

APPLICATION DATE: _____

NOTICE TO OACAC HOUSING PROGRAM APPLICANTS (HUD Section 8 Housing Choice Voucher Program ONLY)

Thank you for your interest in OACAC Housing / Dallas County Public Housing Agency (PHA) housing assistance program. Our program is a Housing Choice Voucher, or HCV program, meaning our agency works with private landlords and management companies to provide safe and sanitary housing to those receiving our assistance. Our agency does not provide or maintain the units available for rent. We currently maintain a waiting list according to Federal housing laws.

1. OACAC is the program administrator for the Dallas County Public Housing Agency (PHA). Your pre-application must be mailed to the following address. Please direct any questions about your application to:

OACAC HOUSING DEPARTMENT
215 S. Barnes
Springfield, MO 65802
(417) 864-3444

2. **The Section 8 program does not provide emergency assistance.**
3. All applications are reviewed for eligibility in the OACAC Housing Department in Springfield. You will be notified in writing if you are **NOT** eligible.
4. If you are eligible, your name will be placed on the Master Waiting List according to the date and time of your application. You will be notified **in writing** by U.S. mail when funds become available to assist you. Funding is limited. **It could be as long as two years before you are offered assistance.**
5. The legal jurisdiction of the Dallas County PHA (OACAC) includes: Barry, Christian, Dade, Dallas, Greene (excluding Springfield), Lawrence, Polk, Stone, Taney and Webster Counties. **NOTE: If you live within Springfield city limits and do not want to move when your name reaches the top of the list, you should apply with HAS Properties/Springfield Housing Authority.**
6. Applicants who reside or work in the legal jurisdiction at the time of application will be classified as a Resident of the OACAC/Dallas County PHA jurisdiction.
7. Applicants who live within Springfield, Missouri city limits and residents of counties outside OACAC's ten county jurisdiction will be classified as Non-Residents. All non-residents who receive a Housing Choice Voucher must lease housing which is located within the ten counties for a minimum period of twelve months.

8. **IT IS VERY IMPORTANT TO NOTIFY THE HOUSING DEPARTMENT IN SPRINGFIELD OF ANY CHANGES TO YOUR APPLICATION.** Please report the following changes **IN WRITING**.

***Change of Address *Change in income. *Change in household members.**

9. You must respond to all requests for information made by the OACAC Housing Department. If you fail to respond, your name will be removed from the Waiting List.
10. When your name reaches the top of the waiting list, the Housing Department will mail you a letter "offering rental assistance" to you. You must then provide verification or provide proof of all information which you claim on your application. You must provide a copy of each household member's social security card when your name reaches the top of the waiting list.
11. A Housing Counselor will be assigned to help you become a Participant in the program.
12. Rental Assistance payments to your landlord will not begin until your rental property has **passed** a Housing Quality Standards inspection.
13. OACAC will not deny assistance to anyone based on race, color, religion, sex, national origin, handicap or familial status.
14. ANY MORE QUESTIONS??? CALL (417) 864-3444 FOR HELP or 501-404-4133 to check position on the waitlist.

APPLICATION FOR HOUSING ASSISTANCE PROGRAMS

This application will be used to determine Applicant eligibility for Federally subsidized rental assistance programs offered by OACAC.

1. APPLICANT GENERAL INFORMATION: DATE: _____ TIME: _____

APPLICANT NAME/HEAD OF HOUSEHOLD: _____
 CURRENT ADDRESS: _____
 CITY _____ STATE _____ ZIP CODE _____
 MAILING ADDRESS IF DIFFERENT: _____ COUNTY _____
 PHONE#: _____ WORK #: _____ MESSAGE #: _____

2. RESIDENCY STATUS: Check and complete Resident or Non-Resident.

Resident of the OACAC jurisdiction. Indicate the county where you now **live or work**.

BARRY CHRISTIAN DADE DALLAS GREENE LAWRENCE POLK STONE TANEY WEBSTER

Non-Residents of the OACAC jurisdiction should select the county where they want to live.

(1) Do you live within the city limits of Springfield, Missouri? Yes No

(2) Do you live outside of the ten county area listed above? Yes No

If you answered YES to either question above, please check one county where you wish to live.

BARRY CHRISTIAN DADE DALLAS GREENE LAWRENCE POLK STONE TANEY WEBSTER

3. HOUSEHOLD COMPOSITION: List the Head of Household and other members who will be living in the assisted home.

FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX M/F	RACE SEE BELOW	ETHNICITY SEE BELOW	SOCIAL SECURITY NUMBER	BIRTH DATE	AGE	CITY/STATE OF BIRTH
1.	HEAD OF HOUSEHOLD							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

RACE: BLACK(B) WHITE (W), AMERICAN INDIAN (AI), ASIAN/PACIFIC ISLANDER (AP)

ETHNICITY: HISPANIC (H), NON HISPANIC (NH)

4. HOUSEHOLD INCOME SUMMARY: For each type of income that your household receives, list the source of income and the monthly **GROSS** amount (before taxes and deductions). Income sources include: Wages, Social Security, SSI, SSD, VA Pensions, TANF, Unemployment, Workers Compensation, Child Support, etc. List any income source for ALL household members, including children.

Name of Person Receiving Income	Source of Income	Monthly Amt.	Annual Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
(OFFICE USE ONLY) HUD VERY LOW INCOME LIMIT: \$		TOTAL ANNUAL GROSS INCOME	\$

5. ASSETS: (Real Estate , Checking, Savings, CD's, Stocks, Bonds, etc.)

- Do you or any member of your household have full or partial ownership of a home or other real estate No Yes
 If Yes, Please Explain: _____
- ◆ Have you or any member of your household sold or given away real estate property or any other assets in the past 2 years?
 No Yes If yes, explain: _____

For each type of asset, give the source, total value, and income received from the asset in the space below.

◆ **If you do not have assets, insert "NO ASSETS CLAIMED" on first line below.**

FAMILY MEMBER	TYPE OF ASSET	CASH VALUE	ANNUAL INCOME FROM ASSET
(OFFICE USE ONLY) 2% CASH VALUE			

6. OTHER HOUSEHOLD CHARACTERISTICS

- CITIZENSHIP:** Are all household members citizens of the United States? Yes No If no, please explain: _____
- Will anyone be living with you in the future who is not listed above? No Yes
 If yes, please explain. _____
- Are you being displaced by government action? No Yes If yes, please explain: _____
- Has your dwelling been extensively damaged or destroyed in a Federally declared disaster. No Yes If yes, please explain: _____

7. ELIGIBILITY SCREENING WHEN YOUR NAME REACHES THE TOP OF THE WAITING LIST

This Application for the OACAC Housing Assistance Program/HUD Section 8 Housing Choice Voucher Program will be reviewed for income eligibility only at this time. Please be advised that when you are notified by OACAC that your name has reached the top of the Waiting List, you will be required to certify and verify additional household information. Your Application will be denied for the following reasons if ANY HOUSEHOLD MEMBER:

- (1) Owes OACAC Housing Assistance Program any money or violated any Family Obligations as a previous Participant in the program;
- (2) Owes any money to another Public Housing Agency or violated their program rules;
- (3) Has been convicted of manufacturing meth;
- (4) Is subject to a lifetime registration requirement under a State sex offender registration program; and
- (5) All household members must furnish verification of social security numbers and meet the documentation requirements of citizenship or eligible immigration status.

8. SPECIAL NEEDS

Do you require a specific accommodation to fully utilize our programs and services? No Yes If yes, please explain: _____

9. APPLICANT CERTIFICATION

I/We certify that all information contained in this application for housing assistance is true, accurate and complete to the best of my/our knowledge and belief. I/We understand that misrepresentation of any information will disqualify this application.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Other Adult: _____ Date: _____

Signature of N/C Staff Person Assisting with Application: _____ Date: _____

Authorization for the Release of Information

U.S. Department of Housing & Urban Development
Office of Housing
Office of Public & Indian Housing

Organization requesting release of information -
(name, address, telephone):

OZARKS AREA COMMUNITY ACTION CORP.
DALLAS COUNTY PUBLIC HOUSING AGENCY
215 S. BARNES
SPRINGFIELD, MISSOURI 65802
(417) 864-3444

PURPOSE

The U.S. Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Section 8 Housing Choice Voucher Program
New Start Housing Program
Shelter Plus Care / RAP

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

I authorize OACAC to release information regarding my Housing Assistance benefits to other social service agencies for the purpose of determining my eligibility for other public assistance programs.

INQUIRIES MAY BE MADE ABOUT:

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

WHO MAY RELEASE INFORMATION:

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

Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Prosecuting Attorney Offices
Credit Bureaus
Employers, Past and Present
Landlords
Providers of:
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges
Social Security Administration
U. S. Department of Veterans Affairs
Utility Companies
Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I agree that a Public Housing Agency or HUD may conduct computer matching programs with other governmental agencies including Federal, State, or Local agencies. The governmental agencies include:

U. S. Office of Personnel Management
U. S. Social Security Administration
U. S. Department of Defense
U. S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS

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

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

Print Name of Head of Household/DATE

Signature of Head of Household

X

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION
NO EXPIRATION DATE ON THE ABILITY TO OBTAIN INFORMATION

Print Name of Spouse or Other Adult/DATE

Signature of Spouse or Other Adult

X

OACAC REVISED 02/07
ARI.WPD

Authorization for the Release of Information/ Privacy Act Notice

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

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2577-0295
exp. 1/31/2025

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

OZARKS AREA COMMUNITY ACTION CORPORATION
DALLAS COUNTY PHA
215 S. BARNES AVE.
SPRINGFIELD, MO 65802
417-864-3444

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: 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. Other Uses: HUD 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 may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Optional and Supplemental 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.

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

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.	

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.

Confidentiality

CERTIFICATION OF VICTIM STATUS

VAWA gives housing agencies and owners the discretion to provide benefits to an individual based solely on the individual's statement or other corroborating evidence. However, the Act also permits housing agencies and owners to request that victims attest to their status by signing a HUD-approved certification form. The form must meet the following standards:

1. It must require the individual signing it to certify that she or he is the victim of "bona fide" incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking, as defined and described in VAWA.
2. It must include the name of the perpetrator.
3. It must be provided within 14 business days unless the housing agency or owner requesting the form extends the deadline.

VAWA provides the victim the alternative of providing the housing agency or owner one of the following types of documentation:

1. A local police or court record
2. Documentation signed by a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault or stalking. The signer must attest under penalty of perjury (a) that the abuse the victim has suffered is a bona fide incidence of domestic violence, dating violence, sexual assault or stalking and (b) that the victim has signed or approved the documentation.

Failure on the part of the victim to provide certification within the allotted time voids the protections provided by VAWA.

ANY information provided to a housing agency or owner by a victim of domestic violence, dating violence, sexual assault or stalking must be kept in confidence. No information or documentation may be entered into any shared database nor provided to any related entity except under the following conditions:

1. The victim requests or consents to the disclosure in writing.
2. The disclosure is required for use in an eviction proceeding.
3. The disclosure is otherwise required by applicable law.

For more information contact:

OACACHOUSINGASSISTANCE
PROGRAM-DALLASCOUNTYHA

215 South Barnes Ave.
Springfield, MO 65802-2204

Phone: 417-864-3444
Fax: 417-873-3360
TTD: 417-864-3445
E-mail: housing@oac.ac



OZ ARKS ARE A COMMUNIT Y ACTION
CORPORATION
HOUSING ASSISTANCE PROGRAM
DALLAS COUNTY PHA



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What Applicants, Tenants, Owners and Landlords
Need to Know

Applicable to Public Housing and Section 8 Housing
Choice Voucher

Programs

Amended 2013

This brochure meets notification requirements of the
Federal Violence Against Women Act.

VAWA Protection for Public Housing & Section 8 Housing Choice Voucher Assistance Applicants

A Public Housing Agency (PHA), owner, or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence sexual assault or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing or housing choice voucher assistance, all applicants, including victims of domestic violence, dating violence, sexual assault or stalking, must, at a minimum:

- meet the local PHA's definition of "family"
- Be income eligible;
- Have at least one family member who is a U.S. citizen or has eligible immigration status;
- Pass criminal background screening;
- Have no outstanding debt to the PHA; and
- Meet all other local PHA screening criteria.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence, sexual assault or stalking, ask if the PHA gives this preference. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide requested certification within 14 business days after receiving the request,

your request for a preference may be denied. Reporting incidents of domestic violence, dating vio-

VAWA Protection for Public Housing Tenants and Housing Choice Voucher Program Participants

lence sexual assault or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. There are two areas of protection for those persons seeking or receiving assistance under the federally funded public housing or housing choice voucher program.

1. Denial of Assistance—The law provides that you cannot be denied assistance because you are a victim of domestic violence, dating violence, sexual assault or stalking if you are otherwise qualified to receive such assistance.
2. Termination of Tenancy or Assistance—The law further protects those who are currently receiving federal housing assistance from losing assistance or housing solely on the basis of their status as a victim of domestic violence, dating violence, sexual assault or stalking.

If the perpetrator is a member of the victim's household, the agency administering the voucher or public housing programs has the authority to require the individual to leave the household as a condition of providing continued assistance to the remaining members of the family. Additionally, if state law allows, the housing agency has the authority to

bifurcate a lease, or divide it into two parts to deal with family members who engage in criminal acts of physical violence against family members or others. Bifurcation would allow the housing agency or owner to take eviction or termination action against a perpetrator of physical violence without penalizing the victim.

Housing agencies and owners retain the authority to terminate the tenancy, occupancy, or program assistance of a victim under either of the following conditions:

1. The termination is for a lease violation premised on something other than an act of domestic violence, dating violence, sexual assault or stalking against the victim and the housing agency or owner is holding the victim to a standard no more "demanding" than the standard to which other tenants are held.
2. The housing agency or owner can demonstrate an "actual and imminent threat to other tenants or those employed at or providing service to the property" if the tenancy, occupancy, or program assistance of the victim is terminated.

You may want to check with your state and/or city for most current state and local laws protecting victims of domestic violence, dating violence, sexual assault or stalking. VAWA 2013 explicitly added "sexual assault" to the list of violent crimes covered.

National Domestic Violence Hotline
1-800-799-SAFE (7233)
1-800-787-3224 (TTY)
<http://www.ndvh.org/>

HUD Housing Discrimination Hotline
1-800-669-9777