



# Southwestern Community Services

Over 45 years of people helping people in Cheshire and Sullivan counties

## Woodcrest Drive Family Housing

Dear Applicant:

Woodcrest Drive Family Housing is a **NON SMOKING COMPLEX** which consists of (15) 2 bedrooms and (15) 3 bedroom apartments (including 2 handicapped adaptable units) and is located on Woodcrest, Wedgewood or Mechanic Streets in Winchester, NH 03470. To qualify for residency eligible applicants cannot go over the federal low-income guidelines, listed below.

- (2) Person \$34,320      (3) Person \$38,580      (4) Person \$42,840      (Eff.03/28/2016)
- (5) Person \$46,320      (6) Person \$49,740      (7) Person \$53,160

Residents will be qualified under specified HUD regulations, on a first come first serve basis. Under HUD’s Section 8 rental assistance program, eligible tenants will pay no more than 30% of their monthly income for rent.

Woodcrest Drive Family Housing will be managed in compliance with the Federal/State/Local requirements of the Fair Housing Act of 1988 which is intended to promote equal housing choice for all prospective tenants regardless of race, color, religion, sex, handicap, familial status or national origin.

If you have any questions, please feel free to call -

Sincerely,

Diane Ouellette  
Senior Occupancy Specialist  
603-719-4284

TTY-NH Relay (800) 753-2964



## Southwestern Community Services Woodcrest Certification Questionnaire

Head of Household NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

How many bedrooms are you requesting? **Please circle** - Two Bedroom      Three Bedroom

Is your current housing unit subsidized or do you currently receive housing assistance?      YES      NO

**LIST ALL HOUSEHOLD MEMBERS INCLUDING HEAD (Use Codes Found at the Bottom of this Page)**

FIRST	MI	LAST	Soc. Sec. #	Relation	Sex	DOB	Age	Ethnicity	Race
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**Relation Codes:**  
H=Head                      S=Spouse  
K=Cohead                  A=Other Adult  
F=Foster Child/Foster Adult  
Y=Other Youth Under 18  
E=Full time student 18+  
L=Live In Aide

**Ethnicity Codes:**  
1=Hispanic or Latino  
2= Not Hispanic or Latino

**Race Codes:**  
1=White  
2=Black/African American  
3=American Indian/Alaska Native  
4=Asian  
5=Native Hawaiian/Pacific Islander

**OFFICE USE ONLY**

## Southwestern Community Services Woodcrest Certification Questionnaire

- Application Update (Initial Verification & Eligibility)       Annual Recertification  
 Interim

**For Full Application ONLY:**

Eligibility Determination:

\$ \_\_\_\_\_ **Income for Eligibility**  
\$ \_\_\_\_\_ Moderate Income Limit (USDA ONLY)  
\$ \_\_\_\_\_ Low Income 80%  
\$ \_\_\_\_\_ Very Low Income 50%  
\$ \_\_\_\_\_ Extremely low Income 30%

- Yes  No Accessible Unit Requested?  
 Yes  No Does any household member have a criminal record?

Is any member of the household subject to a state lifetime registration requirement for sex offenders?  Yes  No  
If yes, list household member: \_\_\_\_\_

Does any member of the household have a criminal record(s)?  Yes  No  
If yes, list household member and explain (use additional paper if necessary): \_\_\_\_\_

Does any member of the household have a pending criminal charge(s)?  Yes  No  
If yes, list household member and explain (use additional paper if necessary): \_\_\_\_\_

Is any member of the household currently on bail?  Yes  No  
If yes, list household member and explain (use additional paper if necessary): \_\_\_\_\_

Has any member of the household committed any fraud in a federally assisted program?  Yes  No  
If yes, explain (use additional paper if necessary): \_\_\_\_\_

Do you expect anyone to move in or out of your household within the next twelve months?  Yes  No  
If yes, explain (use additional paper if necessary): \_\_\_\_\_

Does any member of the household owe any money to a public housing agency?  Yes  No  
If yes, please provide the name and complete address of the specific housing authority:  
\_\_\_\_\_

**Annual Income Information–Families are required to report all changes in income, or family circumstances within 10 days of the change. The SCS will determine if any action needs to be taken on the reported information.**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors (such as SSI or TANF). Please provide GROSS INCOME amounts for all annual income sections. Use additional paper if necessary.

## Southwestern Community Services Woodcrest Certification Questionnaire

1. Will any household member be receiving any income from employment over the next 12 months? Include any 2nd jobs.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages or salary from employment (include tips, overtime, bonuses, commissions and payments received in cash)			
Household Member	Annual Income	Company	Address	Telephone/FAX

2. Will any household member be receiving income over the next 12 months from a family-operated business or be otherwise self-employed? If yes, previous year's tax return is required.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-employment Income			
Household Member	Annual Income	Company	Address	Telephone/FAX

3. Will any household member receive Social Security and/or SSI over the next 12 months? If so, please list below. Will any household member receive Social Security and/or SSI benefits on behalf of someone else such as a deceased spouse, called Dual Entitlement? If so, please list below. Please **include** Medicare deduction in **Monthly Amount**.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security and SSI.			
Household Member	Monthly Amount	Medicare Deduction? write yes or no	Address	Telephone/FAX

## Southwestern Community Services Woodcrest Certification Questionnaire

4. Will any household member be receiving income from unemployment benefits, disability compensation, severance pay or worker's compensation over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits, disability compensation, severance pay or worker's compensation			
Household Member	Monthly Amount	Company/Type of Benefits	Address	Telephone/FAX

5. Will any household member be receiving Public Assistance benefits such as TANF, APTD or OAA over the next 12 months? Has any member of the household been sanctioned? If so, list member.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Assistance					
Household Member	Monthly Amount	Type (TANF or APTD)	Shelter Allowance Included in monthly benefit?	Agency Address	Sanctioned - Y/N	Telephone/FAX

6. Is any household member, 18 or older, receiving pay as a member of the Armed Service over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Armed Services			
Household Member	Monthly Amount	Branch of Service/ ID Number	Address	Telephone/FAX

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7. Will any household member be receiving Alimony or Child Support Payments over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support or Alimony (we must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but received directly from payer.)				
Household Member	Monthly Amount	Type- CS or Alimony	Name of Payer/Address	Telephone/FAX	% of Custody

If you are not receiving child support, do you have a divorce decree?  Yes  No

How is support received? (check all that apply)

Yes  No Child Support enforcement Agency: \_\_\_\_\_

Yes  No Court of Law: \_\_\_\_\_

Yes  No Directly from Individual: \_\_\_\_\_

Other: Explain: \_\_\_\_\_

Yes  No If support is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

Do you have full custody of your child(ren)?  Yes  No

Do you have joint physical custody of your child(ren)? \_\_\_\_\_% of the time.

Explanation of custody arrangement \_\_\_\_\_

8. Will any household member receive regular payments from Veteran's benefits, pension, retirement benefits, annuities, insurance policies, disability, death benefits or other amounts over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's benefits, pension, retirement benefits, annuities, insurance policies, disability, death benefits or other amounts?			
Household Member/Claim #	Monthly Amount	Type Type/Company	Address	Telephone/FAX

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9. Is any household member receiving payments from any type of settlement over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Settlements			
Household Member	Amount	Court	Address	Telephone/FAX

10. Will any household member be receiving regular, reoccurring gifts or payments from anyone outside of the household over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Gifts and payments		
Household Member	Annual Amount	Payor Address	Telephone/FAX

11. Will any household member be receiving payments from rental property or other types of real estate transactions over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Rental Property or Real Estate			
Household Member	Monthly Amount	Type of Income	Real Estate Address	Telephone/FAX

12. Is any household member receiving lottery winnings, paid periodically over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Lottery Winnings			
Household Member	Annual Amount	Payor	Address	Telephone/FAX

13. Will any household member be receiving income from assets over the next 12 months? (ie. Interest bearing savings/checking account, retirement account, etc.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Assets

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14. Any other sources of income received by any of the household members such as scholarships over the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other sources of income?		
Household Member	Description/Source	Amount	

15. Are you or any adult household member claiming zero income over the next 12 months? (If yes, a Certification of Zero Income MUST be completed. If HH is claiming zero income, Zero Income Questionnaire and Certification of Zero Income must be completed.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Zero Income		
List All Household Members Claiming Zero Income			
1.			
2.			
3.			

**ASSETS**

(If you claim NO ASSETS, a Zero Asset Certification form must be completed)

1. Does any household member have a savings account? (including E-payment Account, Direct Express Debit Card, Debit Card account)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings				
Household Member	Account Number	Value	Name of Institution	Address	Interest Rate



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2. Does any household member have a checking account?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account				
Household Member	Account Number	Value	Name of Institution	Address	Interest Rate

3. Does any household member have cash in a safety deposit box? Cash in hand?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Deposit Box/Cash on hand			
Household Member	Location	Value	Name of Institution Address	Telephone/FAX

4. Do you have trust funds available to your household?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds			
Household Member	Account Number	Value	Name of Institution Address	Telephone/FAX

5. Does any household member have equity in rental property or other capital investments?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity			
Household Member	Equity Value	Description	Address	Telephone/FAX

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6. Does any household member have stocks, bonds, treasury bills, certificates of deposit or money market funds?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Investments			
Household Member	Value	Type of Asset	Institution/Address	Telephone/FAX

7. Does any household member have retirement or pension funds? Do they have access to these funds?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension funds			
Household Member	Value	Company	Address	Telephone/FAX

8. Will any household member receive any lump sum receipts? Such as VA or SS benefits, private dispersement from divorce or other legal settlement during the next 12 months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sums			
Household Member	Value	Description	Address	Telephone/FAX

9. Is any household member holding any personal items as investments such as antique cars, coin or stamp collections, etc?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal items as investments			
Household Member	Value	Description	Method of Verification	Telephone/FAX

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10. Does any household member have a whole life policy or other type of cash value insurance?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance policy			
Household Member	Value	Description of Insurance	Company Name/Address	Telephone/FAX

11. Does any household member hold an annuity?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuity			
Household Member	Name of Company Value	Description of Asset	Name of Company/Address	Telephone/FAX

12. Does any household member earn capital gains?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Capital Gains			
Household Member	Value	Description of Asset	Name of Company/Address	Telephone/FAX

13. Did any household member received other housing assistance in the past year from any federal, state or local housing assistance program?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Received federal, state or local housing assistance in past year.		
Household Member	Type of Assistance (Fed, State, Local)	Entity providing Assistance (HUD, RD, City Welfare)	

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14. Does any household member own their own home:

- A. Is the mortgage current? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Are the property taxes current? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Is homeowner's insurance in effect? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Is the mortgage in default, moratorium, forbearance, or is payment assistance being received from the lender or a third party? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. What is the value of the property? \_\_\_\_\_

**ALLOWANCES CHECKLIST**

**1. Dependent Deductions:**

- a. Do you have any any persons living with you, who are under the age of 18, who are not foster children, live-in attendants, or the head of household or spouse? If yes, list the names of those household members.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Refer to household composition section</b>
<b>How Many?</b>	1. _____ 2. _____ 3. _____ 4. _____

- b. Do you have any household members who are over the age of 18 and who are full-time students? If yes, list names of such family members.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Refer to household composition section</b>
<b>How Many?</b>	1. _____ 2. _____ 3. _____ 4. _____

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- c. Do you have any household members who are 18 or over AND disabled? That may qualify your household for the dependent deduction. If you feel your household may be eligible for this deduction, please list names of those household members.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Refer to household composition section</b>
<b>How Many?</b>	1. _____ 2. _____ 3. _____

### 2. Child Care/Adult Care Allowance:

Is the family paying for care of children under age 13 so an adult can work, seek employment or further education? If yes, list names of children for whom care is provided.

<input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Member in Care	Monthly Cost	Name of Provider/Address	Telephone/FAX

### 3. Disability Expense Allowance:

Is the family paying for care or apparatus for a disabled family member so that an adult family member can work? If yes, list family members for whom care/apparatus is being provided.

<input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Member	Monthly Cost	Name of Provider or Type of Apparatus	Address	Telephone/FAX

### 4. Elderly/Disabled Household Allowance:

Households whose head, spouse or sole member is 62 or older **OR** whose head, spouse or sole member is disabled may be entitled to the federal Elderly Allowance. If you believe your household qualifies for this allowance, please list the member/s who qualify the household.

<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Family Member Name	Elderly or Disabled?	Disability Verification Source	Telephone/FAX

**5. Medical Expense Allowance:**

Does the household expect unreimbursed (out of pocket) medical expenses for the 12 months to be covered by the certification? Please provide receipts to verify medical expenses. **DO NOT include bills paid by insurance.**

<input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Member	Cost X (frequency)	Description	Address	Telephone/FAX

**Each adult needs to list their landlords if different.**

List your **last three (3) landlords, if less than 5 years please explain.** (if additional space is required, use the back of this page.):

1. Landlord's Name/Address      Your Address      Own/Rent      Dates

\_\_\_\_\_      \_\_\_\_\_       Own      \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_       Rent      \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

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2. Landlord's Name/Address      Your Address      Own/Rent      Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

3. Landlord's Name/Address      Your Address      Own/Rent      Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

Personal Reference

*List a personal reference other than a relative.*

Name and Address of Reference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years known: \_\_\_\_\_

Emergency Contact

*If possible, list someone in the area that is not listed on the application*

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years known: \_\_\_\_\_

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**Student Status (HUD Programs–Section 8) and Tax Credit Program**

Yes  No  Are you, the head or co-head of your household a full-time or part-time student? (if yes, answer the questions below)

Have you maintained a separate household from your parents and guardians for at least a year before applying to our site? Yes  No

For those who are students, are any of the following statements true? Please check the appropriate box if they are true.

Yes  No  I am an orphan or ward of the court and 18 years old or younger

Yes  No  I am a veteran of the US Armed Forces

Yes  No  I have legal dependents other than a spouse (e.g. a child or elderly parent)

Yes  No  I am a graduate or professional student

Yes  No  I am married

Yes  No  I am at least 24 years old or will turn 24 years old this year

Yes  No  Did your parents or legal guardians claim you as a dependent on their most recent tax return?

Provide the following information for your parents, legal guardians or others who provide financial support. (we need this contact information even if your parents and guardians don't provide support.):

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

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

**For TAX CREDIT Portion –**

1. Are the students married and entitled to file a joint tax return? Yes No
2. Is at least one student is a single parent with child (ren) *and* this parent is not a dependent of another individual *and* the child (ren) is/are not dependent(s) of someone other than a parent? Yes No
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? Yes No
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (Attach documentation of participation) Yes No
5. Does the household consist of at least one student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
6. Does the household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming Yes No



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calendar year (months need not be consecutive).

7. The household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household. Yes No

8. Does the household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). Yes No

**HOUSEHOLD CERTIFICATION**

I understand that management is relying on this information to prove my household’s eligibility and continued assistance for the following programs : Tax Credit Program, , Section 8 New Construction (Multifamily Housing). I certify that all information and answers to the questions in this Questionnaire are true and complete to the best of knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy or assistance. I will provide necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy or assistance is contingent on meeting management’s resident selection criteria and program requirements.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

**All Adult Household Members Must Sign Below**

I hereby certify that I have answered the questions on this questionnaire truthfully and that the student status information, income, assets and allowances listed on this form accurately represents the status of all household members.

**Signatures of All Adult Household Members**

----- Date: -----  
----- Date: -----  
----- Date: -----  
----- Date: -----

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**Credit Report Authorization**

Authorization is hereby granted to Southwestern Community Services, Inc. (hereinafter "SCS, Inc.") to obtain a consumer credit report through a credit reporting agency chosen by SCS, Inc. I understand and agree that SCS, Inc. intends to use the consumer credit report for the purpose of evaluating my financial readiness to obtain and maintain residency in SCS affordable housing and may share, as necessary, any credit information obtained hereunder with department staff.

My signature below authorizes the release of financial information to the credit reporting agency, which I have supplied to SCS, Inc. in connection with obtaining affordable housing. Authorization is further granted to the credit reporting agency to use photo static reproduction of this form, if required, to obtain any information necessary to complete my consumer credit report.

\_\_\_\_\_  
Client's Full Name (print)

\_\_\_\_\_  
Client's Full Name (print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Birth Date

Current Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Authorization to Release Information**

**HEAD OF HOUSEHOLD:** \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned (client or guardian) authorizes the Housing Manager(s) of Southwestern Community Services, Inc. to request and receive any and all relevant records/information pertaining to my income, assets, tenant/credit reports, and criminal background reports to determine my eligibility for the Tax Credit Program.

I understand that this release is in effect until the client or guardian terminates said authorization in writing and notice is given to SCS Housing, Inc. Any third party may rely on a photocopy of this document.

I further understand that federal law prohibits disclosure of matters concerning regulated substances (such as drugs and/or alcohol) without explicit written consent. By signing this release, I am allowing disclosure of all such matters.

The undersigned hereby releases and holds harmless SCS Housing, Inc. or its successors from any liability, damage, cause of action, claim, or demand arising out of the use or transmittal or any information provided to SCS Housing, Inc. or its successors to any third parties.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
Street Town State Zip

Phone: \_\_\_\_\_

Signature of SCS reviewer \_\_\_\_\_

Date \_\_\_\_\_

## **Southwestern Community Services Woodcrest Certification Questionnaire**

### Violence Against Women Act (VAWA)

Violence Against Women Act (VAWA) was reauthorized by Congress and signed by the President in 2013, it stated a new requirement that a VAWA notice must be given to occupants in HOME-assisted units. This notice informs residents of their rights and protections under VAWA, one of which includes protection from eviction if a person is a victim of domestic violence and the reason for the eviction is based on the actions of an abuse. HUD's VAWA lease addendum and Certification of Domestic Violence will be utilized for advising occupants in HOME designated units of these protections.

An SCS notice representing the owner as management agent to applicants, tenants and participants outlining the following will be provided:

### **Protections for Victims**

SCS cannot refuse to rent to an applicant solely because he or she is a victim of domestic violence, dating violence or stalking.

SCS cannot evict a tenant who is the victim of domestic violence, dating violence or stalking based on acts or threats or violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence or stalking that are caused by a household member or guest cannot be cause for evicting the victim of the abuse.

### **Permissible Evictions**

SCS can evict a victim of domestic violence, dating violence or stalking if SCS can demonstrate that there is an actual or imminent (immediate) threat to other tenants or employees at the property if the victim is not evicted. Also, SCS may evict a victim for serious or repeated lease violations that are not related to the domestic violence, dating violence or stalking. SCS cannot hold a victim of domestic violence, dating violence or stalking to a more demanding standard than tenants who are not victims.

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

SCS 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 unit. If SCS chooses to remove the abuser, SCS may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, SCS must follow federal, state and local eviction procedures.

### **Certification of Domestic Violence, Dating Violence or Stalking**

If a tenant asserts VAWA's protection, SCS can ask the tenant to certify that he or she is a victim of domestic violence, dating violence or stalking. SCS is not required to demand official documentation and may rely upon the victim's statement alone. If SCS chooses to request certification, SCS must do so in writing and give the tenant at least 14 business days to provide documentation. SCS is free to extend this deadline. A tenant can certify that he or she is a victim by providing any one of the following three documents:

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- By completing a HUD-approved certification form. The most recent form is HUD-50066. This form is available at the SCS or online at <http://www.hud.gov/offices/adm/hudclips/>.
- By providing a statement from the victim service provider, attorney or medical professional who has helped the victim address incidents of domestic violence, dating violence or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both the victim and professional must sign the statement under penalty of perjury.
- By providing a police or court record, such as a protection order.

If the tenant fails to provide one of these documents within 14 business days, SCS may evict the tenant if authorized by otherwise applicable law and lease provisions.

### **Confidentiality**

SCS must keep confidential any information a tenant provides to certify that he or she is a victim of domestic violence, dating violence or stalking. SCS cannot enter the information into a shared database or reveal it to outside entities unless:

- The tenant provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

The victim should inform SCS if the release of the information would put his or her safety at risk.

### **VAWA and Other Laws**

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

VAWA does not replace any federal, state or local law that provides greater protection for victims of domestic violence, dating violence or stalking.