



One of The Related Companies

Shiloh Village
8702 Shiloh Road
Dallas, TX 75228
Phone: 214-328-2636 Fax: 214-328-9581 TTY: 800-735-2989

PRELIMINARY APPLICATION

This is a preliminary application and does not obligate you to rent an apartment, nor does it obligate Shiloh Village to rent an apartment to you. Please fill out this Preliminary Application completely, then sign and date it.

OFFICE USE ONLY Date Received: Time Received:

Unit size you are interested in: 1 Bedroom (1-2 persons) 2 Bedroom (2-4 persons) 3 Bedroom (3-6 persons) 4 Bedroom (4-8 persons)

APPLICANT'S CONTACT INFORMATION

Name: Address: City, State & Zip: E-mail Address: Home Phone: Mobile Phone: Work Phone:

1. List all persons who intend to occupy the unit for which you are applying:

Table with 5 columns: Name, Sex (Optional), Date of Birth, Relationship to Household Head, SSN

2. Select ethnicity and race for head of household:

Racial Categories (Select All That Apply) Ethnic Categories (Select One)

3. Please state the total gross annual income of your household. (This includes income from employment for all persons 18 years of age and older, alimony and child support, social security, public aid, disability income, pensions, income from assets, interest and regular money gifts.) \$

4. Will any member your household require a handicap accessible unit? Yes No

5. Have you been displaced from your housing because it was in an urban renewal area, or as a result of government action, or as a result of a major disaster as determined by the U.S. President? Yes No

6. Please list all states and counties of residence for all applicants 18 years of age or older (use additional sheets if necessary):

WARNING: Section 1001 of Title of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

**AUTHORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:**

I/We understand and hereby authorize agent/owner of «sitename». and any consumer or credit reporting agency or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial responsibility and the statements made in the Preliminary Application, to inquire into and check for criminal records, civil judgments and other relevant information, and to make a consumer or credit report in connection therewith.

I/We hereby certify that this information is true and correct to the best of my knowledge. I/We understand that any false statement on this application will disqualify my application and my name will not be put on the waiting list. I/We further agree that if an apartment becomes available and housing assistance is offered, I/we will provide verification of my eligibility as prescribed by HUD.

---

Signature (Head of Household)

---

Signature (Spouse/Co-Head)

---

Date

Shiloh Village is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.

**WARNING: Section 1001 of Title of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.**



Texas Department of Housing and Community Affairs  
Special Needs Certification

Property Name: Shiloh Village TDHCA File#: 4130

Household Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

You have applied for a unit at the above referenced property, which has agreed to lease apartments to “Persons with Special Needs”. A “Persons with Special Needs” includes the following:

- Households where one individual has alcohol and/or drug addictions
- Colonia residents
- Persons with Disabilities
- Persons protected by the Violence Against Women Act Protections (domestic violence, dating violence, sexual assault, and stalking)
- Persons with HIV/AIDS
- Homeless persons
- Veterans
- Wounded warriors (as defined by the Caring for Wounded Warriors Act of 2008)
- Farmworkers

You are not being asked to disclose any details or specifics regarding the type or nature of the special need, only to disclose that you, or someone in your household, meets one of the categories above.

Based on the above, do you or anyone in your household have a “Special Need”? YES \_\_\_\_\_ NO \_\_\_\_\_

I do not wish to furnish information regarding special needs (Initials) \_\_\_\_\_

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

**Shiloh Village**  
**Tenant Selection Plan**  
**Acknowledgement of Receipt**

I/We, the undersigned, do hereby acknowledge:

The Tenant Selection Plan has been described to me, and a copy of the Tenant Selection Plan is available to me or my representative upon request.

\_\_\_\_\_  
Applicant/Resident Signature Date

\_\_\_\_\_  
Applicant/Resident Signature Date

\_\_\_\_\_  
Applicant/Resident Signature Date

\_\_\_\_\_  
Applicant/Resident Signature Date

**WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations of any material fact involving the use of or obtaining of Federal funds.**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.

Form HUD- 92006 (05/09)

# LANGUAGE IDENTIFICATION FORM



**Instructions:** In order to better serve our residents and applicants, Related Management is gathering information on language needs. **If your English skills are limited and you need communication in another language, please mark the language that you read/speak.**

- |                                                                                                         |                        |
|---------------------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> Mark this box if you read or speak English.                                    | 1. English             |
| <input type="checkbox"/> Marque esta casilla si lee o habla español.                                    | 2. Spanish             |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。                                                             | 3. Simplified Chinese  |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。                                                             | 4. Traditional Chinese |
| <input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 5. Tagalog             |
| <input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.               | 6. Vietnamese          |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.                                                 | 7. Korean              |
| <input type="checkbox"/> አማርኛ የሚያነቡ ወይም የሚናገሩ ከሆኑ እዚህ ሳጥን ላይ ምልክት ያድርጉ።                                 | 8. Amharic             |
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.                          | 9. Arabic              |
| <input type="checkbox"/> Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:  | 10. Armenian           |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।                         | 11. Bengali            |
| <input type="checkbox"/> គូសក្នុងប្រអប់នេះ បើអ្នកអាននិងនិយាយភាសាខ្មែរ (កម្ពុជា)។                        | 12. Cambodian (Khmer)  |
| <input type="checkbox"/> Motka i kakhon ya yangin untungnu' manaitai pat untungnu' kumentos Chamorro.   | 13. Chamorro           |

<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	14. Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	15. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	16. Dutch
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	17. Farsi
<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	18. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	19. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά.	20. Greek
<input type="checkbox"/>	Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen.	21. Haitian Creole
<input type="checkbox"/>	<b>תירבע ת/רבוד וא ת/ארוק ה/תא מא זז הבית נמסל שי תומישיה תוביתה לכ תא נמסל אנ</b>	22. Hebrew
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	23. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	24. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	25. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	26. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	27. Italian
<input type="checkbox"/>	日本語を讀んだり、話せる場合はここに印を付けてください。	28. Japanese

<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ .	29. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	30. Polish
<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	31. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	32. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	33. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	34. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	35. Slovak
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	36. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	37. Tongan
<input type="checkbox"/>	Türkçe okuyor veya konuşuyorsanız bu kutuyu işaretleyin.	38. Turkish
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	39. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	40. Urdu
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	41. Yiddish

Resident/Applicant Name (Please Print)

Community

Resident/Applicant Signature

Unit #

Date



**Shiloh Village**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Multi Family Section 8 Program/Housing Tax Credit** 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 **Multi Family Section 8 Program/Housing Tax Credit** 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 **Multi Family Section 8 Program/Housing Tax Credit**, 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 **Multi Family Section 8 Program/Housing Tax Credit** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

---

<sup>1</sup> The notice uses SHILOH VILLAGE for housing provider but the housing provider should insert its name where SHILOH VILLAGE is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> 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.

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**

SHILOH VILLAGE 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 SHILOH VILLAGE chooses to remove the abuser or perpetrator, SHILOH VILLAGE 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, SHILOH VILLAGE must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, SHILOH VILLAGE must follow Federal, State, and local eviction procedures. In order to divide a lease, SHILOH VILLAGE 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, SHILOH VILLAGE 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, SHILOH VILLAGE 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.

SHILOH VILLAGE 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.

SHILOH VILLAGE's emergency transfer plan provides further information on emergency transfers, and SHILOH VILLAGE 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**

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

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

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

### **Confidentiality**

SHILOH VILLAGE 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.

SHILOH VILLAGE must not allow any individual administering assistance or other services on behalf of SHILOH VILLAGE (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.

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

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

VAWA does not limit SHILOH VILLAGE'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, SHILOH VILLAGE 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 SHILOH VILLAGE 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 SHILOH VILLAGE can demonstrate the above, SHILOH VILLAGE 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

Texas- **Southwest Housing Compliance Corporation 1-888-842-4484 or 1-800-735-2988 TTY.**

Colorado- **Colorado Housing and Finance Authority 303-297-7442 or 1-800-659-2656 TTY.**

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888>

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

For questions regarding VAWA, please contact **Community Manager at (214) 328-2632**

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:

Arlington, TX

**Cross Timbers Family Services at (254) 965-4357 or CTFShelp.org**

Austin, TX

**SafePlace - Travis County Domestic Violence and Sexual Assault Survival Center P.O. Box 19454 Austin, TX 78760 Office: (512) 267-SAFE Hotline: (512) 267-SAFE TTY: (512) 927-9616 or Texas Council on Family Violence PO BOX 161810 Austin, Texas 78716 Office (512) 794 -1133.**

Dallas, TX

**The Family Place 214-941-1991 or familyplace.org./ Genesis Women's Shelter 214-946-4357 or genesisshelter.org**

Fort Worth, TX

**Cross Timbers Family Services at (254) 965-4357 or CTFShelp.org**

Houston, TX

**Aid to Victims of Domestic Abuse (AVDA) 1001 Texas Ave, Ste 600 Houston, TX 77002 Office: (713) 229-8453 or Family Services of Greater Houston 4625 Lillian St. Houston, TX 77007 Office: (713) 861-4849.**

San Antonio, TX

**Family Violence Preventive Services, Inc. B.W. Shelter of Bexar County P.O. Box 27276 San Antonio, TX 78227 Office: (210) 733-8810 Hotline: (210)733-8810 or Family Violence Prevention Services, Inc. 7911 Broadway San Antonio, TX 78209 Office: (210) 930-3669 Hotline: (210) 733-8810**

Stephenville, TX

**Cross Timbers Family Services at (254) 965-4357 or CTFShelp.org**

Arvada, CO

**National Domestic Violence Crisis Hotline 1-800-799-7233**

Boulder, CO

**24 Hour Crisis & Information Hotline (303) 444-2424, Boulder Outreach Center (303) 449-8623 and Tri City Program (303) 673-9000.**

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:

Arlington, TX

**Eastland County Crisis Center, Inc. at 254-629-3223 or [eastlandcrisis.org](http://eastlandcrisis.org)**

Austin, TX

**Women's Advocacy Project, Inc PO Box 833 Austin, Texas 78767 Office (512)476-5377 ext 179 Hotline (512) 476-5386 or (800) 374-4673.**

Dallas, TX

**The Turning Point 1-800-866-7273 or [theturningpoint.org](http://theturningpoint.org)**

Fort Worth, TX

**Eastland County Crisis Center, Inc. at 254-629-3223 or [eastlandcrisis.org](http://eastlandcrisis.org)**

Houston, TX

**Houston Area Women's Center 1010 Waugh Drive Houston, TX 77019 Office: (713) 528-6798 Hotline: (713) 528-2121 or (800) 256-0551 TTY: (713) 528-3625 Rape Crisis Hotline: (713) 526- 7273.**

San Antonio, TX

**P.E.A.C.E. Initiative-Benedictine Resource Center 530 Bandera Road San Antonio, TX 78228 Office: (210) 735-4988**

Stephenville, TX

**Eastland County Crisis Center, Inc. at 254-629-3223 or [eastlandcrisis.org](http://eastlandcrisis.org)**

Arvada, CO

**Volunteers of America Bannock Shelter (303) 825-6025 and Triad Center (303) 831-2502**

Boulder, CO

**Colorado Coalition Against Sexual Assault (303) 672-5440.**

Victims of stalking seeking help may contact:

Arlington, TX

**Women's Center of Tarrant at (817) 927-4040 or womenscentertc.org**

Austin, TX

**SafePlace - Travis County Domestic Violence and Sexual Assault Survival Center P.O. Box 19454 Austin, TX 78760 Office:**

**(512) 267-SAFE Hotline: (512) 267-SAFE TTY: (512) 927-9616 Dallas, TX**

**Safe Horizon 1-866-6894357 or 1-800-621-4673 or safehorizon.org.**

Fort Worth, TX

**Women's Center of Tarrant at (817) 927-4040 or womenscentertc.org**

Houston, TX

**Houston Area Women's Center 1010 Waugh Drive Houston, TX 77019 Office: (713) 528-6798 Hotline: (713) 528-2121 or (800)**

**256-0551 TTY: (713) 528-3625 Rape Crisis Hotline: (713) 526-7273.**

San Antonio, TX

**P.E.A.C.E. Initiative-Benedictine Resource Center 530 Bandera Road San Antonio, TX 78228 Office: (210) 735-4988**

Stephenville, TX

**Women's Center of Tarrant at (817) 927-4040 or womenscentertc.org**

Arvada, CO

**Volunteers of America Bannock Shelter (303) 825-6025 and Triad Center (303) 831-2502**

Boulder, CO

**Victims of Crime (303) 866-2208**

**Attachment:** Certification form HUD-5382



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

**U.S. Department of Housing  
and Urban Development**

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.