apartment? _____ Do you share an apartment? _____ Present rent? \$ _____

Give details _____

Do you now or have you ever owned any Real Estate? _____ Where? _____

Date sold _____ Selling price \$ _____

Do you own an automobile? _____ Year _____ Make _____ Color _____

Kin/Personal References: (Name and Address) _____

Please check whichever housing situation applies to your present living conditions. You must verify any item you have checked.

- I. Displacement by fire, flood, natural disaster
- II. Displacement by Public Action
- III. Displacement by private landlord, for no fault of your own, Displacement due to FHA units lease commitment.
- IV. Transfer from other FHA units for good cause
- V. Standard applicant.
- VI. Exceptional cases.

ALL OF THE ABOVE MUST BE VERIFIED

I hereby authorize the Framingham Housing Authority to verify any and all information necessary for my consideration for admission or continued occupancy in any development under the jurisdiction of the Framingham Housing Authority.

Applicant's Signature _____



FRAMINGHAM HOUSING AUTHORITY

1 John J. Brady Drive
Framingham, MA 01702-2300



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TTY RELAY SERVICE 711

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State or local agency, organization, business or individual to release to FRAMINGHAM HOUSING AUTHORITY, any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the releases also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Framingham Housing Authority in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

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

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

Individuals or organizations that may release information:

Banks and other Financial Institutions	Providers of:
Courts	Alimony
Law Enforcement Agencies	Child Care*
Credit Bureaus	Child Support
Employers, Past and Present	Credit



Landlords
Schools and Colleges
U.S. Social Security Administration
U.S. Department of Veterans Affairs
Welfare Agencies
*Not Applicable to State Complex

Handicapped Assistance*
Medical Care*
Pensions/Annuities
Utility Companies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposed stated above. The original of this authorization is on file with the Framingham Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.
FHA Account# _____

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date





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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

Framingham Housing Authority

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 **Framingham Housing Authority** 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 **Framingham Housing Authority**, 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 **Framingham Housing Authority**, 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 **Framingham Housing Authority** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

¹ 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.

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

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

Moving to Another Unit

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

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

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

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

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

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

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

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

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

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

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

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

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking. The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

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

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

Other Laws

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

Non-Compliance with The Requirements of This Notice

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

For Additional Information

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

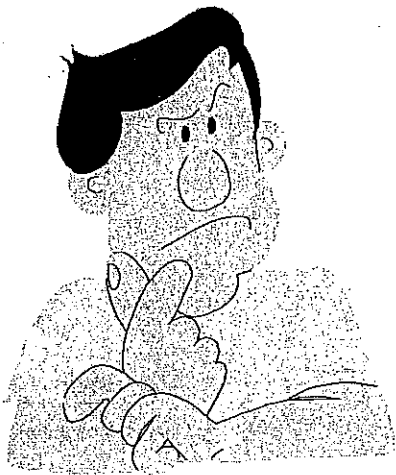
Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the **Framingham Housing Authority**.

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 **Voices against Violence at SMOC** at 1-800-593-1125 or **The Massachusetts Alliance of Portuguese Speakers (MAPS)** at 508-872-2652.

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 **Framingham Police Department**. Victims of stalking seeking help may contact **Voices against Violence at SMOC**.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410