

Syracuse Housing Authority
Housing Choice Voucher Program
312 Gifford Street, 9th floor, Syracuse, New York 13204
Phone: (315)470-4400

Name of Participant _____	Date Sent _____
Due by Date _____	Annual Month _____
<i>*Shaded area to be completed by HCVS ONLY</i>	HCVS _____

Annual Recertification for Housing Choice Voucher Program

NOTE: FAILURE TO SIGN AND RETURN ALL VERIFICATIONS TO THIS OFFICE WITHIN TWO WEEKS (10 DAYS) OF THE ABOVE DATE COULD RESULT IN TERMINATION OF YOUR SUBSIDY.

Every year it is necessary to complete a recertification for the Housing Choice Voucher/Homeownership Program. To improve service and save you from having to come in for a personal interview, we will be recertifying your eligibility by email/mail.

BELOW IS A LIST OF POSSIBLE SOURCES OF INCOME. PLEASE REVIEW THIS LIST AND SUBMIT TO OUR OFFICE VERIFICATION OF ALL INCOME SOURCES IN YOUR HOUSEHOLD.

INCOME SOURCES:

- Last 4 Weeks Paystubs, Recent W-2'S
- Current SS/SSI Award Letter(s)
- Current Pension Statement
- Current Disability/Workers Comp Award Letter
- Current Public Assistance Budget Sheet
- Current Account Statement For: Checking, Savings, Cert. Of Deposit, Bonds, Etc.
- Current Child Support Printout for Last 12 Months for All Accounts
- Unemployment Award Letter
- Verification of Out of Pocket Medical Expenses; Pharmacy Print Out, Attached Green Medical Expenses Form, Etc.
- Any other form of income (ex. Alimony, Survivor Benefits, Child Daycare)

PLEASE HAVE ALL REQUIRED VERIFICATIONS EMAILED/MAILED BACK

Please complete and sign all the enclosed forms and return them with the applicable items from the attached list by the above deadline date.

**** Failure to complete any section of this annual re-certification may result in the immediate termination of your family's assistance.**

Thank you,

Housing Choice Voucher Team

Syracuse Housing Authority Section 8 Personal Declaration Form

Last Name of Tenant:	First Name:	Phone No.:	Email:
Address			

YOU MUST PROVIDE VERIFICATION DOCUMENTATION

Household Information: Please list **ALL** people living in your household.

Name First, Middle Initial, Last	What is this Person's relationship to you?	Date of Birth (Mo./Day/Year)	Social Security Number	Is this person in school, grades K-12?		Is this person attending College Full Time?	
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

Earned Income Is anyone living with you (you, spouse, other adult, children) currently employed? **yes** **no**

1. Name of household member employed				
Name of Employer			Start Date	
Hourly rate:	Paid: weekly	bi-weekly	semi monthly	monthly
Part time, full time, seasonal, day rate				
2. Name of household member employed				
Name of Employer			Start Date	
Hourly rate:	Paid weekly	bi-weekly	semi monthly	monthly
Part time, full time, seasonal, day rate				
3. Name of household member employed				
Name of Employer			Start Date	
Hourly rate:	Paid weekly	bi-weekly	semi-monthly	monthly
Part time, full time, seasonal, day rate				

Flip over →

Unearned Income: Does anyone in your family (you, spouse, other adult, children) have any other income?

TANF: Temporary Assistance
(SSI)
(Social Security/SSD) Survivor
Benefits
Self Employment
Cash, gifts, help from family

Child Support / Alimony
Worker's Compensation
Interest, Annuities, IRA
Veteran's Benefits
Railroad Retirement
Life Insurance

Unemployment
State Disability benefits
Military Allotment
Payments from real or
personal property
OTHER

Who receives this Income?	Relationship to YOU	Type of Income (from list above)	Source of income	Dates income received (mm/yy to mm/yy)	Monthly amount received
					\$
					\$
					\$
					\$
					\$

1. Have you ever used a different social security number? Yes No
2. Do you have a bank account? Yes No Checking Savings Retirement
3. Do you have any assets totaling \$5000.00 or more? Yes No
4. Do you have child care expenses? Yes No (If yes, Bring in DSS Day Care Parent Fee Letter)
5. Do you have out of pocket medical expenses? Yes No (Elderly/Disabled Only, If yes, provide
6. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

Timely Report Changes: I understand that I am required to give True and Complete information and report TIMELY to SHA within 30 days any new income or change in household composition or family size as defined in 24 CFR § 982.551.

Verification Documentation: I understand that in addition to this form and to be in compliance with timely reporting, any reported change in income or household composition MUST be accompanied by verification documentation or other information in accordance with 24 CFR 982.551(b)(2)(3) that the SHA or HUD determines necessary in the administration of HCV programs reexamination or an interim reexamination of family income and composition.

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I understand that an applicant or HCV recipient must not knowingly: 1. Make a false statement to the SHA [Title 18 U.S.C. Section 1001]; 2. Provide incomplete or false information to the PHA [24 CFR 982.551(b)(4) Commit fraud or make false statements in connection with an application for assistance or with reexamination of income [24 CFR 982.551 (k)]. **Everyone 18 and older must sign below.**

Head of Household Signature _____ Date _____

Spouse/Other Member Signature _____ Date _____

Other Member Signature _____ Date _____

Other Member Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **SYRACUSE HOUSING AUTHORITY, HOUSING CHOICE VOUCHER PROGRAM** any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the releases also for the minor children in my care who live with me. I understand and agree this authorization, or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status Employment Income, and Assets Credit and Criminal Activity
- Residences and Rental Activity Medical and Child Care Providers Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Previous landlords (including Public Housing Agencies): Banks & other Financial Agencies
- Past & Present Employers/State Unemployment Agency/Credit Bureaus/Credit providers
- Veterans Administration/Schools & Colleges/Utility Companies/Support Providers/Post Offices
- Social Security Administration/Retirement Systems/Medical & Childcare providers/Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand that HUD or a Public Housing Agency (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have right to notification of any adverse information found and a chance to disprove incorrect information.

HUD or the PHA may in the course of its duties exchange such information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Syracuse Housing Authority, Section 8 office and will stay in effect for a year and one month from the date signed. I understand I have right to review my file and correct any information that I can prove is incorrect.

Head of Household Signature

Adult Member

Adult Member

Date

Adult Member

Adult Member

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

SYRACUSE HOUSING AUTHORITY
312 Gifford Street
Syracuse, NY 13204

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

CLIENT REMINDER TO REPORT CHANGE

This is to remind you that all tenants in this program must report the following information **in writing** to the Syracuse Housing Authority, Section 8 Housing Choice Voucher Program within **thirty (30) days** of any change.

If there is a change in the number of people in your household such as:

- An adult is removed or returns home
- You get married
- You have a baby
- A child leaves or returns home

When your household income changes, or you or another household member:

- Get a job, or change jobs, this includes temporary and probationary jobs
- Any new income

You or another household member starts receiving any other income such as:

- Social Security or Supplemental Security Insurance
- Child Support
- Unemployment Insurance Benefits
- Pensions, including Veterans, or retirement benefits
- Workers Compensation or other disability or accident benefits
- Public Assistance cash benefits, **DO NOT REPORT THE MONTHLY CHANGES, ONLY IF YOU START OR STOP RECEIVING BENEFITS**, or if the number in the case changes
- Lump sum payments from any source
- Any other money you receive whether from earnings or other sources
- When out of pocket childcare expenses change

When changes, such as those listed above occur, you need to come into the office and complete a Change Report Form. You will be expected to provide all the necessary verifications of whatever change you are reporting. If you have any questions about what to report, or what to provide, you should call and ask to speak to the Housing Choice Voucher Specialist that you have been assigned to.

The above items are not meant to be inclusive. Failure to report the above changes within (30) days can result in the loss of your rent subsidy, and/or repayment by you of monies overpaid.

You may report any changes resulting in a decrease in household income, or an increase in household deductions (these changes could result in your rental share being lowered.)

 By checking this box, I certify I have read and understand the contents of this document and agree to report all income and household changes, within 30 days of the change to the Syracuse Housing Authority Housing Choice Voucher Program as a part of my family obligations per HUD.

ATTENTION

It is the tenant's responsibility to submit ALL notifications received from the Owner/Landlord to the SHA immediately.

This includes but is not limited to:

Rent demand notice

30 day notice

Petition for eviction

Court judgement

If these items are not submitted to the SHA timely it could jeopardize your assistance.

If you vacate your unit without prior notification to the SHA it will jeopardize your assistance.



SYRACUSE HOUSING AUTHORITY

Building Neighborhoods, Growing Dreams

Notice of Right to Reasonable Accommodation

The Syracuse Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

A disability is defined, in part, as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

If you or a member of your household has a disability, as defined above, and as a result you require:

- An exception in the rules/policies or how we do things or;
- A change or modification in your apartment or;
- A change or modification to some other part of the buildings or grounds

You may request a reasonable accommodation, in writing, at any time.

Reasonable Accommodation Request Forms are available in any Property Management Office or from the 504 Coordinator at 516 Burt Street.

A copy of the SHA Reasonable Accommodation Policies and Procedures is available, upon request, from Applicant and Leasing Center Eligibility Interviewers, Public Housing Site Managers, Section 8 Leasing and Contract Specialists, and the 504 Coordinator.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.



EQUAL HOUSING
OPPORTUNITY

516 Burt Street/ Syracuse, New York 13202/ PH 315.475-6181/ FAX 315.470.4203/ www.syracusehousing.org



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 SHA 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 SHA, 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 SHA 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 SHA 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

SHA 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 SHA chooses to remove the abuser or perpetrator, SHA 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,

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.



SHA 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, SHA must follow Federal, State, and local eviction procedures. In order to divide a lease, SHA 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, SHA 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, SHA 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.

SHA 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.

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

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

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

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

Confidentiality

SHA 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.

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

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

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

VAWA does not limit SHA'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, SHA 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 SHA 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 SHA can demonstrate the above, SHA 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 the U.S. Department of Housing and Urban Development Buffalo Office.

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, SHA must make a copy of HUD's VAWA regulations available to you if you ask.

For questions regarding VAWA, please contact the **Syracuse Housing Authority's Main Administrative Office at 315-475-6181.**

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 Vera House at 315-425-0818.

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 Vera House at 315-425-0818 or the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Victims of stalking seeking help may contact **Vera House at 315-428-0818**

Attachment: Certification form HUD-5382