



**APPLICATION FOR OCCUPANCY  
Grandview Manor South & North Apartments  
509 Grandview Drive  
Salem, IN 47167**

In submitting this application, it is important to understand owner and resident obligations. As the owner, Blue River Housing is obligated to rent to households whose income is less than average, and to charge rents that are less than average. Specific paperwork is required to satisfy this commitment, thus our requests are driven by this obligation. The resident is expected to provide all requested paperwork at move in and each year thereafter. Income qualification will take the number of household members into consideration, therefore, the applicant is expected to declare all household members at the time of application, and once a resident, to abide by the occupancy rules in order to comply. Additionally, residents need to be made aware of the fact that we will have periodic physical inspections by our funders, consequently, Blue River Housing will require entrance to all units for routine inspections and pest control and for those inspections by funders.

**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 adults 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 Grandview Manor Apartments Tenant Selection Plan will be notified in writing. Those applicants going on the waiting list are asked to contact our office if there are changes to contact information, income, assets or household composition after the application is submitted.
- The following will be screened on all applicants without regard to race, color, religion, sex, national origin, familial status, disability, sexual orientation or gender identity. The applicant will be approved or denied based on the Grandview Manor Apartments Tenant Selection Plan which include the following criteria
  - Income Limits
  - Occupancy Standards
  - Landlord References
  - Credit Criteria
  - Criminal History/National Sex Offenders Registry
  - EIV

**Leasing Requirements**

- If an applicant is offered a lease, the following will be required:
- Security deposit equal to the monthly total tenant rent
  - Prorated rent for the month of move in.

<b>For Office Use Only:</b>		
<b>Date Application Accepted:</b>	<b>Time:</b>	<b>Received by:</b>



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.







**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: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N

Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N

Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N

Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N

Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

**List All States each Household member has resided in.**

_____	_____
_____	_____
_____	_____
_____	_____



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### Background and Residential History Questionnaire

Y	N	Are you eligible to reside in the United States for the next <u>12 Months</u> ?
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? If yes, list below under Creditors.
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:
Y	N	Do anyone in the household smoke?
Y	N	Does anyone in the household own a pet or service animal?

Vehicle Year/Make/Model/Color:

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Vehicle Year/Make/Model/Color:

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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

<p>5. <input type="checkbox"/> <input type="checkbox"/></p>	<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 <b>not</b> 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>
<p>6. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive unemployment benefits.</p>	<p>\$ _____</p>
<p>7. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>\$ _____</p>
<p>8. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments</p>	<p>\$ _____</p>
<p>9. <input type="checkbox"/> <input type="checkbox"/></p>	<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>
<p>10. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive disability or death benefits other than Social Security.</p>	<p>\$ _____</p>
<p>11. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payment from lottery winnings.</p>	<p>\$ _____</p>
<p>12. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Public Assistance Income (examples: TANF) <b>DO NOT INCLUDE FOOD STAMPS</b></p>	<p>\$ _____</p>
<p>13. <input type="checkbox"/> <input type="checkbox"/></p>	<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>
<p>14. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive alimony/spousal maintenance payments</p>	<p>\$ _____ (amount received)</p>
<p>15. <input type="checkbox"/> <input type="checkbox"/></p>	<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>
<p>16. <input type="checkbox"/> <input type="checkbox"/></p>	<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 if my entire household is claiming zero income	

**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
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <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) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <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) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
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 recurring 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: _____ _____ _____		\$ _____





YES NO		INTEREST RATE	CASH VALUE
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do <u>not</u> include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		\$ _____ \$ _____ \$ _____

**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**





### 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, assets and landlord verifications. I have been informed by Blue River Services, Inc. that my 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

### Applicant Certification

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. I understand that my eligibility for housing will be based on applicable income limits and by Grandview Manor's Tenant Selection Plan. 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





### Medical Expense Questionnaire

1.	Yes No	Do you have Medical Insurance Premiums?	Cost Per Month		Name of Insurance Company and type of insurance.	
	Yes No	Do you have regular Physicians visits <u>not</u> covered by Insurance?	Cost Per Visit	# of Visits per Year	Name, Address & Phone Number	
2.	Yes No	Do you have Dental Insurance Premiums?	Cost Per Month		Name of Insurance Company and type of insurance.	
3.	Yes No	Do you have regular Dental visits <u>not</u> covered by Insurance?	Cost Per Visit	# of Visits per Year	Name, Address & Phone Number of Dentist	
	Yes No	Are there services performed, not covered by dental insurance, that are paid out of pocket? Ex. extractions, fillings, x-rays, etc.	Services and Costs			
4.	Yes No	Are dentures or partials paid out of pocket?	Total Cost			
5.	Yes No	Do you have Vision Insurance Premiums?	Total Cost		Name of Insurance Company and type of insurance.	
6.	Yes No	Do you have regular Optometrist visits <u>not</u> covered by insurance?	Cost Per Visit	# of Visits per Year	Name Address & Phone	
7.	Yes No	Do you need to pay for prescription glasses or contacts <u>not</u> covered by insurance?	Total Cost			
8.	Yes No	Do you pay for Nursing Services, Assistance Animal and its upkeep?	Cost Per Month		Name and Address of Nursing Service Or Vet Service	
9.	Yes No	What is the cost for hearing aid, batteries, oxygen and oxygen equipment that may be needed?	Total Cost			
10.	Yes No	What are the costs of mobility products that may be needed? Examples: wheelchair or walker, etc.	Total Cost			
11.	Yes No	Do you make payments on outstanding Medical/Dental/Hearing or Optical balances due, not covered by insurance?	Monthly Payment Amount	Balance Due	Name Address & Phone	
12.	Yes No	Do you pay for Prescriptions (Pharmacy # 1)?	Monthly Amount		Pharmacy Name, Address and Phone Number	
13.	Yes No	Do you pay for Prescriptions (Pharmacy # 2)?	Monthly Amount		Pharmacy Name, Address and Phone Number	
14.	Yes No	Do you pay for alcoholism/drug addiction treatment services?	Cost Per Month		Name and Address of Service Provider	
15.	Yes No	Do you pay for Transportation to take you to/from medical treatment?	Cost Per Service		# of Visits per Year	Name, Address and Phone Number

**Race and Ethnic Data Reporting Form**

**U.S. Department of Housing and Urban Development**  
 Grants Management and Oversight Division

OMB Approval No. 2535-0113  
 (exp. 07-31-2022)

Program Title:

**Grandview Manor North/Grandview Manor South**

Grantee/Recipient Name:

Grantee Reporting Organization:

**BLUE RIVER SERVICES, INC**

Reporting Period From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
<b>Total:</b>	<b>0</b>	<b>0</b>
* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations."		

Public reporting burden for this collection is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Circle all that apply)</b>	
Emergency	Assist with Recertification Process
Unable to contact you	Change in lease terms
Termination of rental assistance	Change in house rules
Eviction from unit	Other: _____
Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

## Grandview Manor Apartments

### 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 **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 under **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 **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 **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**

GRANDVIEW MANOR APARTMENTS 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 GRANDVIEW MANOR APARTMENTS chooses to remove the abuser or perpetrator, GRANDVIEW MANOR APARTMENTS 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, GRANDVIEW MANOR APARTMENTS 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, GRANDVIEW MANOR APARTMENTS must follow Federal, State, and local eviction procedures. In order to divide a lease, GRANDVIEW MANOR APARTMENTS 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, GRANDVIEW MANOR APARTMENTS 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, GRANDVIEW MANOR APARTMENTS may ask you to provide documentation that you are requesting to move because of an incidence of

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<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.



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.

GRANDVIEW MANOR APARTMENTS 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. GRANDVIEW MANOR APARTMENTS's emergency transfer plan provides further information on emergency transfers, and GRANDVIEW MANOR APARTMENTS 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**  
GRANDVIEW MANOR APARTMENTS 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 GRANDVIEW MANOR APARTMENTS must be in writing, and GRANDVIEW MANOR APARTMENTS 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. GRANDVIEW MANOR APARTMENTS 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 GRANDVIEW MANOR APARTMENTS as documentation. It is your choice which of the following to submit if GRANDVIEW MANOR APARTMENTS 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 GRANDVIEW MANOR APARTMENTS 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 GRANDVIEW MANOR APARTMENTS has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, GRANDVIEW MANOR

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

If GRANDVIEW MANOR APARTMENTS 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), GRANDVIEW MANOR APARTMENTS 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, GRANDVIEW MANOR APARTMENTS does not have to provide you with the protections contained in this notice.

### **Confidentiality**

GRANDVIEW MANOR APARTMENTS 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.

GRANDVIEW MANOR APARTMENTS must not allow any individual administering assistance or other services on behalf of GRANDVIEW MANOR APARTMENTS (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.

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

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

VAWA does not limit GRANDVIEW MANOR APARTMENTS'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, GRANDVIEW MANOR APARTMENTS 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 GRANDVIEW MANOR APARTMENTS 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 GRANDVIEW MANOR APARTMENTS can demonstrate the above, GRANDVIEW MANOR APARTMENTS 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 **Indianapolis HUD Field Office at 317-226-6303.**

### **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, GRANDVIEW MANOR APARTMENTS must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Grandview Manor Apartment's Housing Property Assistant at 812-883-7171.

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 at 812-883-3318**.

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 812-883-3318**.

Victims of stalking seeking help may contact **Hoosier Hills Pact at 812-883-3318**.

**Attachment:** 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.

