



Disaster Relief Application

Rock Island Housing Authority
 227 21st Street, Rock Island, IL 61201
 Telephone: (309) 788-0825
 Facsimile: (309) 788-8610

Who is the Head of Household (use legal name)? Last: _____ First: _____ M.I.: _____	SSN: _____
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Have you been known by any other names? YES/NO

If yes, please list all other names:

DOB: _____	Age: _____	Sex (M/F): _____	Ethnicity (circle one): Hispanic Non-Hispanic
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Race (circle one): White African American American Indian/Alaska Native Asian/Pacific Islander

Contact Information:

Current Address: _____

Mailing Address (if different): _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Cell: _____

Email: _____

Family Composition: List ALL people who will be living in the unit with you. You DO NOT need to include yourself.

Legal Name	Sex (M/F)	Relationship to Head***	SSN	DOB	Age	Occupation/ School Name	Gross Monthly Income

***For household members 18 years and older, please indicate Relationship to Head as Spouse, Co-Head or Other Adult.

Co-Head is as equally responsible for all payments due to RIHA as the Head; Other Adult is not responsible for payments to RIHA.



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INCOME DATA

Please record all money received or earned by everyone living in your household. List monthly amounts received. This includes money from wages, self-employment, child support, contributions, social security benefits, disability payments, workman's compensation, retirement benefits, TANF, veterans benefits, blood plasma donations, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Family Member	Source of Income	Monthly Amount

ASSET Data

Family Member	Type of Asset	Bank or Other Financial Institution
	Checking Account	
	Savings Account	
	CD/Money Market/IRA	
	Stocks/Bonds/Mutual Funds	
	Life Insurance/Annuities	
	Contract for Deed/Real Estate	
	Other Asset (Describe)	
	Other Asset (Describe)	

Have you or anyone in your household been evicted from Public or Assisted Housing for drug-related or criminal activity in the last five (5) years? _____

Do you or anyone in your household owe money to a Public or Assisted Housing Authority or Section 8 Program? _____

Do you require any modifications or accommodations in order to fully utilize the unit or the program? _____

Are you or any household member subject to registration as a sex offender in any state? _____



AUTHORIZATION TO OBTAIN CONSUMER INFORMATION

I hereby authorize Rock Island Housing Authority (“RIHA”) to obtain my investigative consumer report, and any other information it deems necessary, for the purpose of evaluating my application.

I understand that by signing this Authorization, RIHA will be entitled to receive information such as, but not limited to, credit history, records of arrest, rental history, employment information, vehicle and licensing records, etc.

I understand that subsequent investigative consumer reports and additional information may be obtained pursuant to this Authorization for purposes including, but not limited to, a lease renewal, a lease modification, a collection action, etc.

I hereby expressly release RIHA, its employees, agents and any furnisher of information from any and all liability and understand that the information provided and obtained may be provided to various government agencies including, without limitation, law enforcement agencies.

I understand that as a consumer I have the right to make a written request for a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by RIHA. In addition, I understand that I have the right to request the following information from to consumer reporting agency that provides RIHA with the investigative consumer report: a summary consumer rights relating to credit reports; a toll-free telephone number at which personnel are accessible during business hours; an explanation of how consumers may exercise their rights; a list of federal agencies (including addresses and phone numbers) responsible for enforcing consumer laws; a statement of advising consumers of applicable state laws or regulations; and a statement that the consumer reporting agency is not required to remove accurate and timely derogatory information from the consumer’s file.

I understand that if my RIHA application is denied because of information contained within my investigative consumer report, I have the right to be provided with the identity of the consumer reporting agency that furnished the report, the right to obtain a free copy of the consumer report from the consumer reporting agency and the right to dispute with the consumer reporting agency the accuracy of its report.

I have read the foregoing and understand the contents of this authorization.

Signature – Head of Household

Date

Signature – Other Adult

Date

Signature – Other Adult

Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.



Rental History

Have you or any household member ever lived in low-income public or Section 8 housing? (circle one)

Yes No

If "Yes", complete the following information:

Housing Authority or Management Company: _____

Authority or Company Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year)
From To

History: List all previous addresses and landlord information for all adults for the past five (5) years.

Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (circle one)
From To Yes No

Were you listed on the lease? (circle one) Yes No

Owner/Management Company Name: _____

Owner/Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (circle one)
From To Yes No

Were you listed on the lease? (circle one) Yes No

Owner/Management Company Name: _____

Owner/Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (circle one)
From To Yes No

Were you listed on the lease? (circle one) Yes No

Owner/Management Company Name: _____

Owner/Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____



Rock Island Housing Authority

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I/we certify that the information given to Rock Island Housing Authority on household composition, rental history and gross family income/ assets is accurate and complete to the best of my/our knowledge and belief. I/we understand that 19 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

Head of Household Signature

Date

Spouse, Co-Head or Other Adult Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Check this box if you choose not to provide the contact information.

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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.

ROCK ISLAND HOUSING AUTHORITY

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 and makes sure that **Rock Island Housing Authority (RIHA)** complies 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 the **RIHA** Tenant Selection Plan, or the **RIHA Admin Plan (for a Section 8 applicant)** 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 **any of the Rock Island Housing Authorities (RIHA) programs** 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 **RIHA** 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

RIHA 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 **RIHA** chooses to remove the abuser or perpetrator, we 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, **RIHA** 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.

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.

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

RIHA 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.

RIHA emergency transfer plan provides further information on emergency transfers; **RIHA** 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

RIHA 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 must be in writing, and **RIHA** 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. **RIHA** 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 your housing provider as documentation. It is your choice which of the following to submit if you are asked 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 the housing provider 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 the housing provider has agreed to accept.

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

If the housing provider 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), **RIHA** 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, the housing provider does not have to provide you with the protections contained in this notice.

Confidentiality

RIHA 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.

RIHA must not allow any individual administering assistance or other services on behalf of the housing provider (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.

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

- You give written permission to **RIHA/CHS** to release the information on a time limited basis.
- **RIHA** 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 **RIHA** or your landlord to release the information.

VAWA does not limit **RIHA’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, the housing provider 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 **RIHA** 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 **RIHA** can demonstrate the above, we 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 **Rock Island Housing Authority (309) 788-0825** or the **Chicago HUD field office (312) 353-6236**.

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>].

Additionally, **RIHA** 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 Property or Program Manager**

- 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 **Winnies Place at 764-9466**.
- 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 **Safe Path Survivors Resource Center at 797-6543**.
- Victims of stalking seeking help may contact **Victim Connect Resource Center at 855-484-2846**.

Attachment: Certification form HUD-5382

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

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

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



Rock Island Housing Authority

THIS FORM ACKNOWLEDGES THAT I HAVE RECEIVED:

- HUD form 5380- NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT¹
- HUD form 5382- CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION

Head of Household

Date

Spouse or Co-Head of Household

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

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

