



850 Morning Glory Lane  
De Pere, WI 54115-1339  
Tel: 920.336.0755  
Fax: 920.964.1071  
Email: [info@dphousing.org](mailto:info@dphousing.org)

## CHECKLIST: FAMILY/SCATTERED SITE APPLICATION

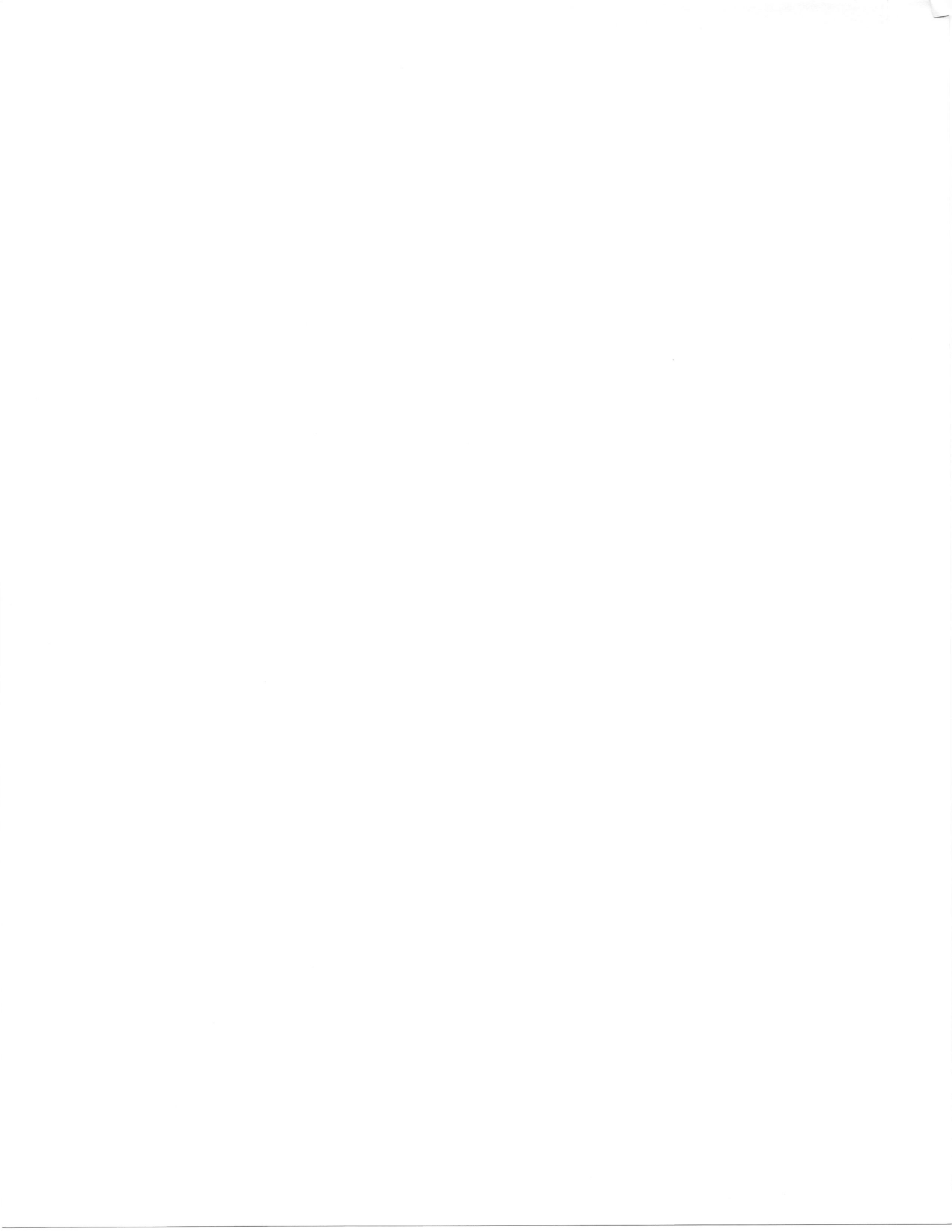
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**Identification:** The De Pere Housing Authority is required to present a copy of the below documents for each person you list on your application for housing. Applicant cannot be placed onto our waiting list until all documents are turned into the Housing Authority Office.

- Social Security Card for each member of family
  - Birth Certificate for each member of family
  - Driver's License or Photo ID for each adult
- 

Please **complete and sign all** of the following forms and return to the De Pere Housing Authority:

- Family Site Application
- Authorization for the Release of Information
- Continued Occupancy and Community Service
- Declaration of Eligible Status (one per each member of family)
- RHIIP (EIV Enterprise Income Verification)
- Non-Smoking Policy
- VAWA (Violence Against Women Act)



**APPLICATION FOR ADMISSION: FAMILY SCATTERED SITES**

De Pere Housing Authority  
 850 Morning Glory Lane  
 De Pere, WI 54115-1339  
 Tel: (920) 336-0755  
 Fax: (920) 964-1071

**(For office use only)** ▶ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Application No. \_\_\_\_\_

**PLEASE PRINT CLEARLY AND INCLUDE ALL REQUESTED INFORMATION BELOW:**

Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PERSONAL DATA & FAMILY COMPOSITION**

Family Member	Name of Family Members (Include Maiden Name)	Social Security Number	Relation to family Head	Date of Birth	Age	Sex	Race
1.			Head				
2.							
3.							
4.							
5.							
6.							

Anticipated changes in family composition?  Yes  No If yes, explain: \_\_\_\_\_

**HOUSING/RENTAL HISTORY**

Present living arrangements:  Own Fair Market Value listed on property tax bill: \$ \_\_\_\_\_  
 Rent Present monthly rental amount: \$ \_\_\_\_\_  
 Does your rent *include* utilities?  Gas  Electric  Water

How much **Notice to Vacate** is required to provide your present Landlord? \_\_\_\_\_ Days How long at this address? \_\_\_\_\_

**Present Landlord's name:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord's address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you lived at your **present address less than 5 years**, provide full names and **complete** addresses for:

**Applicant's previous address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant's previous address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant's previous address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Landlord's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**APPLICANT CATEGORY**

Family  Disabled (Child or Adult?)  Wheelchair Accessible

(SEE REVERSE SIDE....)

**INCOME INFORMATION**

Source(s) of Income	Gross Income (Monthly, Weekly, or Hourly)	Regular hours/week	Average overtime hrs/week

Type of Asset	Bank/Financial Institution Name	Amount/Principal value
Checking		
Savings		
Other:		

**CHILDCARE EXPENSE**

Only complete if parent works outside of the home, or is enrolled in education classes:

Location: \_\_\_\_\_ Cost: \_\_\_\_\_ Per:  Hour  Week

How did you find us?

Website  Current Resident: \_\_\_\_\_  Other: \_\_\_\_\_

**QUALIFICATION**

Please answer the following questions below:

- Are you or anyone else you list on this application for a rental unit a sexual offender?  Yes  No  
If yes, in what state? \_\_\_\_\_
- Does anyone listed on this application currently, or within the past 12 months, illegally take drugs?  Yes  No
- Are you now, or have you ever, lived in a government-subsidized unit (i.e., Public Housing, Section 8, Section 236 or 221(d) (3) subsidized projects)?  Yes  No If yes, dates of occupancy: \_\_\_\_\_
- Have you ever been evicted?  Yes  No If yes, date of eviction: \_\_\_\_\_

**UTILITY SERVICE**

Furnish full name and telephone number of those companies that provided you service over the past five (5) years.

YOUR ADDRESS AT: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ELECTRIC COMPANY: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

WATER DEPARTMENT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

YOUR ADDRESS AT: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ELECTRIC COMPANY: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

WATER DEPARTMENT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**CERTIFICATION & SIGNATURE**

Applicant(s) understand that this is not a contract and does not bind either party. The information given is full, true, and complete to the best of my knowledge. Applicant has no objection to inquiries being made for the purpose of verifying the statements made herein. **FAILURE TO PROVIDE SUFFICIENT INFORMATION, BY OMISSION OR FURNISHING FALSE OR MISLEADING INFORMATION, SHALL RESULT IN WITHDRAWAL OF THIS APPLICATION AND/OR TERMINATION OF LEASE.**

Applicant also understands that Applicant is solely responsible for keeping the De Pere Housing Authority informed of any change in Applicant's address or telephone number while on the waiting list.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Title: Deputy/Executive Director



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## COMMUNITY SERVICE ACKNOWLEDGEMENT

### 14.1 General

In order to be eligible for continued occupancy, each adult family member must **either** (1) perform ninety-six hours per year (approximately eight hours per month) of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

### 14.2 Exemptions

The following adult family members of tenant families are exempt from this requirement:

- A. Family members who are 62 or older
- B. Family members who are blind or disabled as defined under 216 (I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(1) and who [has their medical provider] certify that because of this disability she or he is unable to comply with the community service requirements.
- C. Family members who are the primary caregiver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity consisting of at least 30 hours per week (as defined by section 407(d) of the Social Security Act) -- see Definitions, "work activity." Note: Families who pay flat rent, live in public housing units within market rate developments, or families who are over income when they initially occupy a public housing unit are not automatically exempt.
- F. Family members receiving assistance, benefits or services under a State program funded under Part A, Title IV of the Social Security Act or under any other State welfare program, including, SNAP, welfare-to-work and who are in compliance with that program

I have received and read the Community Services and Self Sufficiency Requirement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.**

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- **Immigrant status under §101(a) (15) or §101(a) (20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §210 or §210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under IHA §249].
- **Refugee, asylum, or conditional entry status under §207, §208 or §203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- **Parole status under §212(d) (5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA 1253(h)
- **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA §245A].

**Instructions to Housing Authority:** Following verification of status claimed obtained. A HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "check" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.







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### DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully. Sign and return with your application to the De Pere Housing Authority. You may consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury that to the best of my knowledge, I am lawfully within the United States because (check the appropriate box below):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 year of age or older (attach proof of age; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §101(a)(15) or §101(a)(20) of the Immigration and Nationality Act (INA 3); or
  - Permanent residence under §249 of INA 4; or
  - Refugee, asylum, or conditional entry status under §207, §208, or §203 of the INA 5; or
  - Parole status under §212(d)(5) of the INA 6; or
  - Threat to life or freedom under §243(h) of the INA 7; or
  - Amnesty under §245A of the INA 8.

Above Individual's Sex:  Male  Female Date of Birth: \_\_\_\_\_

Social Security Number/Alien Registration: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

Check box if signature is of adult residing in the unit who is responsible for child named on statement above.





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  - Parole status under §212(d)(5) of the INA 6; or
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  - Amnesty under §245A of the INA 8.

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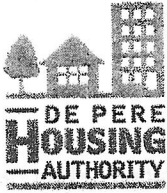
Social Security Number/Alien Registration: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Family Member)

\_\_\_\_\_  
 (Date)

Check box if signature is of adult residing in the unit who is responsible for child named on statement above.





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  - Permanent residence under §249 of INA 4; or
  - Refugee, asylum, or conditional entry status under §207, §208, or §203 of the INA 5; or
  - Parole status under §212(d)(5) of the INA 6; or
  - Threat to life or freedom under §243(h) of the INA 7; or
  - Amnesty under §245A of the INA 8.

Above Individual's Sex:     Male                       Female                      Date of Birth: \_\_\_\_\_

Social Security Number/Alien Registration: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Family Member)

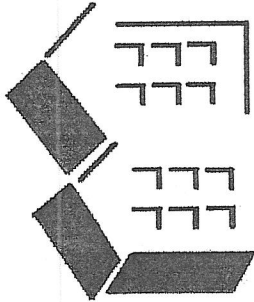
\_\_\_\_\_  
 (Date)

Check box if signature is of adult residing in the unit who is responsible for child named on statement above.





U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing (PIH)



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## *What You Should Know About EIV*

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

**Note:** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

**What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD and a CRIME.**

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

**What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

**Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hpi/programs/ehi/pihiv/cfm>.

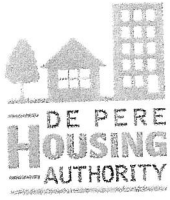
The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature \_\_\_\_\_ Date \_\_\_\_\_





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Adopted 08-13-2013, Resol. No. 451

## Non-Smoking Policy

### Family Housing/Scattered Sites

The De Pere Housing Authority has established a non-smoking policy designating its Scattered Site units as a 'smoke-free' residential complex. The rationale behind the smoke-free premises is based upon the adverse effects on residents of secondhand smoke from tobacco products, to reduce turnover costs associated with smoking inside of a unit, and to provide a comfortable, clean environment for all occupants.

Beginning January 1, 2014, all areas inside each dwelling unit, will be smoke-free. The tenant shall also be held liable for any violation action of this non-smoking policy that occurs by their visitor(s).

All residents and their visitor(s) who smoke product are required to do so outside of the Scattered Site unit. The cigarette butt must be disposed of properly and cannot be discarded outside.

Any surrounding city street sidewalk is also an optional smoking area. However, the smoker must take the cigarette butt with them and not throw anything on the ground, sidewalk, nor into the city street.

Failure to abide by this policy may result in lease termination with a proper 30-day notice.

\_\_\_\_\_  
Signature (Head)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Other)

\_\_\_\_\_  
Date





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*VAWA Notice - Page 1 of 4*

## **NOTICE TO PUBLIC HOUSING APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)**

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence against Women Act, or “VAWA.” This notice explains your rights under VAWA.

### **Protections for Victims**

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, dating violence, sexual assault, or stalking.

If you are the victim of domestic violence, dating violence, sexual assault, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you if you were the victim of the abuse.

### **Reasons You Can Be Evicted**

The housing authority can still evict you if the housing authority can show there is an *actual and imminent* (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, sexual assault, or stalking against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

### **Removing the Abuser from the Household**

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.

## **Proving That You Are a Victim of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

The housing authority can ask you to prove or “certify” that you are a victim of domestic violence, dating violence, sexual assault, or stalking. It must give you at least 14 business days (i.e., Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser’s relationship to you, the date, time, and location of the incident of violence, and a description of the violence. You are only required to provide the name of the abuser if it is safe to provide and you know their name.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, sexual assault, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing “under penalty of perjury.”
- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the housing authority does not have to provide you with the protections contained in this notice.

## **Confidentiality**

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information.
- The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority to release the information.

If release of the information would put your safety at risk, you should inform the housing authority.

## **VAWA and Other Laws**

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

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.

## **Definitions**

For purposes of determining whether a public housing applicant or tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines ***domestic violence*** to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines ***dating violence*** as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines ***sexual assault*** as "any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent" (42 U.S.C. 13925(a)).

VAWA defines ***stalking*** as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

## **Emergency Transfers**

In accordance with the Violence Against Women Act (VAWA), the De Pere Housing Authority allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the De Pere Housing Authority has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

**Important Telephone Contacts for Victims**

Police Department: 9-1-1

Crisis Center (920) 436-8888

NEW Community Clinic (if no insurance): (920) 437-0993

Family Service: (920) 436-6800

Landlord: De Pere Housing Authority: (920) 336-0755

**For Additional Information**

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

*The below signed individual acknowledges receipt of the notice entitled Violence Against Women Act.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

---

**PLEASE DO NOT SIGN BELOW UNTIL INSTRUCTED TO:**

\_\_\_\_\_  
Tenant Signature (At Lease-Up)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature (End of Lease)

\_\_\_\_\_  
Date

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.

# City of De Pere Housing Authority

Nicolet Terrace  
850 Morning Glory Lane  
De Pere, WI 54115-1339

Tel: 920.336.0755  
Fax: 920.964.1071  
Email: info@dphousing.org

## AUTHORIZATION FOR RELEASE OF INFORMATION

De Pere Housing Authority policy requires the verification of incomes and expenses of applicants/tenants in order to establish eligibility for subsidized housing.

Please complete and return the attached form(s) as indicated. Your cooperation is greatly appreciated.

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, assisted housing programs.

I authorize release of information to the De Pere Housing Authority regarding information on wages or employment compensation from State Employment Agencies. Inquires may be made about:

Child Care Expenses  
Child Support  
Credit History  
Criminal Activity

Employment, Income, Pensions, and Assets  
Family Composition  
Federal, State, Tribal, or Local Benefits  
Handicapped Assistance Expenses

Identity and Marital Status  
Medical Expenses  
Residences/Rental History  
Social Security Numbers

### Individuals or Organizations that may Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from providers of:

Alimony  
Banks & Other Financial Institutions  
Child Care  
Courts  
Credit Bureaus  
Employers (past & present)

Handicapped Assistance  
Health Insurance  
Landlords (past & present)  
Law Enforcement Agencies  
Medical Care  
Schools & Colleges

Unemployment Compensation  
U.S. Dept. of Veteran Affairs  
U.S. Postal Services  
U.S. Social Security Administration  
Welfare Agencies  
Wisconsin Dept. of Motor Vehicles

### Conditions:

I agree that photocopies of this authorization may be used for the purposes state above.

If I do not sign this authorization, I understand that my application for housing at the De Pere Housing Authority maybe by denied or terminated. Each member of my household, 18 year of age or older, has signed this authorization.

**This consent form expires fifteen (15) months after signed.**

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

\_\_\_\_\_  
Last 4 of SS#

\_\_\_\_\_  
Other Adult Member                      Date

\_\_\_\_\_  
Last 4 of SS#

\_\_\_\_\_  
Spouse                                      Date

\_\_\_\_\_  
Last 4 of SS#

\_\_\_\_\_  
Other Adult Member                      Date

\_\_\_\_\_  
Last 4 of SS#

**WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within in the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.**

