

# Palms at University Rental Application

## Applicant Personal Information

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # / State \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Other Occupants

*(include partners/children/roommates)*

Full Name - First, Middle, Last	Birth Date	Relationship to You

## Applicant Rental History

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

### Income

### Employment History

	Current Employer	Previous Employer	Previous Employer
Employed by			
Dates of Employment (From/To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			



### Other Income Sources

Type	Monthly Income	Name of Provider	Address - Street, City, State, Zip	Phone #

### Co-Applicant/Co-signor Information

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
 DL # / State \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Co-Applicant Rental History (if different from Applicant)

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

### Income

### Employment History

	Current Employer	Previous Employer	Previous Employer
Employed by			
Dates of Employment (From/To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			

### Other Income Sources

Type	Monthly Income	Name of Provider	Address - Street, City, State, Zip	Phone #



## Vehicles (for all household members)

Make & Model	Year	Color	Plate #	State

### Other Information

Has either Applicant or Co-applicant ever been evicted?  Yes  No

If yes, when & why \_\_\_\_\_

Has either Applicant or Co-applicant ever been convicted of a felony?  Yes  No

If yes, when & why \_\_\_\_\_

Has either Applicant or Co-applicant ever filed for bankruptcy?  Yes  No

If yes, when & why \_\_\_\_\_

Does any household member smoke?  Yes  No

Do you have any pets?  Yes  No

If Yes, please list each Type, Breed & Approx. Weight:

\_\_\_\_\_

Do you currently have a Housing Choice Voucher?  Yes  No  
if yes with what housing authority? \_\_\_\_\_

Do you require an accessible unit?  Yes  No

How did you hear about us? \_\_\_\_\_

### Emergency Contact Information

*In case we are unable to reach you for any reason relative to this application or tenancy at this site, please provide an emergency contact:*

Name: \_\_\_\_\_

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

Alternate Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

*(include street address, city, state, and zip code)*



## Agreement & Signature

*I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for a home or apartment and does not constitute a rental or lease agreement in whole or part.  
I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund.*

*It is hereby agreed that the Co-Applicant/Co-signer is equally responsible for all responsibilities and/or obligations of the Leaseholder's share of expenses if the Leaseholder cannot or will not oblige. This agreement will remain in force throughout the entire term of the tenancy, even if the tenancy is extended and/or changed in its terms.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-signor Signature

\_\_\_\_\_  
Date

For Management Use Only:

Date received:

Date Processed:

Date of Determination:

Approved

Denied



# Housing Authority of Brevard County HCV Waiting List Instructions



Thank you for your interest in the Housing Authority of Brevard County's Section 8 Housing Choice Voucher Program. We maintain a waiting list for our housing program according to Federal housing laws. Our application is an easy, step-by-step way to get your name entered for our waiting list.

DO NOT complete and submit more than one application for the waitlist. Multiple entries will be voided.

Before you begin the application, you must have the names, dates of birth, and Social Security Numbers available for all household members. You should also know the amount of income for each household member.

## Accessibility/Reasonable Accommodation

In accordance with the Americans with Disabilities Act, if you are a disabled person and need a reasonable accommodation to complete an application, please call the Housing Authority of Brevard County at 32.1-775-1592.

## Completing the Application

As you complete the application, look for the following symbol:

\*Indicates that the information *is* required

Before you apply...

Before applying, you must read the following document from the U.S. Department of Housing and Urban Development:

It informs you that you are committing fraud if you knowingly provide false or misleading information to obtain assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Yes, I have read and understand this document.

## Application Program

### Section 8 Housing Choice Voucher

#### Application Preferences

The waiting list gives selection preferences to households that meet certain conditions. Check any conditions that apply to the head of household, spouse, or co-head:

- Elderly**  
Is the Head/Co-Head or Spouse 62 years of age or older?
- Disabled**  
Is the Head/Co-Head or Spouse receiving SS1?
- Veteran**  
Is the Head/Co-Head or Spouse an honorably discharged Veteran of the US Armed Forces?
- Displaced by Natural Disaster**  
Is the Family displaced due to Presidentially Declared Natural Disaster?
- Homeless**  
Are you homeless as defined by the Brevard Homeless Coalition, Inc and have a Case Manager?
- Chronic Homeless**  
Are you chronically homeless as defined by the Brevard Homeless Coalition, Inc and have a Case Manager?
- Housing Choice Voucher Foster Youth to Independence Voucher Holder**  
Are you currently receiving a Foster Youth to Independence Voucher through the U.S. Department of Housing and Urban Development?
- Housing Choice Voucher Current Disabled Public Housing Resident?**  
Are you currently a Public Housing Resident who is disabled?

## Head of Household

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

\*First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

\*Last Name \_\_\_\_\_

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

\* Gender  Female  Male

\*Birthplace (City, State) \_\_\_\_\_

\* Citizenship \_\_\_\_\_

### \*Race

- White
- Black/ African American
- American Indian /Alaska Native
- Asian
- Native Hawaiian / Other Pacific Islander

Head of Household

**\*Hispanic or Latino**

- Yes
- No

**\*Disabled**

- Yes
- No

**\*Student**

- Non-Student
- Part Time
- Full Time

List School or Educational Program

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## Household Member Information

If there is anyone else in your household then enter the information. Repeat these pages for each additional member of your household.

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

\*First Name \_\_\_\_\_

\*Middle Initial \_\_\_\_\_

\*Last Name \_\_\_\_\_

\*Relationship to Head of Household \_\_\_\_\_

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

\*Gender  Female  Male

\*Birthplace (City, State) \_\_\_\_\_

\*Citizenship \_\_\_\_\_

\*Race

- White
- Black/ African American
- American Indian /Alaska Native
- Asian
- Native Hawaiian / Other Pacific Islander

## Household Member Information

**\*Hispanic or Latino**

Yes

No

**\*Disabled**

Yes

No

**\*Student**

Non-Student

Part Time

Full Time

List School or Educational Program

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Applicant Address

Address with Apartment Number \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Applicant Mailing Address

If your mailing address is different, complete the following:

My mailing address is different from my living address.

Mailing Address with Apartment Number \_\_\_\_\_  
Mailing City/State \_\_\_\_\_  
Mailing Zip Code \_\_\_\_\_

Phone and E-mail Information

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Message Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Current Home

Lived Here from \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Housing Type:

Rental Amount: \_\_\_\_\_

Rental

Own

Other/Explain

\_\_\_\_\_

Current Landlord

Landlord Name

\_\_\_\_\_

Landlord Address

\_\_\_\_\_

Landlord City/State

\_\_\_\_\_

Landlord Zip Code

\_\_\_\_\_

Landlord Phone

\_\_\_\_\_

## Previous Residences

Other than your current residence, repeat the next page for each residence lived in the past five (5) years.

### Previous Home

Lived Here from \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Housing Type:

  
  

Rental

Own

Other/Explain \_\_\_\_\_

Rental Amount: \_\_\_\_\_

### Previous Landlord

Landlord Name Landlord \_\_\_\_\_

Address Landlord \_\_\_\_\_

City/State Landlord Zip \_\_\_\_\_

Code Landlord Phone \_\_\_\_\_

Subsidized Housing History

If any member of your household has previously lived in subsidized housing, repeat this page for each different public housing authority (PHA).

Member Name	_____
PHA Name	_____
PHA Address	_____
City/State	_____
Zip Code	_____
Phone	_____
Name on Lease	_____
Lived Here From	_____
Lived Here To	_____

INCOME SECTION

Repeat this page for every source on income.

Member

---

Income Type

---

Position

---

How Long (Years)

---

Source/Employer

---

Address

---

City/State

---

Zip

---

Phone

## Program Integrity Information

It is important that you answer these questions fully and honestly. Criminal history does not necessarily keep you from obtaining housing assistance.

- 1) \*Is any household member subject to a sex offender registration program in Any state?

Yes  No

If yes, which member(s) and which state(s)?

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- 2) \*Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation?

Yes  No

If yes, please explain:

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- 3) \*Is anyone in your household currently on parole or probation?

Yes  No

If yes, please explain:

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## Program Integrity Information

4) \*Have you ever been evicted or terminated from Public Housing, Section 8 or any subsidized housing complex?

Yes  No

If yes, please explain:

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5) \*Has any household member used any other name(s) in the past *five* (5) years {Including maiden names or aliases}?

Yes  No

If yes, which member(s) and what name(s)?

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6) \*Does the Head of Household, spouse, or co-head collect Social Security benefits based on disability?

Yes  No

Certification

**WARNING: Title 18. Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or Agency of the U.S. government is guilty of a felony.**

I understand that submitting false or incomplete information to obtain housing assistance is a criminal offense punishable under federal law.

I do hereby certify that all statements contained in this application are true and complete, to the best of my knowledge. I understand that deliberate misrepresentation of my circumstances will result in my being rejected for admission to a subsidized housing unit. I hereby authorize the Housing Authority of Brevard County to verify all information contained in this application and to conduct criminal and credit checks on all members of my household.

I understand it is my responsibility to notify the housing authority **in** writing of any changes in my household composition, income, address, or phone number. Failure to inform the housing authority may result in my name being removed from the waiting list.

**Do you understand and accept the terms of this certification?**

Yes, I Understand and Accept

Signature \_\_\_\_\_

## HOUSING AUTHORITY OF BREVARD COUNTY

### 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 the HCV / Section 8 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 in the HCV / Section 8, 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 the HCV / Section 8, 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 the HCV / Section 8 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

#### **Removing the Abuser or Perpetrator from the Household**

HOUSING AUTHORITY OF BREVARD COUNTY 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.

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

<sup>2</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.

If HOUSING AUTHORITY OF BREVARD COUNTY chooses to remove the abuser or perpetrator, HOUSING AUTHORITY OF BREVARD COUNTY 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, HOUSING AUTHORITY OF BREVARD COUNTY 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, HOUSING AUTHORITY OF BREVARD COUNTY must follow Federal, State, and local eviction procedures. In order to divide a lease, HOUSING AUTHORITY OF BREVARD COUNTY 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, HOUSING AUTHORITY OF BREVARD COUNTY 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, HOUSING AUTHORITY OF BREVARD COUNTY 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.

HOUSING AUTHORITY OF BREVARD COUNTY 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.

HOUSING AUTHORITY OF BREVARD AND THE MELBOURNE HOUSING AUTHORITY's emergency transfer plan provides further information on emergency transfers, and HOUSING AUTHORITY OF BREVARD COUNTY 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**

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

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

If HOUSING AUTHORITY OF BREVARD COUNTY 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), HOUSING AUTHORITY OF BREVARD COUNTY 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, HOUSING AUTHORITY OF BREVARD COUNTY does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HOUSING AUTHORITY OF BREVARD COUNTY 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.

HOUSING AUTHORITY OF BREVARD COUNTY must not allow any individual administering assistance or other services on behalf of HOUSING AUTHORITY OF BREVARD COUNTY (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.

HOUSING AUTHORITY OF BREVARD COUNTY must not enter your information into any shared database or disclose your information to any other entity or individual. HOUSING AUTHORITY OF BREVARD AND THE MELBOURNE HOUSING AUTHORITY, however, may disclose the information provided if:

- You give written permission to HOUSING AUTHORITY OF BREVARD COUNTY to release the information on a time limited basis.
- HOUSING AUTHORITY OF BREVARD COUNTY 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 HOUSING AUTHORITY OF BREVARD COUNTY or your landlord to release the information.

VAWA does not limit HOUSING AUTHORITY OF BREVARD AND THE MELBOURNE HOUSING AUTHORITY'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, HOUSING AUTHORITY OF BREVARD COUNTY 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 HOUSING AUTHORITY OF BREVARD COUNTY 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 HOUSING AUTHORITY OF BREVARD COUNTY can demonstrate the above, HOUSING AUTHORITY OF BREVARD COUNTY 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 Maryanne Wilcox, Director of Public Housing Authority for the Melbourne Housing Authority or Miami Field Office 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.pdf>

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

For questions regarding VAWA, please contact the Director of HCV/ Section 8 Andrea Deratany (321) 775-1592.

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 the Women's Center, 1425 Aurora Rd, Melbourne, FL 32935 321-242-1526 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 or are a victim of stalking, contact the Brevard County Sheriff's Office Special Victims Unit 321-633-8419

<http://www.brevardsheriff.com/home/commands-services/criminal-investigative-services/victim-services-unit/> or The Women's Center <http://womenscenterinbrevard.org/services/victim-services/sexual-assault/>

**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): \_\_\_\_\_

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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.



**HOUSING AUTHORITY OF BREVARD COUNTY**

**COMMISSIONERS**

Jon Turla, Chair  
Brian Nemeroff, Vice Chair  
Martin Hindsley  
Phyllis M. Principe

**CHIEF EXECUTIVE OFFICER**

Michael L. Bean

# Palms at University Waitlist Notice

Waitlist for Disabled and Elderly  
(62+) Persons

This is a Low-income Project Based Section 8 Housing Building, located at 575/585 E University Blvd. If you are interested in applying you can pick up an application at 4000 N Riverside Drive building 100, Satellite Beach, FL 32937 or online at [habc.us](http://habc.us).

Completed applications must be sent to [twhite@habc.us](mailto:twhite@habc.us). Any inquiries can also be emailed to [twhite@habc.us](mailto:twhite@habc.us).

