

Application For Occupancy

2702 South Bagdad Road
 Leander, TX 78641
 (512) 259-7648 Office
 (512) 548-7635 Fax
 TTY: 800-735-2929 *CrystalFallsCrossing@Related.com*

Related Management Company For Office Use Only Date Received: _____ Application #: _____

**This information is to be filled out by the head of the household.
 Please complete all sections and sign the last page.**

**Crystal Falls Crossing is a Smoke Free
 Community!**

Name: _____

Street Address/Apt #: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Check what size units you would want to be considered for:
 One Bedrooms Three Bedrooms
 Two Bedroom Four Bedrooms

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a
 mobility, visual, or hearing disability.

Household Information

List all persons who will occupy the apartment including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc). If a member of the household is a Foster Child or Foster Adult, note this in the Relationship column. Social Security Numbers must be disclosed for all members who are U.S. citizens or claiming eligible immigration status. If a member does not have a Social Security Number, enter "None" in the Social Security Number column.

Full Legal Name (First, MI, Last)	Relationship to the Head of Household	Sex (M/F) Optional	Birth Date (mm/dd/yyyy)	Student (Y/N)	Social Security Number	List all States lived in (use abbreviation, i.e. FL for Florida)
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Resident History

Have you or your spouse/co-applicant every been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

Yes No If yes, explain:

Do you live or have you lived in subsidized housing?

Yes No If yes, explain:

Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or Previous Landlord?

Yes No If yes, explain:

Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?

Yes No If yes, explain:

Have you ever lived at this or any other Related Management Company community?

Yes No

Utility Providers

You may not live in the apartment unless you can establish utilities in the apartment.

Do you have any overdue/outstanding balances owed to any utility providers?

Yes No If yes, explain:

Will you be unable to establish utilities in your apartment for electricity, gas or water?

Yes No If yes, explain:

Do you receive assistance for paying your utility bills?

Yes No If yes, explain:

Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LIEAP)?

Yes No If no, how much do you receive monthly to assist with your utilities?

Household Questions

Are any members of the household claiming they are exempt from the Social Security Number requirement because the member(s) were 62 years old and receiving HUD rental assistance as of January 31, 2010 at another property?

Yes No If yes, explain:

Have any of the household members used names or a social security number other than the names and numbers used above?

Yes No If yes, explain:

Are any members of the household, currently married to, separated from, or in the process of getting a divorce from a person who will not be living in the unit?

Yes No If yes, explain:

Have you or any members of the household ever filed or are currently filing for bankruptcy?

Yes No If yes, explain:

Will any of the household members live anywhere except the unit you are applying for?

Yes No If yes, explain:

Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

Yes No If yes, explain:

Do you expect the number of household members to change in the future?

Yes No If yes, explain:

Will you or any ADULT household member require a live-in caregiver or aide?

Yes No If yes, explain:

Will your household receive rental assistance from a federal, state, or local government?

Yes No If yes, explain:

Are any household members applicants on a Public Housing Waiting List?

Yes No If yes, explain:

Do you know or are you related to any of our residents or staff?

Yes No If yes, explain:

Are you a veteran?

Yes No

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at

<https://veterans.portal.texas.gov/>

Program Information

Do you presently reside in a development where your rent is based upon your income?

Yes No If yes, explain:

Were you or any member of your household ever convicted of a felony?

Yes No If yes, when? _____

Explain circumstances briefly:

Have you or any member of your household ever been evicted?

Yes No If yes, when? _____

Explain circumstances briefly:

If yes, was the eviction from federally assisted housing for drug-related criminal activity?

Yes No

Has anyone in your household been convicted of violating any drug-related laws?

Yes No If yes, when? _____

Explain circumstances briefly:

Is anyone in your household currently engaged in the use of illegal drugs?

Yes No

If yes, explain circumstances briefly:

Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment?

Yes No

If yes, explain circumstances briefly:

Is any member of your household subject to a state sex offender lifetime registration requirement?

Yes No

If yes, explain circumstances briefly:

Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.		_____		\$ _____ Per _____
2.		_____		\$ _____ Per _____
3.		_____		\$ _____ Per _____
4.		_____		\$ _____ Per _____
5.		_____		\$ _____ Per _____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____
4.		\$ _____ Per _____
5.		\$ _____ Per _____

Assets

Complete each category as applicable.

Checking Account
Name of Bank:

Passbook/Savings Account
Name of Bank:

Address:

Address:

Account Number:

Account Number:

Balance/Date:
\$ / as of

Balance/Date:
\$ / as of

Checking Account
Name of Bank:

Debt/Direct Deposit Card
Name of Bank:

Address:

Address:

Account Number:

Account Number:

Balance/Date:
\$ / as of

Balance/Date:
\$ / as of

Money Market Account
Name of Bank

Savings Certificate
Name of Bank

Address:

Address:

Account Number:

Account Number:

Balance/Date:
\$ / as of

Balance/Date:
\$ / as of

Stocks and Bonds Value:
\$

Savings Bond/s Value:
\$

Do you own any real estate?
 Yes No

If yes, what is the current value?

Have you ever owned any real estate?
 Yes No

If yes, when? When sold? For how much?

Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years?
 Yes No

If yes, list each asset and the amount received for each asset.

Student Information: LIHTC

Are ALL members of the household full-time students?

Yes No If Yes, provide the household member and name and address of the school below.

Will ALL members of your household become full-time students during any 5 months of this year or next year? (Example: a student who goes to school full-time in January, February, April, October and November is considered a fulltime student that entire calendar year)

Yes No If Yes, provide the household member and name and address of the school below.

Student Status

List all persons who are students. Indicate whether enrollment is full time or part time.

Full Name of student	Name and address of School	Phone	Period of Enrollment
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1.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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2.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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3.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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4.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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5.

Full Time
Part Time

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

YOU HAVE CERTAIN RIGHTS UNDER FEDERAL, STATE, AND LOCAL LAWS WITH RESPECT TO YOUR CONSUMER REPORT. IN EVALUATING YOUR APPLICATION, A CONSUMER REPORTING AGENCY LISTED BELOW MAY PROVIDE US WITH INFORMATION.

CREDIT BUREAUS

- EXPERIAN (TRW), ATTN: NCAC, P.O. BOX 2002, ALLEN, TX 75013 (888) 397-3742
- TRANSUNION, CONSUMER DISCLOSURE CENTER, 2 BALDWIN PLACE, P.O. BOX 1000, CHESTER, PA 19022 (800) 888-4213
- EQUIFAX (CBI), PO BOX 740241, ATLANTA, GA 30374 (800) 685-1111

CIVIL RECORDS/CRIMINAL:

- LEASINGDESK SCREENING, 2201 LAKESIDE BLVD., RICHARDSON, TX 75082 (866) 934-1124
[HTTP://WWW.REALPAGE.COM/CONSUMER-DISPUTE](http://www.realtor.com/consumer-dispute)

ADDITIONALLY, YOU HAVE A RIGHT TO (1) INSPECT AND RECEIVE ONE FREE COPY OF SUCH REPORT BY CONTACTING THE CONSUMER REPORTING AGENCIES LISTED ABOVE; (2) OBTAIN A FREE COPY OF THE REPORT FROM EACH NATIONAL CONSUMER REPORTING AGENCY ANNUALLY, AND/OR A REPORT FROM WWW.ANNUALCREDITREPORT.COM; AND (3) DISPUTE ANY INACCURATE INFORMATION IN THE REPORT WITH THE CONSUMER REPORTING AGENCY.

I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

Signature of head of household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of head of household

Date

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Crystal Falls Crossing 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.



Crystal Falls Crossing

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **HOME/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 **HOME/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 **HOME/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 **HOME/Housing Tax Credit** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

¹ The notice uses Crystal Falls Crossing for housing provider but the housing provider should insert its name where Crystal Falls Crossing is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

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

³ 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

Crystal Falls Crossing 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 Crystal Falls Crossing chooses to remove the abuser or perpetrator, Crystal Falls Crossing 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, Crystal Falls Crossing 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, Crystal Falls Crossing must follow Federal, State, and local eviction procedures. In order to divide a lease, Crystal Falls Crossing 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, Crystal Falls Crossing 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, Crystal Falls Crossing 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.

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.

Crystal Falls Crossing's emergency transfer plan provides further information on emergency transfers, and Crystal Falls Crossing 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

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

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

If Crystal Falls Crossing 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), Crystal Falls Crossing 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, Crystal Falls Crossing does not have to provide you with the protections contained in this notice.

Confidentiality

Crystal Falls Crossing 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.

Crystal Falls Crossing must not allow any individual administering assistance or other services on behalf of Crystal Falls Crossing (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.

Form HUD-5380
(12/2016)

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

- You give written permission to Crystal Falls Crossing to release the information on a time limited basis.
- Crystal Falls Crossing 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 Crystal Falls Crossing or your landlord to release the information.

VAWA does not limit Crystal Falls Crossing'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, Crystal Falls Crossing 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 Crystal Falls Crossing 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 Crystal Falls Crossing can demonstrate the above, Crystal Falls Crossing 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, Crystal Falls Crossing 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 (281) 367-7718**

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.

Leander, TX

Hope Alliance - Hotline: 800-460-7233 1011 Gattis School Rd, Ste 110, Round Rock, TX 78664, Office (512) 255-1212 or www.hopealliancetxt.org

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

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

Fort Worth, TX

Eastland County Crisis Center, Inc. at 254-629-3223 or 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.

Leander, TX

Hope Alliance - Hotline: 800-460-7233 1011 Gattis School Rd, Ste 110, Round Rock, TX 78664, Office (512) 255-1212 or www.hopealliancetxt.org

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

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.

Leander, TX

Hope Alliance - Hotline: 800-460-7233 1011 Gattis School Rd, Ste 110, Round Rock, TX 78664, Office (512) 255-1212 or www.hopealliancetxt.org

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.