

APPLICATION FOR OCCUPANCY

Thank you for your interest in Blue River Housing. There are some key factors to know before submitting your application. Blue River Housing is affordable housing and must meet obligations of our funders. One obligation is renting our units to tenants who are income qualified. Federal and state affordable housing income limits are distributed annually. Tenants must provide documents for verification at move in and each year during recertification process and abide by the handbook and lease rules. Blue River Housing will enter all units for pest control, bi-monthly filter changes, and inspection.

Application Instructions

- **All questions must be answered. LEAVE NO BLANKS.** Where you cannot answer “yes” or “no”, write N/A if you have no information that applies.
- Do not use white out. If you need to make a correction, DRAW A SINGLE LINE through the incorrect information, then write the correct information above the error and initial the change.
- COMPLETE ADDRESSES are required when asked for an address.
- All persons 18 years and older must complete a separate application.
- Submit applications at housing office during office hours or at drop box locations, fax to 812-738-3460, or email to brhopa@brsinc.org.

Application Process

- Once an application is submitted, preliminary qualifications are checked. A conversation may be necessary, in person or via phone, to clarify the application. Those clearly not meeting the Tenant Selection Criteria will not be placed on the waiting list and will be notified of such. Those applicants going on the waiting list are asked to contact our office should there be changes in contact information, income, assets or household composition after the application is submitted.
- When an apartment comes available, applicants from the waiting list which meet the applicable type of the available unit, are contacted to confirm current interest and to verbally verify that information on the application is still current. Applicants will be given **48 hours** to respond to the call. Applicants that do not respond in **48 hours** will be removed from the waiting list. Applicants with failed contact numbers will be removed from the list immediately.

Leasing Requirements

If an applicant is offered a lease, the following will be required:

- \$400 security deposit
- \$25 Application fee per adult household member, anyone over the age of 18.
- Prorated rent for the month of move in
- Proof that the gas and/or electric utilities have been transferred to the tenant's name.
For Indiana Utilities Corp. 812-738-3235; REMC 812-738-4115; Duke 800-521-2232. Please provide documentation to prove transfer.

Please call Blue River Housing at 812-738-8016 with any questions.

For Office Use Only:

Date: _____ **Time:** _____ **Received by:** _____

List items applicant was instructed to bring to the interview below:

After the interview, the applicant has one week to return with any outstanding items.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.





APPLICATION COVER NOTICE

All applications are screened on the criteria stated without regard to race, color, religion, sex, national origin, familial status, disability, age, sexual orientation or gender identity. The applicant will be approved or denied based on the Tenant Selection Criteria, which include the following criteria:

- Credit Criteria
- Residential Criteria
- Income Criteria
- Criminal History/National Sex Offenders Registry

Name: _____ **Contact Ph. #:** _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Marital Status (select one):

- Are you Homeless?** Yes No
- Are you applying for an accessible unit only?** Yes No
- Are you applying for a first floor unit only?** Yes No
- Are you applying for a non-smoking unit only?** Yes No

Authorization Release Form

I am applying for housing with Blue River Services, Inc. I understand and authorize Blue River Services, Inc., its staff or authorized representatives to contact any agencies, credit bureaus, law enforcement agencies, offices, groups or organizations they deem necessary as part of the application process. Processes include, but are not limited to income/employment, asset and landlord verifications. I have been informed by Blue River Services, Inc. that the offer of a lease is contingent on the information contained in these clearance checks and could be rescinded if I have failed to properly disclose any information received on the reports or if the information provided conflicts with state regulations or agency policy for leasing an apartment.

Printed Applicant Name

Applicant Signature

Date



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Questionnaire for Tenant Application

Check the complexes and bedrooms you would like to apply for (you may choose more than one) and we allow 2 persons per bedroom.

1	2	3	4	CORYDON
				Oakview Apartments 60, 80, 90 Cruse Loop Southeast
				Harrison Center Apartments 405 North Capital Avenue
				Autumn Ridge Apartments 156 Autumn Ridge Drive Northwest
				Autumn Ridge II Apartments 156 Autumn Ridge Drive Northwest
				Stepping Stone Apartments 260 Summit View Drive

1	2	3	4	NEW SALISBURY
				Apple Orchard I Apartments 7752 Apple Orchard Lane North East
				Apple Orchard II Apartments 7752 Apple Orchard Lane North East

1	2	3	4	PALMYRA
				Country Trace Apartments (55+ or persons with disabilities) 13590 Greene Street North East located of off Hwy 135
				Country Trace II Apartments (62+ or persons with disabilities) 13590 Greene Street North East located of off Hwy 135
				Country Trace III Apartments (62+ or persons with disabilities) 13590 Greene Street North East located of off Hwy 135

1	2	3	4	SALEM
				Jackson Court (55+ or persons with disabilities) located at 202 Westminster
				Grandview Manor South** (62+ or persons with disabilities) located 509 Grandview Drive
				Grandview Manor North** (62+ or persons with disabilities) located 508 Grandview Drive #116

**Please see BRS Staff for Grandview Manor South and North Applications

Household Composition

List all Household members, including co-applicants, who are 18 years and older, that are completing a separate application.

Full Name	Birth Date	Sex	Relationship	Social Security #	Employed	Full Time Student
		M / F	Head of Household		Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N



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Residential History for the Past Five (5) Years

(List where you have lived for the past 5 years, even if it was not a rental)

1. Current Address: _____

Dates of Occupancy: _____ to _____ County of Address: _____

Do you own your home?

Do you rent?

Name of Landlord/Owner: _____ Phone #: _____

2. Address: _____

Dates of Occupancy: _____ to _____ County of Address: _____

Do you own your home?

Do you rent?

Name of Landlord/Owner: _____ Phone #: _____

3. Address: _____

Dates of Occupancy: _____ to _____ County of Address: _____

Do you own your home?

Do you rent?

Name of Landlord/Owner: _____ Phone #: _____

4. Address: _____

Dates of Occupancy: _____ to _____ County of Address: _____

Do you own your home?

Do you rent?

Name of Landlord/Owner: _____ Phone #: _____

5. Address: _____

Dates of Occupancy: _____ to _____ County of Address: _____

Do you own your home?

Do you rent?

Name of Landlord/Owner: _____ Phone #: _____



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Background and Residential History Questionnaire

Y	N	Are you eligible to reside in the United States for the next 12 Months?
Y	N	Do all adult household members have a legal right to enter into a lease? If no, explain:
Y	N	Is there anyone residing with you now who won't be residing with you in the apartment? If yes, explain:
Y	N	Are there any absent household members who under normal conditions would live with you? (Military, rehabilitation, etc.) If yes, explain:
Y	N	Does anyone not listed in the household composition on page one plan to live with you in the next 12 months? If yes, explain:
Y	N	Does the adult(s) household member have primary physical custody of any children listed in the household composition? If not, explain:
Y	N	Do all persons listed on page one under Household composition plan to reside in the unit at least 50% of the time?
Y	N	Are any household members currently going through eviction or ever been evicted from any type of rental housing? If yes, explain, with dates:
Y	N	Do all household members understand that positive references, the ability to pay rent and to maintain an apartment in a safe, clean sanitary manner will be required for eligibility?
Y	N	Does any adult household member have any outstanding debt with past landlords or utility companies?
Y	N	Has anyone in the household ever been convicted of a felony? If yes, explain, with dates:
Y	N	Has anyone in the household ever been arrested/convicted of a drug/alcohol related activity or violent crime? If yes, explain, with dates:
Y	N	Is any household member listed on any state's sex offender's registry?
Y	N	Has any household member ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, explain:
Y	N	Does anyone in the household have special needs and require a live in aid? If yes, explain:
How did you hear about our apartments? Friend, family, newspaper, another agency, other? If other please list:		



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INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/>	<input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

3. <input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____



YES NO

MONTHLY GROSS INCOME

5. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
6. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive unemployment benefits.</p>	<p>\$ _____</p>
7. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>\$ _____</p>
8. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments</p>	<p>\$ _____</p>
9. <input type="checkbox"/> <input type="checkbox"/>	<p>The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).</p>	<p>\$ _____</p>
10. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive disability or death benefits other than Social Security.</p>	<p>\$ _____</p>
11. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payment from lottery winnings.</p>	<p>\$ _____</p>
12. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS</p>	<p>\$ _____</p>
13. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____</p>	<p>\$ _____ (amount received)</p>
14. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive alimony/spousal maintenance payments</p>	<p>\$ _____ (amount received)</p>
15. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____</p>	<p>\$ _____ \$ _____</p>
16. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive income from real or personal property.</p>	<p>(Use <u>net</u> earned income) \$ _____</p>



YES 17. <input type="checkbox"/>	NO <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$ _____ per semester
18. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO			INTEREST RATE	CASH VALUE
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____



YES NO		INTEREST RATE	CASH VALUE
25. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not reoccurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through crowdfunding (e.g., GoFundMe)		CURRENT BALANCE \$ _____



YES NO		INTEREST RATE	CASH VALUE
34. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT **SIGNATURE OF APPLICANT/TENANT** **DATE**





Ethnic Information

The information regarding race, national origin and sex designation is requested in order to assure the Federal Government, acting through HUD that Federal Laws prohibiting discrimination against applicants on the basis of race, color, religion, sex, national origin, familial status, age, disability, sexual orientation or gender identity, are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you. Please check the origin of each household member.

Categories	Head of Household	Occupant #2	Occupant #3	Occupant #4	Occupant #5	Occupant #6	Occupant #7
ETHNICITY (Please Select One)							
Hispanic or Latino							
Not-Hispanic or Latino							
RACE (Please Select One)							
American Indian or Alaska Native							
Asian							
Black or African American							
Native Hawaiian or Other Pacific Islander							
White							

Applicant Signature

Date

I hereby certify that I will/do not maintain a separate subsidized rental unit in another location. I further certify that this will be my/our only permanent residence. I understand I must pay a security deposit and the first month's rent, as well as move the electric and/or gas utility into my name prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by the tenant selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

By my signature below, I certify that I have read and understand the above listed information regarding my application.

Applicant Signature

Date



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Blue River Services

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 **Oakview Apartments, Autumn Ridge Apartments and BR/Autumn Ridge II Apartments** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is available upon request. 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 **Oakview Apartments, Autumn Ridge Apartments and BR/Autumn Ridge II Apartments**, 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 **Oakview Apartments, Autumn Ridge Apartments and BR/Autumn Ridge II Apartments**, 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 **Oakview Apartments, Autumn Ridge Apartments and BR/Autumn Ridge II Apartments** 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

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

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

² 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.



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.

HP 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.

HP's emergency transfer plan provides further information on emergency transfers, and HP 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

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

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

If HP 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), HP has the right to request



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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, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP 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.

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

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

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

VAWA does not limit HP'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, HP 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 HP 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 HP can demonstrate the above, HP 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 **Indiana Housing & Community Development at 317-232-7777.**

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2014/06/20/2014-14384/violence-against-women-act>

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

For questions regarding VAWA, please contact Blue River Services Housing Coordinator Associate at 812-738-8016.

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 **Hoosier Hills Pact's Crisis Line at 888-883-1959.**

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 **Hoosier Hills Pact at 812-738-1262 or the Crisis Line at 888-883-1959.**

Victims of stalking seeking help may contact **Hoosier Hills Pact at 812-738-1262 or the Crisis Line at 888-883-1959.** Certification form HUD-5382 available upon request.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

