



Pre-application for Housing Assistance

Date stamp (Office use only)

This is a preliminary application. Once this pre-application is processed, we will notify you of your status. Unless otherwise noted, all information is required. Incomplete or illegible applications will not be processed. It is your responsibility to keep your address up to date with Keene Housing. Failure to do so may result in you being removed from the waiting lists. If you have any questions, please call us at (603) 352-6161 or stop by one of our open application sessions Tuesdays and Thursdays from 1:30 pm to 3:30 pm. ONE PRE-APPLICATION PER HOUSEHOLD PLEASE.

| | |
|---|--|
| <p>1. Personal information</p> <p>_____ - _____ - _____ _____ Social Security Number Birth date (mm/dd/yy)</p> <p>_____</p> <p style="text-align: center;">Email Address</p> <p>(_____) _____ - _____ Area Code Telephone Number</p> | <p>2. Name and address of head of household</p> <p>_____</p> <p style="text-align: center;">Last name First name Middle initial</p> <p>_____</p> <p style="text-align: center;">Mailing address Apartment number City State Zip</p> <p>_____</p> <p style="text-align: center;">Address where you are currently living (if different from above) City State Zip</p> |
|---|--|

3. Citizenship Declaration *By law, only U.S. citizens and eligible noncitizens can receive federal rental assistance.*

I hereby certify that all household members listed on this pre-application are United States citizens or a noncitizen with eligible immigration status.

Yes No If "no", who? _____

I understand that if KH schedules my household for a determination of eligibility appointment I will be required to provide proof of citizenship status for all household members. To request more information on eligible immigration status, please contact Keene Housing at (603) 352-6161 x 302 or apply@keenehousing.org.

| | | | | | |
|---|--|--|---|---|--|
| <p>4. Current Living Situation <i>(Check any that apply)</i></p> <p><input type="checkbox"/> Living in an Ashbrook or a Cheshire Housing Trust Property</p> | <p><input type="checkbox"/> Fear of reprisal</p> <p><input type="checkbox"/> Hate Crime Victims</p> <p><input type="checkbox"/> Displaced due to disaster or government action</p> | <p><input type="checkbox"/> Living in a motel/hotel room</p> <p><input type="checkbox"/> Leaving a jail/prison, or medical institution</p> <p><input type="checkbox"/> Living in a car or tent</p> | <p><input type="checkbox"/> Living in a shelter</p> <p><input type="checkbox"/> Afraid to return home</p> <p><input type="checkbox"/> Fleeing or attempting to flee a dangerous situation</p> | | |
| <p>5. Gender (optional)</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> | <p>6. Ethnicity (optional)</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p> | <p>7. Race (optional)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Other</p> | <p>8. Veteran?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>9. Employment Status</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Unemployed</p> | <p>10. Student?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |

11. Disability. It is not necessary to give us disability information unless you are requesting anything special due to the disability of a household member.

| | | |
|---|---|---|
| <p>11a. Do you claim a disability?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>11b. Do you need an accommodation to help you complete the application process?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>11c. Do you need an accommodation in housing features as a result of your disability?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
|---|---|---|

Applicant:

11d. If "yes" to 11b or 11c, what accommodation do you request? (You may attach additional sheets.)

12. List others who will live with you. For **Ethnicity** and **Race**, please use the categories listed in Item 6 and Item 7.

| # | Relationship | Last name | First name + middle initial | Ethnicity (optional) | Race (optional) | Gender (Optional) | Social Security # | DOB (mm/dd/yy) | Disabled? (Y/N) | Veteran? (Y/N) |
|---|--------------|-----------|-----------------------------|----------------------|-----------------|-------------------|-------------------|----------------|-----------------|----------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

If you have more than five household members, please check here and list them on a separate piece of paper.

13. List all monthly income/money coming in for all household members. Only one income source and household member per line please.

| Household Member | Monthly Gross Income | Income Source |
|------------------|----------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If you need additional space, please check here and list monthly gross income and source on a separate piece of paper.

For Office Use Only: Homeless at application

Applicant:

14. Please answer the following questions and provide an explanation where applicable. (Understand that if any question below is answered "NO" and a background check reveals otherwise, the application for rental assistance will be denied for misrepresentation.)

✓ Are you or any other person(s) listed on this Pre-Application subject to a lifetime sex offender registration requirement in any state? Yes No

If yes, who? _____

✓ Do you or any other person(s) listed on this Pre-Application owe any money to a public housing authority? Yes No If yes, please provide the name and

complete address of the specific housing authority _____

✓ Have you or any other person(s) on this Pre-application been convicted for methamphetamine production? Yes No

If yes, who? _____

✓ Please list all states in which any household member has lived as an adult.

15. Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that if I do not provide all of the information requested, or if I make property selections for which I am not eligible, my name may not be added to the waiting list. I understand that my having provided any false information will result in my application being cancelled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Keene Housing informed of my current address, and I understand that my application may be cancelled if I fail to do so.

X _____
Signature of head of household Date

X _____
Signature of spouse or co-head of household Date

For office use only Signature of Keene Housing waiting list processing staff _____

PRIVACY ACT NOTICE: The Department of Housing and Urban Development (HUD) is authorized to collect the following information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-19) and the Housing and Community Development Act of 1987 (42 U.S.C. 3543). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. HUD also uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information will not be disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested by the Keene Housing, including all Social Security Numbers for you and all other household members. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.

Applicant:

1. PROPERTY CHOICE: If you are interested in renting an apartment owned or managed by Keene Housing please select at least one property, although you may choose as many as you like. KH's occupancy standard requires spouses or domestic partners to share a bedroom. A single person is eligible only for a studio or 1 bedroom. Be sure the property you select has the bedroom size needed for your family size.
2. HOUSING CHOICE VOUCHER PROGRAMS: The Housing Choice Voucher Programs assist low income families, including those with disabilities, with the cost of renting safe and affordable housing in the private market not owned or managed by Keene Housing.
3. RESIDENT SELF-RELIANCE PROGRAM: With the exception of residents at Evergreen Knoll, Meadow Road and some units at Brookbend East and West, **all non-elderly, non-disabled households receiving assistance from KH are required to participate in KH's Resident Self-Reliance Program (RSR).**

More information about RSR, Keene Housing's occupancy standards, current wait times, and program details are available at our Central Office and online at www.keenehousing.org.

Properties

Family Housing

| | | | |
|--|--|---------|---------------------|
| <input type="checkbox"/> Bennett Block | Elec included; Laundry on-site; no parking | Keene | Studio - 2 Bedrooms |
| <input type="checkbox"/> Brookbend East | Elec not included; Laundry hook-ups | Keene | 2 - 3 Bedrooms |
| <input type="checkbox"/> Brookbend West | Elec not included; Laundry hook-ups | Keene | 2 - 3 Bedrooms |
| <input type="checkbox"/> Evergreen Knoll | Util included; Laundry on-site | Swanzey | 2 - 3 Bedrooms |
| <input type="checkbox"/> Forest View | Util included; Laundry hook-ups; Community | Keene | 2 - 3 Bedrooms |
| <input type="checkbox"/> Harper Acres | Room Util included; Laundry on-site | Keene | Studio - 2 Bedrooms |
| <input type="checkbox"/> Meadow Road | Elec not included; Laundry hook-ups | Keene | 2 - 3 Bedrooms |
| <input type="checkbox"/> North and Gilsum St | Util included; Laundry hook-ups; Community | Keene | 3 - 4 Bedrooms |
| <input type="checkbox"/> Riverbend | Room Elec not included; Laundry hook-ups | Swanzey | 2 - 3 Bedrooms |
| <input type="checkbox"/> Scattered Sites | Varies | Keene | 1- 3 Bedrooms |
| <input type="checkbox"/> Stone Arch Village-Family | Elec not included; Laundry on-site | Keene | 2 - 3 Bedrooms |

Senior and Disabled Housing

| | | | |
|--|---|-------|---------------------|
| <input type="checkbox"/> Central Square Terrace (age 62 & older or disabled) | Util included; Laundry on-site; Limited parking; Community Room; Elevator | Keene | Studio - 1 Bedrooms |
| <input type="checkbox"/> Stone Arch Village – Senior (Age 55 & older or disabled) | Util included; Laundry on-site; Community Room; Elevator | Keene | 1 - 2 Bedrooms |

Housing Choice Voucher Programs

- Housing Choice Voucher
 - Mainstream HCV Program (Disabled Households Only)
- If you have selected the Mainstream HCV Program, please select any that apply:
- A member of my household is a person over 18 and under 62 transitioning out of an institutional or segregated setting.
 - A member of my household is a person over 18 and under 62 who is at risk of institutionalization.
 - A member of my household is a person over 18 and under 62 who is homeless.
 - A member of my household is a person over 18 and under 62 who is at risk of becoming homeless.



Please complete and return to:
Keene Housing, 831 Court Street, Keene, NH 03431
Or sign, scan, and email to: apply@keenehousing.org

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Keene Housing

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 Keene Housing 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 Keene Housing 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 Keene Housing, 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 Keene Housing 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
KEENE HOUSING 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 KEENE HOUSING chooses to remove the abuser or perpetrator, KEENE HOUSING 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, KEENE HOUSING must allow the tenant who is or has been a victim and other household

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

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

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, KEENE HOUSING must follow Federal, State, and local eviction procedures. In order to divide a lease, KEENE HOUSING 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, KEENE HOUSING 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, KEENE HOUSING 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.

KEENE HOUSING 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.

KEENE HOUSING's emergency transfer plan provides further information on emergency transfers, and KEENE HOUSING 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

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

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

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

Confidentiality

KEENE HOUSING 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.

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

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

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

VAWA does not limit KEENE HOUSING'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, KEENE HOUSING 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 KEENE HOUSING 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 KEENE HOUSING can demonstrate the above, KEENE HOUSING 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's Boston Regional Office at:

HUD Boston Regional Field Office
Office of Public Housing
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 553
Boston, MA 2222-1092

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.regulations.gov/docket?D=HUD-2015-0028>.

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

For questions regarding VAWA, please contact Keene Housing's Director of Housing or Director of Programs and Services.

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 Monadnock Center for Violence Prevention at 12 Court Street, Keene, NH 03431 (Phone 603-352-3782; www.mcvprevention.org).

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 Monadnock Center for Violence Prevention at 12 Court Street, Keene, NH 03431 (Phone 603-352-3782; www.mcvprevention.org).

Victims of stalking seeking help may contact Monadnock Center for Violence Prevention at 12 Court Street, Keene, NH 03431 (Phone 603-352-3782; www.mcvprevention.org).

Attachment: Certification form HUD-5382

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

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.



831 Court Street, Keene, NH 03431

PHONE & TTD – 603.352.6161
FAX – 603.352.6845

NOTICE TO ALL APPLICANTS

Reasonable Accommodations and Modifications for Applicants with Disabilities

Keene Housing is a public agency that provides rental assistance to eligible families with children, elderly families, disabled families, and single people. Keene Housing is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status. In addition, Keene Housing has a legal obligation to provide “reasonable accommodation or modification” to applicants if they or family members have a disability. A reasonable accommodation is a change to a rule, policy, procedure, or service that will assist an otherwise eligible applicant or resident with a disability to make effective use of the Keene Housing’s programs. A reasonable modification is a structural change that can be made to its units or common areas. Examples of reasonable accommodations and modifications would include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a family development where the size of the dog is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meeting with staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information, to avoid disturbing neighbors, etc. but there is no requirement that they be able to do those things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation or modification, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with Keene Housing, that is your right.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Keene Housing main office.

